

EDUCATION COMMITTEE

**REPORT OF THE VISIT TO THE UNIVERSITY OF WALES
COLLEGE OF MEDICINE**

22-23 FEBRUARY 1999

We should like to express our thanks to the Dean of Medicine, the Postgraduate Dean and all those who spent time organising the visit programme and discussing the undergraduate curriculum and the pre-registration year with us.

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Foreword to the visit reports 1998-2001

The Education Committee is accountable for ensuring that its recommendations on basic medical education are implemented by every medical school in the UK.

When our latest guidance on undergraduate education, *Tomorrow's Doctors*, was published in December 1993 we made it clear that we intended to monitor the progress of curricular change, through both written enquiries and on-site visits. We are taking a similar approach towards implementation of our recommendations about the pre-registration year, published in *The New Doctor* in April 1997.

The first round of visits, to 25 medical schools, took place between 1995 and the spring of 1998. A second round of visits began in the autumn of 1998. These are focusing on the rolling out of the 13 principal recommendations in *Tomorrow's Doctors* during the primarily clinical years of the undergraduate course, as well as the introduction of improved arrangements for the training of pre-registration house officers.

The Quality Assurance Agency also began its review of medicine in the autumn of 1998 and at the request of the medical schools concerned a number of our visits have been synchronised with those of the QAA. This has enabled both bodies to minimise the burden which would otherwise have been imposed on the schools as a result of two separate visits within a relatively short space of time. We have, for example, been able to share documentation, and hold some joint meetings with medical school staff, students and recent graduates. Where collaborative working with the QAA has taken place, we state this in our reports.

The purpose of the QAA reviews is described in detail in their own documentation, including the reports of visits their teams have undertaken. The visits we ourselves are presently making are informal and are designed to be facilitative and supportive of curricular change, rather than judgmental. For this reason they contain no graded assessments of the quality of the provision available, or the quality of the student experience. They do, however, point up areas which we believe to be in need of further consideration. We will be pursuing progress with regard to these issues through written enquiries of the medical schools 12 months after each report has been published.

As well as informing us in some detail about the extent to which each school has

succeeded in introducing a curriculum consonant with our guidance, and in enhancing the clinical experience of its new graduates along the lines advocated in *The New Doctor*, the visits provide us with opportunities to identify examples of good practice which we can share with other medical schools. These too are detailed in our reports.

The reports of individual visits will normally be available on our website (www.gmc-uk.org) one month after these have been sent to the schools concerned. In addition, we will be publishing a summary of our findings at the conclusion of the current round of visits in 2001.

Introduction

1. Our visit had two purposes:

To review progress made by the University of Wales College of Medicine (UWCM) towards implementing the recommendations in *Tomorrow's Doctors* since our last visit in 1995, with a focus on the predominantly clinical years of the course.

To monitor progress towards implementing our guidance on the pre-registration year, as set out in *The New Doctor*.

2. Our team was led by Professor Sir Charles George, Chairman of the Education Committee. The other members were Professor Graeme Catto and Lord Patel, both medical members of the Committee, and Lady Tumim, a lay member of the Committee.

3. Our visit lasted two days, with the first day devoted to the undergraduate curriculum and the second day to the arrangements for general clinical training.

4. Our report is in two parts, reflecting the nature of our visit. In part one we look at the further progress made towards implementing the recommendations in *Tomorrow's Doctors* and discuss the College's plans for future development. Where appropriate we refer to the principal recommendations in *Tomorrow's Doctors* in the section headings. In part two of our report we consider the arrangements for general clinical training in the light of our guidance in *The New Doctor*.

5. In both parts of the report we have identified areas of good practice and issues where further progress is required.

Part I: The undergraduate curriculum

Background

6. Prior to our visit the College provided us with a completed questionnaire and other helpful supporting information.

Form of the visit relating to undergraduate medicine

7. The day began with a meeting with senior members of UWCM to gain an

overview of the current undergraduate curriculum, and to discuss developments since our last visit. Later we met with key staff from the Curriculum Management Group responsible for the day-to-day delivery of the undergraduate course. We also had discussions with members of the academic staff and with a group of students, representing each year of the course. During the day we were able to view some of the facilities and learning resources available to students.

The current curriculum

Summary of recent curricular developments

8. When we last visited in March 1995, UWCM was in the process of developing its new integrated curriculum. On our return visit we were able to see the many changes which had been made following the 'rolling out' of the first year of the new course in October 1995. The first cohort of students to complete this programme will graduate in July 2000.

9. Among the many features of the new course, we noted in particular the following points:

the curriculum has been organised and delivered as a systems-based course

didactic teaching has been reduced and has been replaced by self-directed activities

problem-based learning has been introduced

the establishment of multidisciplinary Subject Panels has removed much of the duplication in the curriculum

clinical attachments have been introduced in Years 1 and 2

approximately one-third of curricular time has been allocated to the Special Study Module (SSM) programme

the aims and objectives of the core curriculum have been clearly defined

during their final year students spend 3 weeks 'shadowing' the PRHO in the posts where they will be employed following graduation.

10. We were pleased to see that these changes had been managed in a positive way, and had involved significant input from both staff and students.

Structure and content of the curriculum

11. A diagram representing the structure and content of the new curriculum is at **Annex A**.

12. The curriculum is delivered in three consecutive phases. Phase 1 is of one year's duration and leads to the Primary MB examination; Phases 2 and 3 are each of two years' duration and culminate in the Intermediate MB and Final MB examinations respectively. Students spend part of the programme in the School of Molecular and Medical Biosciences at the University of Wales, Cardiff (UWC) and part in the University of Wales College of Medicine (UWCM).

13. Phase 1 (Year 1) takes a systems-based approach to the basic medical sciences and introduces students to the concepts of measurement and data interpretation, ethics, health in society and clinical situations. Clinical illustrations are used to enhance theoretical teaching not only in the biomedical sciences but also in the behavioural sciences and ethics. Students complete 7 one-day attachments during the second term of Year 1 in a variety of clinical specialties, both hospital and community based. Some of these attachments are observational. Others involve teamwork, problem-based learning and group presentations. These sessions also provide an early opportunity to address ethical issues associated with clinical practice.

14. Throughout Phase 1 students are required to develop skills in the areas of scientific method, analysis, IT proficiency, evidence-based learning, manual skills, use of library services, project work and time management. Three SSMs are also undertaken during this year.

15. Phase 2 (Years 2 and 3) sees the multidisciplinary approach to the teaching of basic and clinical science continue.

16. Communication skills training commences during Year 2. Towards the end of the year students complete a week long nursing block attachment, enabling them to acquire basic nursing skills on a ward under the supervision of the nursing staff and to learn to appreciate the inter-professional nature of health delivery in the hospital setting. Students undertake 20 days of project work during the year on a wide range of topics, requiring them to complete a minimum of 4 SSMs.

17. Year 3 sees the major development of clinical communication skills. The Foundation Clinical Skills course provides an introduction to the clinical blocks and to integrative general practice-based clinical medicine. By using the Clinical Skills Laboratory and with the help of clinical skills teachers in hospitals and general practices, students gain experience in history-taking, examining patients for physical and psychological disorders, diagnosis and patient counselling. For about 9 months of the year students take an Oncology Project following the treatment of a patient diagnosed as having cancer. At the end of this year students complete two extended SSMs, one in the basic medical or clinical sciences and the other community-based.

18. The emphasis is on clinical training in Phase 3 (Years 4 and 5). Year 4 comprises a series of specialist subject rotations (child health, reproductive medicine, psychological medicine, cardiovascular-respiratory medicine and a module of sub-specialties). Following these rotations, the 'diagnostic synthesis in

medicine and surgery' course offers students further opportunities to develop their clinical skills and their competence in problem-solving, patient management and planning. Running parallel with the core course in Year 4 is the Clinical Project , part of the SSM programme, which accounts for approximately 80 hours of self-directed learning.

19. Year 5 provides students with experience in a variety of clinical settings. The Secondary Referral Practice attachment comprises a series of district general hospital-based acute medicine, surgery and casualty placements whilst the Multidisciplinary Medicine in the Community module allows students to work in diverse community locations, including urban and rural practices, hospices and the patient's workplace, as well as general practices. Two extended SSMs are undertaken in Year 5, the Final Year SSM and the Senior Clinical Project. Students may choose a subject of interest to them for either SSM and study for the Final Year SSM may be undertaken in the UK or overseas. A period of clinical consolidation where students learn the practical aspects of becoming a PRHO, via attachments to their future PRHO posts, concludes the final year of the course. During this period students are required to demonstrate the acquisition of key skills necessary for satisfactory performance as a PRHO. They receive training on a range of practical issues including the use of special services such as radiology and pathology, prescription-writing, the use of other support services in other professions allied to medicine and the legal aspects of medicine.

The management of change (Principal Recommendation 13)

Supervisory structures

20. A diagram of the current management structure of the curriculum and a description of the terms of reference of its constituent groups can be found at **Annex B**.

21. Overall responsibility for the curriculum is vested in the Board of Medical Studies (BMS), which draws its membership from UWC, UWCM and the NHS in Wales. The operational arm of the BMS is the Curriculum Management Group (CMG), which undertakes day-to-day management of curricular affairs under the chairmanship of the Dean of Medicine. Meeting at two-weekly intervals the CMG co-ordinates the activities of a number of groups, including the Curriculum Committee, the Subject Panels and the Clinical Module Development Groups. The role played by these groups in the planning and delivery of the curriculum is described in paragraphs 34-36 and in Annex C.

22. We were impressed by the management framework established within UWCM, with its clearly defined lines of responsibility and accountability.

The contribution of students and junior doctors

23. We were pleased to learn that students are represented on all key committees within UWCM and UWC including the BMS and the Curriculum Committee. UWCM regards the involvement of students in curriculum planning,

implementation and review of delivery as essential to the successful development of its new curriculum. We were told that approximately 40 students are involved in the Subject Panels, which assist in the planning and design of the undergraduate course. We were also interested to learn that students are actively involved in the discussions which take place between health authorities, trusts and UWCM to frame SIFT educational agreements.

24. Students complete evaluation questionnaires on their experience as they progress through the course. This feedback is regularly presented to the CMG and associated groups, and to the annual review meetings for honorary senior lecturers. Honorary senior lecturers have been given the responsibility of organising the delivery of clinical teaching within each district general hospital and of arranging pastoral care and support for students undertaking clinical placements throughout Wales. Information requiring urgent action is referred direct to them at the district general hospitals. We were told by both students and staff that this feedback had been instrumental in bringing about many changes.

25. The Staff/Student Committee meets regularly and is perceived by students to be an effective vehicle for registering concerns and effecting change. The minutes of each meeting are referred as appropriate to the UWC and the CMG.

26. Undergraduate teaching review meetings chaired by the Dean are held annually in each trust where undergraduate clinical teaching takes place. Each hospital receives a detailed analysis of the delivery and quality of its teaching. Both students and junior staff attend these meetings and make a full contribution to the discussion.

Staff development

27. We were informed of a number of recent developments to promote staff development within UWCM. These include:

- annual undergraduate teaching review meetings
- annual review meetings for honorary senior lecturers
- a Certificate in Medical Education offered by the School of Postgraduate Medical and Dental Education
- a programme of seminars given by a Visiting Professor from the University of Newcastle, New South Wales
- a Learning Group at UWC which considers problem-based learning
- the UWC Staff Development Programme which includes sessions on personal tutoring, lecturing and small group teaching
- the Learning Support Unit at UWC which gives seminars on assessment, computer-aided assessment and strategy in resource-based learning.

28. UWCM encourages all its teachers to enhance their skills by attending one of the approved 'teaching the teachers' courses run by the University.

29. We were interested to discover that the College will shortly be arranging to visit all district general hospitals to disseminate further information about new

teaching methodologies appropriate to the integrated curriculum. We understand that these visits will be led by the Dean and the Vice-Dean of Medicine.

30. UWCM is currently reviewing its staff training and development needs and has appointed an Assistant Director of Personnel with this specific remit. We look forward to hearing more about the outcome of this review in a year's time.

The promotion of teaching as a valuable activity

31. UWCM recognises the importance of promoting high quality teaching and has introduced a number of initiatives dedicated to this purpose. These include:

- a reallocation of teaching resource funding aimed at reflecting teaching activity and quality
- the appointment of an honorary senior lecturer in each of the district general hospitals with overall responsibility for organising the delivery of high quality undergraduate clinical teaching within that hospital
- the introduction of a Professional Tutor grade at UWC to encourage staff who are experienced teachers
- the revision of the criteria for promotion to acknowledge teaching ability.

Interface with university systems and procedures

32. UWCM works closely with its partner institutions within the University of Wales.

33. A regular monthly meeting brings together senior members of the UWCM Central Registry and the Medical School Office to discuss management, quality matters, examinations and student issues. Student, staffing, management and academic matters relating to the new curriculum are considered by members of both UWCM and UWC through the BMS and its associated sub-committees. A third interface occurs through the devolution of a number of responsibilities from the University of Wales to its constituent institutions. These responsibilities, including management of external examiners and modification to degree regulations, are now administered through liaison between UWCM Central Registry and the Medical School Office.

Aspects of the core curriculum (Principal Recommendations 1, 2, 5 and 7)

Defining the core curriculum

34. The definition of the core content of all 5 years of the undergraduate course has been determined jointly by basic scientists and clinicians on the Subject Panels and the Clinical Module Development Groups (CMDGs). These groups are controlled by the Curriculum Committee and managed by an executive CMG.

35. We referred in detail to the work of the Subject Panels in our 1995 report. An extract from this report is at **Annex C**.

36. The CMDGs were established to transform the aspirations of the Subject Panels into the practicalities of clinical teaching in hospital and community settings. The input from the CMDGs has resulted in the development of a series of course modules, described in **Annex D**.

37. This approach to development, implementation and management of the new curriculum has allowed UWCM to make many positive changes, including:

- removal of the traditional pre-clinical/clinical divide
- identification and elimination of redundant material from the course
- direct patient contact for students from Year 1
- a science continuum extending throughout all 5 years of the course.

38. UWCM is to be congratulated for seeking the views of a large number of interested parties on the development of the new curriculum. We were impressed by the extent of student participation in course design and in feedback on its delivery and by the involvement of another key player, the Postgraduate Dean, in the decision-making process. We particularly commend the College's vision in seeking the views of staff at the district general hospitals and we understand that their comments played an important part in the establishment of Year 3 of the new curriculum.

39. We were pleased to note that the core curriculum had been defined in terms of the recommendations in *Tomorrow's Doctors* and that learning and skills objectives had been set down in writing for each component of the course.

Reducing the factual burden

40. Making the change from a traditional to an integrated curriculum has resulted in a 30% reduction in core content.

41. UWCM has adopted the concept of study time, whereby students are expected to devote 40 hours per week to their studies. Each Subject Panel's contribution to the curriculum is restricted within the overall constraints of the study time available. The maximum number of contact hours has been defined. Thus, we were told that in Year 1 contact time is 10-15 hours per week while the other scheduled activities may contribute an additional 16 hours per week. The table at **Annex E** shows the amount of time allocated throughout the course to whole class teaching, small group teaching and self-directed learning based on 40 hours study time per week, excluding examination periods.

42. When planning the new curriculum the Subject Panel were given the following objectives:

- to reduce contact time,
- to harmonise delivery of and to remove repetition in the undergraduate programme
- to define the core curriculum
- to remove specialist detail

to reduce didactic teaching
to promote small group teaching.

43. Our view, and the perception of the student body, is that these objectives have been successfully met.

Learning through curiosity

44. UWCM's commitment to fostering a spirit of enquiry in its students is clearly evident in the extensive SSM programme which it has developed. This is described in detail in the following section.

45. Core curriculum activities also play a key part in promoting intellectual curiosity through carefully designed problem-based learning exercises and imaginative projects and coursework.

46. In particular, early clinical contact is considered to be an excellent means of stimulating students' interest. During their early clinical attachments students are required to present a written ethical commentary on a patient they have encountered and to produce a Family Case Study based on periodic visits they have made to a family with a new baby.

47. Students are actively encouraged to attend postgraduate meetings at which clinical issues are debated. At these meetings patients' conditions are presented in a multidisciplinary fashion, often involving input from other health care professionals.

48. We were interested to learn of the plans for the Multidisciplinary Medicine in the Community module in Year 5. Students will be expected to look at ways in which chronic problems (developmental, neurological, physical and social) in the 'seven ages of man' are handled in the community and to examine how these problems affect people in different ways according to their age. They will also have the opportunity to consider the manner in which the various community agencies work alongside each other. We look forward to hearing more about this initiative in a year's time.

49. The students with whom we spoke believe that they are fortunate in the number of opportunities available to them in course to follow up their natural curiosity. They are provided with the necessary tools to do this at an early stage when the skills of research and information retrieval are instilled. Evidence-based learning is also introduced in Year 1 through medical statistics and the skills of data interpretation.

Special Study Modules (Principal Recommendation 6)

50. The SSM programme, described in detailed in **Annex F**, constitutes about 30% of the entire undergraduate course. It is highly valued by both staff and students as an excellent means whereby students may research areas of particular interest to them and gain an insight into scientific method.

51. The range of options available is extensive and a tutor who is responsible for the organisation of each specific topic, a Year tutor, (who is a member of the SSM Panel) and the SSM administrator are on hand to assist students. Booklets containing information about the programme are distributed to students in each year of the course, supplemented, when necessary, by written handouts. 'SSM News', a bi-monthly newsletter providing suggestions on how to make the best use of the programme, is issued to all students, tutors and heads of department whilst the SSM Web page contains detailed information about the many clinical and non-clinical opportunities available at each stage.

52. Assessment of SSMs is undertaken by the 'topic' tutors in each year using set criteria. Sample papers are double marked as are the papers of all failing students. Any student who fails an SSM is required to repeat that part of the programme. We were told that problems are more likely to occur when project work is not handed in. Such cases are considered in their merits by the CMG and usually result in the student being required to complete an equivalent SSM placement.

53. Each professional examination includes a formal assessment based on SSM work completed during that phase. The 'SSM formal assessment' must be satisfactorily and separately completed before a student can progress to the next phase of the course. For the Primary MB examination this relates primarily to project work in the third term of Year 1, and for the Intermediate MB examination to the Year 3 SSM and Oncology Project. In relation to the Final MB examination students must obtain a minimum pass mark of 50% in the Year 4 SSM, the Final Year SSM and the Senior Clinical Project.

54. In 1995 we commented on the need for UWCM to produce more detailed proposals in respect of the SSM programme and its assessment. On our return we were pleased to see that the College had delivered substantially on both counts. We were particularly impressed by the range of options available to students, by the overall organisation of the SSM programme and by the arrangements which have been introduced for assessment.

Delivery of the curriculum (Principal Recommendation 11)

Teaching methods

55. Teaching is delivered and learning encouraged through a variety of methods, including:

- lectures and discussion classes
- small group work
- tutorials and seminars
- clinical demonstrations
- clinical attachments to district general hospitals and community care settings
- practical sessions and dissection classes
- opportunities for problem-based learning
- self-directed learning

clinical modules and clinical skills training
communication skills training
opportunities for evidence-based learning
computer-assisted learning (CAL)
SSMs and project work
work-shadowing of pre-registration house officers (PRHOs)
joint training sessions with other health care professionals to promote
interprofessional working.

56. UWCM makes use of all hospitals in the Principality to provide clinical teaching. We were particularly impressed by the strong links it has forged with district general hospitals.

56. Handbooks for each year of the course and booklets for each course component provide students with details of the teaching methods to be employed, the areas of learning to be covered and the learning support available.

57. Although opportunities for interprofessional working occur in the Health in Society course in Years 1 and 2, the Communication Skills course in Years 2 and 3 and the Multidisciplinary Medicine in the Community course in the final year, we consider that particular mention should be made of the Nursing Block attachment in Year 2. Medical students spend one week on a ward with nursing students acquiring basic nursing skills under the supervision of nursing staff. The students with whom we spoke rated this attachment highly in terms of their professional development. We were told that this evaluation has been borne out in the student questionnaires and in feedback from nursing staff.

Computing and CAL facilities

58. On enrolment all students are registered as users of the University Computer Network and consequently enjoy access to a wide range of services, including the Internet, and various software packages and information databases. Additionally the Web servers in UWC and UWCM provide detailed curricular information in the form of computer-assisted learning (CAL) packages, lecture notes, self-support tutorials and assessment questions.

59. Computer-assisted learning (CAL) packages have been in use for some time in areas such as pathology, biochemistry and physiology. These have recently been supplemented by new applications in histology and haematology.

59. All course booklets and timetables are reproduced on the Web pages, which also make available to students information about supplementary learning strategies, alternative support media or other additional resources.

Other resources

60. In addition to the excellent libraries on the UWCM and UWC sites, students are able to access library facilities in all the district general hospitals through the

highly effective IT links which UWCM has established. We commend the College for its vision in this regard.

61. UWC houses a Teaching and Learning Resource Centre whilst its College partner, UWCM, has invested heavily in establishing a Learning Resource Centre which includes a clinical skills laboratory. This laboratory is used extensively by students keen to develop their clinical, cardio-pulmonary resuscitation and communication skills.

62. The UWCM Media Resource Centre produces a wide range of videos and slides with the aim of enhancing the learning experience of students. We were particularly impressed by the high quality of its digitised image systems. However, we believe that some of its potential remains untapped. We suggest to the College that it explores ways of promoting the use of this resource and integrating its contribution into the overall requirements of the curriculum.

Keeping up to date with educational theory and practice

63. UWCM is aware of the need for all its staff to keep abreast of current best practice in medical education. It therefore maintains close links with the Department of Medical Education in the School of Postgraduate Medical and Dental Education (SPMDE) and encourages staff to undertake the Certificate in Medical Education offered by the SPMDE. Many staff are actively involved in medical/educational research and training through national bodies such as the Association for the Study of Medical Education.

Changing patterns of health care (Principal Recommendation 10)

64. The student perception is that the undergraduate curriculum allows them plentiful experience in primary care and ensures that they are well attuned to the needs of the community.

65. Primary care provides the setting for the early clinical attachments in Phase 1, enabling students to appreciate the patient as an individual. The Oncology Project in Year 3 involves students visiting patients in their homes and accompanying them on visits to their general practitioner. During the whole of Year 3 students are based in primary care, spending one day each fortnight with a general practitioner, accompanying him/her on home visits. These rotations are highly valued by students who welcome the opportunity to develop their integrative diagnostic skills and to learn the clinical skills of a general practitioner.

66. In paragraph 48 we referred briefly to the Multidisciplinary Medicine in the Community module in Year 5. This module will take an integrated approach to the 'seven ages of man', under the following headings:

- pre-pregnancy, ante-natal and peri-natal care
- infancy, childhood and adolescence
- young adulthood and child raising
- maturity and service to the community

ageing and adapting
death and preparation for death
family care after death and spiritual values

67. The module will comprise a week of teaching integrated across primary care, psychological medicine, community paediatrics, community geriatrics, palliative care and public health medicine followed by two 3 week clinical attachments in a district general hospital and in a community/primary care setting. During these attachments students will be able to explore the interfaces between secondary care, primary care and community care. This will involve experience of:

discharge planning
domiciliary visits
case studies
school health issues
special needs in the community
social services
health promotion
immunisation
environmental health issues
mental health team

68. Assessment of the module will be based on tutors' reports and on satisfactory completion of a personal learning portfolio and a logbook structured around the 'seven ages of man'. A copy of the proposed log book is attached at **Annex G**.

69. We thought this was an interesting and ambitious programme which UWCM is keen to 'roll out' to every district general hospital in the Principality.

The goals of undergraduate education - attitudes, skills and knowledge

Attitudes (Principal Recommendation 3)

70. The need to inculcate in its students appropriate attitudes and the professional behaviour required for medical practice is well understood by UWCM.

71. Prompted, we were told, by advice given by the GMC, the BMA and the Health and Safety Executive, the College has recently taken the innovative step of introducing a programme of Professional Awareness Days into the curriculum. These are multi-professional events currently undertaken in Years 1, 3 and 5, which are specifically designed to introduce students to issues relating to professionalism, ethics, the difficulties of decision-making, clinical governance and health and safety. We thought this was an interesting and useful programme, a view shared by participating clinical teachers and students.

72. Students are given copies of *Good Medical Practice* on registration and again during the Professional Awareness Days, and the relevance of its principles to their professional development is stressed both by the Dean in his welcome address in Year 1 and by the Vice-Dean in the introduction to clinical skills training

in Year 3. UWCM ensures through regular meeting with honorary senior lecturers and the undergraduate teaching review meetings that the concepts of *Good Medical Practice* retain a high profile for its clinical teachers.

73. Guidance on a range of ethical issues including patients rights, confidentiality, informed consent and respect for patients is provided early in Year 1 in preparation for the clinical attachments that are to follow, whilst appropriate attitudinal approaches to interprofessional working can be developed in the nursing block attachment in Year 2, the Year 3 SSMS and during the clinical block of the Multidisciplinary Medicine in the Community module in Year 5.

74. UWCM acknowledges that assessing attitudes is a difficult task but asks all its consultants to review students' attitudes when undertaking their clinical assessment. The Multidisciplinary Medicine in the Community module in Year 5 defines its aims under four headings: ethics, knowledge and understanding, skills and professional development. We were told that when 'signing off' each case study during the module clinical tutors will also be assessing the attitudinal abilities of the student.

75. The undergraduate teaching review meetings held annually at each district general hospital, with NHS staff and students in attendance, remind clinical teachers of their responsibilities as role models. The student evaluation questionnaires help to identify those who do not live up to these responsibilities. Following adverse student feedback we learned that at least one clinician had been relieved of teaching responsibilities.

Essential skills (Principal Recommendations 4 and 8)

Study skills

77. Students receive clear guidance and documentation about the learning skills that they will need to acquire in order to complete the course successfully.

IT skills

78. Students are encouraged to use PCs as a natural means of accessing, exchanging and communicating information throughout the entire undergraduate programme. In preparation for this they complete the Information Proficiency Training Programme in the first few weeks of the course. During the programme's four 3 hour sessions students learn, and must demonstrate competence in, a range of IT skills including e-mail, word-processing, use of databases, statistics, information access and retrieval, and Web-searching.

79. Coursework, including project work and SSMS, provides students with ample opportunity for further development of their IT skills.

Communication skills

80. During Years 2 and 3 students undertake practical communication skills

training. Specially appointed rooms in the Clinical Skills Laboratory play a key role in this process. They are equipped with video-recording facilities which enable students to review their performance in role play situations, often involving simulated patients. The students with whom we spoke considered these facilities, which they share with nursing students and other professions allied to medicine, to be an excellent environment for developing their communication skills.

81. The undergraduate course affords many opportunities for these skills to be practised; for example in the oral presentation of project work and during problem-based learning sessions whilst written skills are honed in the preparation of essays, reports, projects, commentaries and posters. Communication skills naturally have more of a practical application in the clinical attachments in the later stages of the course. Here communication skills are defined in clinical logbooks and are assessed at the Intermediate and Final MB examinations.

82. In 1995 we suggested that greater attention could be given to the development of communication skills. We were pleased to note the advances made since our last visit but wondered if it might benefit students undertaking the early clinical attachments and the Family Case Study in Phase 1 if communication skills training were to begin earlier in the course.

Clinical skills

83. Student contact with patients in hospital clinics, wards and community settings is viewed as an important part of their clinical skills training, and early opportunities are provided in the seven one-day clinical attachments in Year 1. These attachments vary, allowing students experience of both hospital and community-based specialties. We have already referred in paragraph 58 to the useful introduction to basic nursing skills obtained during the nursing block attachment at the end of Year 2. The student perception is that this early clinical contact is useful preparation for the more intensive clinical attachments that they will undertake in the later years of the course.

84. At the start of Year 3 students undertake a six week Year 3 Foundation Clinical Skills course. The Clinical Skills Laboratory is a key element of this course, providing a safe and supervised environment in which many complex or invasive techniques can be practised. Teaching is shared between clinical and nurse tutors, facilitating the acquisition of clinical skills such as cardio-pulmonary resuscitation; the taking of blood; suturing; administering injections; catheterisation; airway management and internal examinations. The College considered that the Foundation course was progressing well, a view shared by students who welcomed this further opportunity for interprofessional learning. They spoke appreciatively of the College's willingness to make the facilities of the Clinical Skills Laboratory available to student groups on request.

85. Logbooks define the practical skills to be acquired in the Foundation Clinical Skills course and provided for the clinical attachments in Phase 3. UWCM also furnished us with a list of competencies in which students must be proficient prior to graduation. This is reproduced at **Annex H**. Students must be certified as

competent in these key tasks during the Clinical Consolidation block in Year 5. We were told that clinical competencies are also tested during the Final MB examination.

Teamworking

87. Opportunities for the acquisition of teamworking skills occur in the preparation and presentation of project work and during many of the laboratory-based sessions. Of particular note are the Year 4 SSMs which require students to work together in groups of 5 to 6 students to produce a team report. The specific contribution made by each individual to the project is recognised.

88. We have previously acknowledged the important role played by the nursing block attachment in Year 2 in introducing students to interprofessional working. UWCM is keen to build on this experience and employs colleagues from other professions allied to medicine to supervise many of the SSMs.

89. The value of constructive teamworking is stressed during the Professional Awareness Days offered by the College, with particular emphasis placed on the key role played by the patient as an active partner in the treatment process.

Aspects of the knowledge base

Public health medicine (Principal Recommendation 9)

90. Phase 2 provides the major input of teaching related to public health medicine issues. During Year 2 students are introduced to the concepts of disease prevention and health promotion and the importance of environmental and occupational factors on health are emphasised. In Year 3 the teaching programme addresses population health needs and service provision. Each student undertakes a project involving the critical evaluation of evidence relating to these issues (for example, evaluation of a screening programme). A number of SSMs offered during this phase take as their subject disease prevention as well as environmental and social concerns.

91. We were told that during Year 4 public health medicine issues are linked with clinical modules, for example through psychological medicine, whilst the Year 4 SSM programme invites students to consider the epidemiological aspects of health and disease. During the Multidisciplinary Medicine in the Community module in Year 5 students will be attached to a Department of Public Health Medicine in Wales. This attachment will afford them an insight into the work of consultants in communicable disease control and of local environmental health officers and will involve them in contacting health promotion and screening units.

92. To support the teaching of public health medicine, we were told that a number of senior lecturer posts in the discipline had been created.

93. Whilst we acknowledge - and appreciate - the initiatives introduced in various parts of the curriculum to make public health medicine more relevant to student

learning, we invite the College to consider ways of raising its profile and integrating its teaching more widely throughout the course.

Legal and ethical issues

94. The UWCM course is underpinned by a strong ethical base. Continuously it emphasises the need for students to develop and to demonstrate:

- respect for patients and colleagues
- respect for patients' rights and autonomy
- confidentiality
- consent
- an understanding of the moral and ethical responsibilities to individuals and populations.

95. Ethics is predominantly delivered as a taught course during the first two years, through a series of lectures, discussions and talks, some of which are given by a local member of the clergy. These were perceived by students as helpful to their professional development, and were commended for the patient-centred approach which they promoted.

96. Although students are encouraged to discuss and explore ethical and legal issues during their early clinical attachments and indeed are required on one of these to produce an ethical case commentary on a patient they have seen, the later years of the course focus more on the application of ethical principles to clinical situations. This is evident in the session entitled 'Ethical basis for clinical decision making' in Year 3. Student understanding is reinforced in the palliative care attachment (part of the integrative rotation later that year), the Child Health block in Year 4 and the Multidisciplinary Medicine in the Community module in the final year.

97. We commend the steps taken by UWCM to ensure that its students have the opportunity throughout the course to acquire a sound understanding of ethical and legal issues and thus to develop appropriate attitudes. Further evidence of this commitment can be found in the prominence accorded to ethics as one of the major themes of the Professional Awareness Days.

Medicine in a multicultural society

98. During Year 1 a course of lectures and tutorials entitled 'Social factors associated with health, illness and service use' delivers teaching on a range of issues including social stratification, social class, gender, ethnicity, inequalities in health, lay beliefs and illness behaviour. The social and cultural aspects of acute and chronic illness for individuals and families are explored during a taught course in Year 3.

99. Although Wales is not to any major extent a multicultural society, we were assured that students are exposed to a range of cultural and societal issues during their clinical attachments, particularly the primary care placements in Years 1, 3

and 5. Nevertheless we feel that there is some scope within the curriculum for increasing student experience of medicine in a multicultural society.

Complementary medicine

101. UWCM acknowledges that little or no teaching is devoted to complementary medicine, though an SSM in this subject is offered.

102. We were told that it was left to the Student Medical Society to organise an event on alternative and complementary remedies available to patients. We consider that UWCM should be able to provide its students with more opportunity to learn about treatments that do not conform to conventional practice, so that they are as well informed about these as their future patients.

Assessment of the process and the product (Principal Recommendation 12)

The outcome of the course

103. The aims and objectives of the curriculum are consonant with the recommendations set out in *Tomorrow's Doctors* and give due emphasis to the development of appropriate attitudes, skills and a sound knowledge base.

104. Feedback from external examiners and past graduates of UWCM has indicated that curricular aims and objectives are being met. This information was confirmed in our discussions with medical directors and chief executives of trusts. They stated unequivocally that UWCM is producing graduates who are fit for purpose as pre-registration house officers.

Assessment methodology

105. Since our last visit UWCM has introduced a number of new assessment strategies for its integrated curriculum. These include:

- a shift in balance from end-of-course to in-course assessments and course work in order to promote continuous learning and provide feedback
- the definition of explicit grading criteria for essays and projects
- the use of grade profiles for clinical skills assessments
- the concept of 'satisfactory completion for components' where grading is inappropriate or a threshold must be reached
- the need for all core knowledge, understanding and skills to be at a satisfactory standard with no compensation between assessments
- an increased diversity in the styles of assessment used
- a standardisation of the general format of written papers at Primary and Intermediate MB examinations.

106. The overall marking system has been altered to reflect the integrated nature of the curriculum, with greater emphasis placed on short in-course assessments (maximum of 20% of marks) and coursework (minimum of 30% of marks), leaving the end-of-phase examinations (shown in the diagram at **Annex A**) to account for

the remaining 50% of marks.

107. UWCM uses short in-course assessments to encourage the development of good study skills, to ensure that a sound knowledge base is established and to provide students with some feedback on their performance. These assessments take the form of short answer questions, including Matching True and False Questions or Multiple Choice Questions, short calculations or factual questions requiring a short text and/or diagram answer.

108. Students are required to undertake a variety of coursework assignments designed to evaluate knowledge, understanding and skills. These include practical reports; short answer tests; computer-based tests submitted electronically; data interpretation; problem-based learning; oral presentations; essays; projects; commentaries; brief reports and Objective Structured Clinical Examinations (OSCEs).

109. Different question styles in the end-of-phase written papers allows the testing of specific subject knowledge; for example short structured answer questions are used to assess basic student knowledge whilst essay style answers enable students to demonstrate their ability to synthesise information and produce a cogent, written argument.

110. We have previously referred to the assessment scheme for SSMs in paragraphs 52 and 53 of our report.

111. Students are informed of the College's assessment methodology, its procedures and the standards which are to be achieved in the course handbook and in each course booklet. Schedules of assessment are distributed annually to students and staff.

112. An Assessment Working Group has been established by the CMG to ensure that appropriate assessment methods are applied consistently across the curriculum. This group has recently been responsible for modification of the Intermediate MB assessments in Year 3.

113. We were pleased to note the steps taken by UWCM to develop a scheme of assessment which reflects the integrated curriculum and mirrors the knowledge, skills and attitudinal objectives of the course. We understand that some refinement of the assessment structure in Year 5 is being considered, and the College may find the GMC's draft guidance on assessment helpful in this respect.

Preparation for the pre-registration year

114. The students with whom we spoke had no doubt that the UWCM course equipped them with the necessary attitudes, knowledge and skills to work safely and effectively as pre-registration house officers (PRHOs).

115. We were pleased to see that UWCM had acted on our recommendation in the 1995 report and has introduced a PRHO 'shadowing' attachment during the

Clinical Consolidation Course in Year 5. During their three-week attachment to their future PRHO posts, students will gain experience of the day to day management of patients as a PRHO, and particularly the management and administration of a ward. Their competence to perform the practical tasks described at **Annex H** will be formally certified during this attachment.

Other issues

Student support

116. The students we met spoke enthusiastically about the systems put in place to ensure they were well supported academically and personally. They were particularly appreciative of the 'open door' policy which allowed them direct access to academic, administrative and pastoral staff, including the Dean.

117. This appreciation extended to the induction programme, during which all new students receive:

- detailed course documentation, including handbooks, timetables and assessment schedules
- a formal welcome from the Dean
- introductory sessions explaining the structure of the MB programme
- information about personal support, health and welfare services
- a full programme of student activities.

118. Students are allocated a personal tutor for all five years of the course and their first meeting takes place during the induction period. At this time new students are also introduced to 'family groups' wherein four or five Year 2 students meet and support a similar number of Year 1 students. Feedback from students suggests that the 'family group' scheme is working successfully.

119. A range of measures is deployed to provide students with academic support. Course booklets identify staff who have been given this responsibility for each component of the course but in general it is undertaken by the Sub Panel Managers, clinical teachers and the Medical Sub-Dean or the Vice-Dean of Medicine. Both of the latter also provide an additional tier of pastoral support. In the early part of the course small group working in tutorials and workshops enables students to receive specific support and this is sustained by the maintenance of appropriate staffing levels in laboratory sessions. Sessions are organised periodically, again normally during the first part of the course, in order to revisit certain areas of the curriculum, and assessments have been designed with a formative structure to allow students feedback on their performance.

120. Students are monitored using information derived from assessments, their attendance record, tutors, other staff and, provided that it is not confidential, from student and welfare services. This allows early identification of students in difficulty. They are then encouraged or invited to have an informal discussion with their tutor, the Sub-Dean, the Vice-Dean or the Dean, depending on the nature of the problem. Serious cases are reported to the Academic Progress Committee which will make a

formal recommendation about any further action that may be required.

121. UWCM has appointed honorary senior lecturers in each district general hospital to arrange pastoral care and support for students undertaking clinical placements throughout Wales. It also provides transport for its students travelling within South Wales and offers financial assistance with fares to those travelling to and from more distant centres.

122. UWCM prides itself on the high level of support it provides to its students, and the excellent relationship which this has engendered between staff and students. In our view this pride is not misplaced.

Feedback to students

123. UWCM is keenly aware of the importance of ensuring that its students receive timely and constructive feedback on their performance and that they are kept abreast of and are involving in shaping curricular developments. Towards this end it has instituted a number of measures :

students are represented on all key committees of UWCM and UWC

marked course work is returned to students as promptly as possible. Staff are encouraged to provide comments and guidance in relation to standards achieved and areas for possible improvement

marked examination scripts from in-course assessments are returned to students as soon as possible - unless the security of a question bank would be compromised thereby

regular in-course assessments provide feedback on student performance.
These assessments are scheduled to allow students sufficient opportunity for remedial study before the end-of-module assessment

following the in-course and other assessments, the Subject Panel Managers provide advice on the courses of remedial action open to students who have concerns about their academic progress

a standard grading criterion has been introduced for all essays and projects.
Reproduced on report sheets, these are returned with the work to the student.

124. The students told us that they particularly valued the willingness of staff to make themselves available to provide guidance and feedback to them throughout the entire course. We were particularly impressed by the quality of feedback students receive in the clinical years when we were told that teachers set aside time to sit down with students to explain what they had done well and to suggest ways of improving less impressive performance.

125. We consider the opportunities available to students to give and to receive

feedback in UWCM to be enviable.

Quality control

126. The current management structure of the curriculum, and a description of the terms of reference of its constituent groups, is described at **Annex B**.

127. The Dean of Medicine has overall responsibility for ensuring effective monitoring of the scope and quality of clinical student learning within the hospital and general practice context, reporting as required to the Board of Medical Studies via the Curriculum Management Group.

128. Undergraduate teaching review meetings are held annually in all Trusts where undergraduate clinical teaching takes place. The review team consists of the Dean, the Vice-Dean, the Director of College/NHS Liaison Unit, the SIFT Co-ordinator and the Assistant Registrar (Medicine). Each meeting is attended by the Trust Chief Executive, Medical Director, Honorary Senior Lecturer and Consultant, and PRHO and student representatives. Issues addressed include any problems over compliance with the SIFT Agreement, local utilisation of SIFT funding and a review of student feedback on the quality of the hospital in terms of its teaching role. A representative of the appropriate health authority also attends, thereby enabling the purchaser to observe at first hand the important responsibilities carried by the Trusts over and above the provision of high quality patient care.

129. The College Division of General Practice plays a key role in assuring the quality of teaching and training in teaching practices. For example it:

- visits all prospective teaching practices
- draws up formal contracts with all practices spelling out what is expected of the individual tutor and of the placement in general
- provides training for all new clinical teachers
- scrutinises students' feedback and tutors' reports from each attachment
- holds an annual examiners' workshop to seek to achieve consistency of standards.

131. In addition the Division stages an annual conference for all clinical tutors covering such topics as student feedback, the health and safety of students on attachment, and the teaching of clinical and communication skills.

132. We were told that the Provost intends to visit all general practices involved in student teaching over the next two years.

130. Students have numerous opportunities to comment on and to influence the quality of their training:

- a rapid electronic response system for students has been implemented during lectures. This allows students to record their immediate reaction to the lecture and affords the lecturer the opportunity of adjusting his/her delivery during the session

students are able to voice their concerns about the quality of their medical training in the evaluation questionnaires completed throughout all five years of the course

students play a full part in the deliberations of the Dean's annual undergraduate teaching review meetings

the Medical Sub-Dean holds a series of regular meetings to discuss teaching quality with groups of 15-20 students selected by the class

the Dean also meets with students from each year of the course and the outcomes of these focus meetings are reported in the student magazine.

132. External examiners also play a key role in the quality assurance process and are actively involved in reviewing the results of in-course and end-of-phase assessments. Their reports are considered by the Examination Board Executives, the Board of Medical Studies, and the UWCM Academic Standards and Quality Committee.

Areas of good practice

134. *Supervisory structures* : We were impressed by the management framework established within UWCM, with its clearly defined lines of responsibility and accountability (paragraph 22).

135. *Student involvement*: Students are represented on all key committees within UWCM and UWC (paragraph 23). It was evident that they play an important role in shaping the delivery of their training. We were particularly struck by the College's vision in actively involving students in discussions with health authorities and trusts to frame SIFT educational agreements, and commend this practice as a model for other schools to follow.

136. *Core curriculum*: We were pleased to note that the core curriculum had been defined in terms of the recommendations in *Tomorrow's Doctors* and that learning and skills objectives had been set down in writing for each component of the course (paragraph 39).

137. *Special Study Modules*: We were particularly impressed by the range of options available to students, by the overall organisation of the SSM programme and by the arrangements which have been introduced for assessment (paragraph 54).

138. *Links with district general hospitals*: UWCM makes use of all hospitals in the Principality to provide clinical teaching. We were particularly impressed by the strong links it has forged with district general hospitals (paragraph 56).

139. *Nursing block attachment*: Students welcomed this opportunity for interprofessional working, rating the attachment highly in terms of their professional

development (paragraph 58).

140. *Professional Awareness Days*: This is an interesting and innovative programme designed to introduce students to issues relating to professionalism, ethics, the difficulties of decision-making, clinical governance and health and safety (paragraph 73).

141. *Ethical and legal issues*: We commend the steps taken by UWCM to ensure that its students have the opportunity throughout the course to acquire a sound understanding of ethical and legal issues (paragraph 97).

142. *Student support*: UWCM provides a high level of academic and personal support to its students, which we believe is a major contributory factor to the excellent relationship which exists between staff and students (paragraph 121).

143. *Feedback to students*: We consider the opportunities available to students to give and to receive feedback in UWCM to be enviable (paragraph 124).

Areas for further consideration

145. *Media Resource Centre*: We believe that this resource has considerable potential, some of which is currently untapped. We suggest to the College that it looks at ways of promoting the use of its high specification digitised image systems to enhance the learning experience of students (paragraph 64).

146. *Communication skills training*: We consider that it would benefit students undertaking their early clinical attachments if communication skills training could be addressed earlier in the course (paragraph 83).

147. *Public health medicine*: Whilst we acknowledge - and appreciate - the initiatives introduced in various parts of the curriculum to make public health medicine more relevant to student learning, we invite the College to consider ways of raising its profile and integrating its teaching more widely throughout the course (paragraph 93).

148. *Medicine in a multicultural society*: We feel that there is some scope within the curriculum for increasing student experience of medicine in a multicultural society (paragraph 99).

149. *Complementary medicine*: We consider that UWCM should be able to provide its students with more opportunity to learn about treatments that do not conform to conventional practice, so that they are as well informed about these as their future patients (paragraph 101).

Conclusion

150. We were delighted by the enormous changes which have taken place since our last visit. The College is to be congratulated on the positive way it has approached the development and implementation of its new integrated curriculum,

actively involving both staff and students in the process. Its students considered themselves fortunate to be studying medicine in Cardiff.

151. We look forward to hearing about further progress in a year's time.

Part 2 : General Clinical Training

Background information

150. Prior to the visit we were provided with helpful background information about general clinical training within the Principality. This included a summary, reproduced at **Annex I**, showing the extent to which the recommendations in *The New Doctor* have been implemented to date.

Form of the visit relating to general clinical training

151. Our day began with discussions with the Pre-Registration Committee, the body responsible for overseeing all matters relating to the pre-registration year in Wales. We then met with chief executives and medical directors from various NHS trusts throughout South Wales and talked with groups of clinical tutors and educational supervisors from different hospitals in the Principality. Before reporting back to the deanery on our impressions of the day we had a meeting with a number of PRHOs from a variety of locations and specialties.

Organisation and management of the PRHO year

152. There are 17 NHS trusts involved in the training of PRHOs in Wales.

Supervisory structures

153. The Pre-Registration Committee (PRC) of the UWCM is responsible for overseeing the management of the pre-registration year.

154. The main functions of the PRC are to:

inspect and approve all PRHO posts in Wales

monitor the appointment and selection process of PRHOs

monitor the implementation and delivery of training requirements as set out in *The New Doctor*.

155. The PRC meets annually under the chairmanship of the Postgraduate Dean but will convene more frequently if necessary. Its membership comprises the Dean of Medicine, the Postgraduate Sub-Dean for Hospital Practice, the Sub-Dean for Postgraduate Education for General Practice and representatives from the Departments of Medicine and of Surgery, as well as from all 17 NHS trusts in Wales where PRHOs are trained.

The approval of posts

156. The PRC organises formal visits to every hospital in Wales involved in training PRHOs on a four year rolling programme. The criteria for approving individual posts are based on those set out in *The New Doctor*. We were told that

PRC approved 17 new posts last year.

157. Guidance about the bidding process for new posts, prepared by the deanery, is at **Annex J**.

158. We thought that the deanery had instituted an excellent system for approval of PRHO posts, which was perceived by trusts to be both rigorous and fair.

Communicating the aims and objectives of the PRHO year

159. All PRHOs, educational supervisors, postgraduate organisers (clinical tutors) and trust chief executives receive a copy of *The New Doctor*. At regular inspections of PRHO posts, the aims and objectives of *The New Doctor* are used as the yardstick when assessing whether or not PRHO posts are delivering adequate training. Information from the Annual PRHO Survey is also taken into account.

160. In August 1999 the deanery intends to introduce a new review and assessment system for PRHOs, the new 'PRHO portfolio for Wales', which will incorporate the aims and objectives of general clinical training. Prospective PRHOs will be briefed about the new system by the deanery before they graduate in July 1999 and will also receive further information before they start their first PRHO post during their induction training. The deanery currently organises a brief information session for final year students who are applying for PRHO posts explaining the nature and purpose of the PRHO year.

161. We were told that from spring 1999 the Postgraduate Dean will be contributing to the Professional Awareness Days programme in Year 5 of the undergraduate course.

The selection of PRHOs

162. The deanery operates a computerised matching scheme to facilitate the appointment of PRHOs. Each June the Postgraduate Dean briefs fourth year students on the selection process and application forms are distributed at this time. The scheme operates on an all-Wales basis and students can apply for up to a maximum of 16 posts. The deanery despatches the application forms to consultants who short-list candidates for interview. Interviews take place over four consecutive Saturdays in October/November. The students are ranked by the consultants following interview and this information is forwarded to the pre-registration administrator who then runs the matching scheme, allocating posts accordingly. We were told that last year 87% of posts were filled after the first round of the scheme.

163. Students who are unsuccessful in securing a PRHO post through the matching scheme are provided with details of any consultants not allocated a PRHO and interviews are arranged. The deanery is confident that there are sufficient posts in the Principality to guarantee that all graduates who wish to can obtain a post in Wales.

164. The deanery believes that the matching scheme is a fair and efficient means

of selecting and appointing PRHOs to posts. This was a view shared by many PRHOs but doubts about the scheme were expressed by others. One PRHO found the scheme difficult to understand whilst another considered that the element of choice was in fact undermined by their ability to make up to 16 applications for posts. We were surprised by this figure which we regard as excessive for a computer-matching scheme.

Monitoring the quality of PRHO posts

165. The deanery assesses the quality of general clinical training in three main ways:

- exit reports submitted by PRHOs in the Annual Survey

- annual visits made by the Postgraduate Board to trusts

- formal inspection visits carried out by the PRC.

166. Additionally the postgraduate organiser within each trust monitors posts locally and will inform the Postgraduate Dean should a particular problem be identified.

167. Each trust receives a formal inspection visit from the PRC every four years and more frequently if required. The inspection team comprises a member of the PRC, a member of the deanery and a postgraduate organiser from within Wales. Following the visit a detailed report with various recommendations is submitted to the PRC for comment, and is copied both to the trust and to the consultant trainer concerned. Where deficiencies in a particular post are identified, these are notified in writing to the trust chief executive, the medical director, the postgraduate organiser and the educational supervisor with recommendations for their resolution.

168. We were told that three posts are being removed from one hospital in Wales with effect from August 1999 after recommendations proposed by the PRC were not implemented. Two reinspection visits over an 18-month period coupled with warning letters to the head of department threatening to remove the posts had failed to secure any significant improvement in the level of training delivered.

169. PRHOs are able to express their views on the quality of their training in the Annual PRHO Survey, a detailed questionnaire which they complete at the end of their pre-registration year. The current response rate of 90% is impressive. The opinions of PRHOs are also sought during the annual visits made by the Postgraduate Board to all trusts and on each formal PRHO inspection visit. We were told that the information acquired will be used if necessary to initiate change within trusts and departments.

170. Following the comments we made in 1995 about the need for close monitoring of the quality of PRHO posts, we were pleased to see that effective systems had been put in place to ensure that all posts conform to an appropriate

standard.

Components of a high quality PRHO post

Induction

171. Each hospital administers its own induction programme on the basis of a general format agreed by postgraduate organisers but incorporating some local features. Most programmes comprise one full day but we were told that some trusts had found the resources to extend this period to two days. A handover session between the incoming PRHO and the previous incumbent of the post is common to all programmes.

172. PRHOs regard the induction period as a helpful introduction to their general clinical training and the programmes are well attended.

173. We have already referred in paragraph 114 to the PRHO 'shadowing attachment' which is being introduced for final year students. In terms of useful preparation for the pre-registration year we believe that this attachment will serve to complement the formal induction programme.

Educational opportunities

174. All hospitals involved in general clinical training organise educational programmes for PRHOs. These sessions are arranged by postgraduate organisers and postgraduate centre managers. Their content and timing (from one half day to one hour per week) varies between hospitals.

175. Generally these sessions have not been well attended though PRHOs have been told that attendance is mandatory and is monitored by the deanery. Trusts have been encouraged to identify bleep-free time or to schedule educational sessions at lunchtime - with the added inducement of lunch - in order to improve attendance. These initiatives have not proved persuasive to many PRHOs. The threat to refuse to 'sign up' as suitable for full registration those PRHOs who fail to attend at least 70% of educational sessions proved equally resistable. The deanery is keenly aware that consultants display great variability in their commitment to persuading and requiring PRHOs to attend educational events.

176. PRHOs cited two main reasons for poor attendance at educational sessions. They were either prevented by pressure of work, conscious of messages stacking on their bleeps, or dissuaded by the variable quality of some of the sessions they had previously attended. We were concerned that many PRHOs were not availing themselves of educational opportunities, though we were pleased to hear that sessions specifically targeted at PRHOs were well attended in some centres, such as Bridgend. We invite the deanery to give further consideration to ways of improving and ensuring the overall quality of educational programmes and of alleviating the pressure of work on PRHOs, so that they are able to attend scheduled sessions.

177. PRHOs were appreciative of the steps taken to ensure that they did not routinely have to carry out inappropriate tasks, and particularly welcomed the appointment of nurse-practitioners. However, some minor areas of difficulty were still evident. PRHOs regretted the absence of a phlebotomy service on Sundays and continued to encounter problems at many hospitals in obtaining the results of radiological investigations. We also heard that there was no blood/gas machine available at Merthyr, and that venesection services in East Glamorgan were variable. We encourage the deanery to continue to explore solutions to these difficulties with PRHOs and trust managers.

Educational supervision

178. Under the terms of the Service Level Agreement drawn up between the trust and the deanery each approved PRHO post is allocated an educational supervisor. We were told that educational supervisors work closely with postgraduate organisers (clinical tutors) and clinical supervisors to develop educational programmes for and to provide career advice and guidance to PRHOs.

179. The feedback we received from PRHOs on their educational supervision was mixed. We heard that some PRHOs based in Llandough and East Glamorgan were fortunate to have educational supervisors who introduced themselves on their first day, sat down with them to agree learning objectives and arranged to meet them at regular intervals to review progress. Others were less fortunate; some PRHOs based in Cardiff were under the impression that they had not been allocated educational supervisors. They told us that they had sought the guidance and information they required from their supervising consultants.

180. We were pleased to discover that, of their own volition, all postgraduate organisers arrange to meet each other three or four times a year to discuss a range of common issues,(for example attendance at educational sessions). We consider this to be an excellent initiative and commend it to other deaneries in the United Kingdom.

181. As employees of the deanery postgraduate organisers are subject to regular appraisal. Should they fail to rectify any deficiencies identified in their performance, the deanery has the ultimate sanction of terminating their employment. The case of educational supervisors is different as they are not employed by the deanery. Nevertheless, the quality of their educational provision is monitored and the threat to remove PRHOs from their charge usually provides the necessary stimulus to correct any shortcomings.

182. Postgraduate organisers are required as a condition of their appointment to attend training programmes organised through the deanery's Academic Department of Medical Education. Educational supervisors are also encouraged to attend these sessions. The deanery told us that in 1999 it intends to make it a requirement for each trust to ensure that at least 50% of its consultants with responsibility for junior medical staff attend a training course in teaching techniques and for 75% of that group to complete a training course on feedback and appraisal systems.

183. It was evident from the feedback we received that the training of educational supervisors is variable across the deanery. We regard it as a high priority for the deanery to set in place systems whereby it can ensure that educational supervisors receive training of a consistently high standard. We believe that this will enable them to carry out the key tasks that they have been allocated.

Clinical training and supervision

184. The PRC uses its inspection programme, the annual visits made by the Postgraduate Board and feedback from the Annual PRHO Survey to satisfy itself that core generic clinical training, as defined in *The New Doctor*, is being delivered. In general PRHOs were positive about their clinical training but one PRHO suggested that their learning experience would be greatly enhanced if they were allowed more opportunity to follow through the treatment of patients they had admitted, particularly in surgery.

185. PRHOs were satisfied with the level of clinical supervision they received. They were particularly appreciative of the additional level of experience and support provided by senior nurses.

186. None of the PRHOs we asked had ever been placed in a position whereby they were unable to seek direct support or guidance from a senior colleague. This was the case in both teaching and district general hospitals.

Monitoring the progress of PRHOs

187. All consultants identified as having a supervisory role are asked to monitor PRHO performance and to certify at the end of the post that the trainee has made satisfactory progress.

188. If any deficiencies in performance are noted, the educational supervisor and the postgraduate organiser will discuss these with the PRHO and agree remedial action. Should serious difficulties, such as unsatisfactory clinical performance or health problems be identified, the Postgraduate Dean is consulted. In the event of a PRHO missing a substantial amount of training through ill health, the term of pre-registration training will be extended to make good the shortfall.

189. Many PRHOs considered that the quality of feedback they received on their progress was variable. Some were fortunate in receiving regular and frequent reports on their performance; some told us they only received feedback when their progress was deemed to be poor and others received no feedback at all apart from the allocation of a grade at the end of their appointment.

190. It was clear to us that the introduction of an instrument which would facilitate the continuous assessment of PRHOs and would enable them to receive timely and constructive feedback on their performance is a high priority. The deanery has been piloting a new system for reviewing and assessing PRHOs, the 'PRHO portfolio for Wales', which it intends to introduce in August 1999. Based on the

training requirements set out in *The New Doctor*, the portfolio includes a system for recording the continuing assessment of competence and a reflective journal. Under this scheme educational supervisors will arrange to meet trainees at regular agreed intervals to provide formative feedback on their performance and to review the progress they have made towards meeting the stated criteria for each learning objective. This progress will be formally logged on each PRHO's Assessment Record. End-of-post performance will be summatively assessed by completion of a PRHO Record of In-Training Assessments (RITA).

191. Although they agree that another means of monitoring the performance of PRHOs is necessary, there is some resistance to the introduction of the new portfolio review and assessment system from many among the consultant body. Their concerns are twofold. They fear that the new system will involve a substantial increase in their already heavy workload and they feel under pressure to sign up to a process for which they believe they have no sense of ownership. The Postgraduate Dean is aware of their concerns and of the need to instil in the consultant body the belief that they are the key to the smooth functioning of the new assessment and monitoring system. He acknowledged that it had not been possible to involve all stakeholders in the consultation process but would ensure that all consultants were given the opportunity to talk through with him the implications of the new portfolio system before this is implemented.

Professional development and personal well-being

Careers advice

192. As part of their induction programme all PRHOs receive detailed information about local career opportunities. PRHOs usually approach postgraduate organisers for additional careers information though educational supervisors also make themselves available in this regard. The BMA in Cardiff organises an annual careers fair in collaboration with the deanery where doctors and others are able to present trainees with an insight into career opportunities within their own specialties.

193. The Postgraduate Dean sets aside time to run career advice sessions for final year students.

194. PRHOs considered that they were well served in terms of career advice, with information provided in the Junior Doctors Handbook and in other publications which they received such as *So You Want To Be a Brain Surgeon?* We were told that the new PRHO portfolio will also contain a list of sources of useful careers advice.

195. We thought the mechanisms through which careers advice is made available to trainees were commendable. However, our attention was drawn by one PRHO to the tendency of some NHS trusts to advertise for applicants to SHO rotational posts at a time when new PRHOs had been in post only a matter of days. It seems to us that consideration should be given to deferring the advertising of SHO posts until trainees are established in their PRHO posts.

Support for PRHOs

196. PRHOs in Wales receive advice on the practical and educational aspects of the PRHO year mainly through the postgraduate organisers but the Postgraduate Dean or his deputy also make themselves available for consultation.

197. If required there are occupational health services in each trust which will provide counselling and support for PRHOs.

198. PRHOs were satisfied with the tiers of support available to them in the Principality. We were told that in some centres, such as Llandough, junior medical staff meet every two months with trust managers to discuss and to seek solutions to problems. We commend this practice which we understand is proving of mutual benefit to employers and trainees.

Accommodation, catering and personal safety

199. The deanery monitors the standard of accommodation and catering and ensures the safety of its PRHOs through:

feedback from the Annual PRHO Survey

annual Postgraduate Board visits to trusts

PRHO inspection visits.

200. Any unsatisfactory reports or findings are taken up with the trust concerned. If no improvement is forthcoming we were told that a letter from the deanery threatening to withdraw approval from the post in question invariably provides the necessary catalyst for remedial action.

201. PRHOs were generally content with the arrangements made for their accommodation and personal safety. However, they considered the quality of catering to be variable throughout the Principality and pointed out that it was sometimes difficult to obtain food in certain hospitals after 6 pm. Although vending machines had been provided we were told that many of these were not working. We are sure that the deanery will wish to take prompt action to resolve these difficulties.

Contractual matters

202. The Welsh Office organises regular visits by the Task Force to the deanery to ensure that each post conforms to the requirements of *The New Deal*.

203. One PRHO at Merthyr Tydfil had not yet received her contract for employment though she had been in post for two to three weeks.

Plans for new PRHO posts

204. The deanery will introduce three new PRHO posts in August 1999, providing for four months service in each of medicine, surgery and general practice.

205. We welcome this initiative and wish the deanery well with its plans to establish other PRHO rotations, which may include experience in paediatrics.

Areas of good practice

206. *Approval of posts:* We thought that the deanery had instituted an excellent system for approval of PRHO posts, which was perceived by trusts to be both rigorous and fair (paragraph 158).

207. *Induction training:* PRHOs regard the induction period as a helpful introduction to their general clinical training and the programmes are well attended (paragraph 172).

208. *Meetings of postgraduate organisers (clinical tutors):* We were pleased to discover that, of their own volition, all postgraduate organisers arrange to meet each other three or four times a year to discuss a range of common issues, (for example attendance at educational sessions). We consider this to be an excellent initiative and commend it to other deaneries in the United Kingdom (paragraph 180).

209. *Clinical supervision:* PRHOs were satisfied with the level of clinical supervision they received. They were particularly appreciative of the additional level of experience and support provided by senior nurses (paragraph 185).

210. *Careers advice:* We thought the mechanisms through which careers advice is made available to trainees were commendable (paragraph 195).

211. *Support for PRHOs:* PRHOs were satisfied with the tiers of support available to them in the Principality. In some centres, such as Llandough, junior medical staff meet every two months with trust managers to discuss and to seek solutions to problems. We commend this practice which we understand is proving of mutual benefit to employers and trainees (paragraph 198).

Areas for further consideration

212. *Educational opportunities:* We invite the deanery to give further consideration to ways of improving and ensuring the overall quality of educational programmes and of alleviating the pressure of work on PRHOs, so that they are able to attend scheduled sessions (paragraph 176).

213. *Educational supervision:* It was evident from the feedback we received that training of educational supervisors is variable across the deanery. We regard it as a high priority for the deanery to set in place systems whereby it can ensure that educational supervisors receive training of a consistently high standard. We believe that this will enable them to carry out the key tasks that they have been

allocated (paragraph 183).

214. *Monitoring the progress of PRHOs:* It was clear to us that the introduction of an instrument which would facilitate the continuous assessment of PRHOs and would enable them to receive timely and constructive feedback on their performance is a high priority (paragraph 190). We hope that the deanery will be able to introduce its new portfolio system for reviewing and assessing PRHOs with the full co-operation of the consultant body in Wales.

215. *Advertising of SHO posts:* Our attention was drawn to the tendency of some NHS trusts to advertise for applicants to SHO rotational posts at a time when new PRHOs had been in post only a matter of days. It seems to us that consideration should be given to deferring the advertising of SHO posts until trainees are established in their PRHO posts (paragraph 195).

216. *Catering arrangements:* PRHOs considered the quality of catering to be variable throughout the Principality and pointed out that it was sometimes difficult to obtain food in certain hospitals after 6 pm. Although vending machines had been provided we were told that many of these were not working. We are sure that the deanery will wish to take prompt action to resolve these difficulties (paragraph 201).

Conclusion

217. We were impressed by the changes that have been made to general clinical training in the Principality since our last visit in 1995. These developments have substantially improved the quality of life for PRHOs, a fact which is well recognised and appreciated by that body.

218. We wish the deanery well with its plans to address the areas requiring further consideration which we have identified in our report and look forward to hearing more about these in future.