

## **QABME: the School of Medicine, University of Wales Report for 2005/06**

### **Issue**

1. Review of the assessment of the School of Medicine, University of Wales in the academic year 2005 to 2006.

### **Recommendations**

2. The Undergraduate Board are invited to agree that in the academic year 2005/06, the School of Medicine, University of Wales, met appropriately for that stage the standards of *Tomorrow's Doctors*, subject to meeting the requirements in paragraphs 12, 13 and 14.

### **Further information**

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## Background

### *Introduction*

4. This is the final report to the Education Committee on the quality assurance programme for the School of Medicine, University of Wales for 2006. This included site visits to the School of Medicine, Cardiff University (Cardiff) and to the School of Medicine, University of Wales Swansea (Swansea). Swansea delivers a Graduate Entry Programme (GEP), a joint collaboration between Cardiff and Swansea.

5. In the main, this report refers to the School of Medicine, Cardiff University ('the Cardiff School'). Where comments are specifically attributed to the GEP, this is stated in the text. Overall findings are attributed to the School of Medicine, University of Wales, which encompasses all campuses involved in the partnership.

6. The visiting team appointed by the Education Committee to undertake the quality assurance visits included the following individuals. Throughout the rest of this report the GMC visiting team is referred to as 'the team'.

Professor Anne Garden (Team Leader)

Professor Ian Booth

Professor Yvonne Carter\*

Professor Roger Green

Professor David Johns

Ms. Suzanne Shale

Dr. Chris Stephens

Dr. Rafik Taibjee

Mr. Niten Vig

7. Mrs. Carole Keeling supported the team.

### *Our programme of visits in 2005/06*

8. The team visited the University of Wales on 7 occasions: 16 February 2006, 31 March 2006, 9 May 2006, 8 June 2006, 20 June 2006, 23 June 2006 and 29 June 2006.

9. The following fieldwork was undertaken:

- a. Meetings with a variety of representatives from the University of Wales.

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\* Professor Carter replaced Professor Spencer after the first visit, due to a conflict of interest. Professor Spencer subsequently transferred to the Brighton & Sussex Visiting Team.

- b. Observation of the examination of clinical skills.
- c. Observation of the Final Examination Board meeting.
- d. Site assessments to various NHS Trusts.
- e. Site assessments to various GP Practices.
- f. Discussions with students.
- g. Discussions with teachers.
- h. Discussions with the NHS.
- i. Discussions with F1 trainees who graduated from Wales and their educational supervisors.

### **Summary of key findings**

10. In 2005 the Education Committee sought to clarify where a school was required to introduce mandatory changes (requirements) in order to meet the standards of *Tomorrow's Doctors*.

11. Although the team has suggested some areas requiring additional consideration by the Schools (recommendations) these suggestions are not mandatory and should be read in the context of our overall findings.

### *Requirements*

12. Cardiff and Swansea are required to:

- a. Comply with the GMC requirement for sufficient student choice and the amount of time allocated to SSCs across the five-year and GEP programmes. (Paragraph 43)
- b. Combine all elements of the core curriculum into one document per programme and clearly set out the core learning outcomes for each year of both the five-year programme and GEP. Similar documents should be produced for SSCs. (Paragraph 44)
- c. Work together to produce a common Fitness to Practise policy and appeals procedure. (Paragraphs 142 to 144)

13. Cardiff is required to:

- a. Implement a centralised approach to the monitoring of quality assurance and quality enhancement across the five-year programme. (Paragraph 58)
  - b. Provide an update on what impact the new developments at UHW have had in improving the quality of teaching in its annual update report to the General Medical Council at the end of 2007. (Paragraphs 61 to 63)
  - c. Ensure that resources to provide new learning facilities at Heath Park are secured. These facilities should be appropriate to accommodate the planned increase in medical student numbers. (Paragraph 84)
  - d. Ensure that academic and pastoral support for students in Years 3-5 improves and to monitor the effectiveness of its new arrangements for achieving this. (Paragraphs 98 to 100)
  - e. Provide formative and timely feedback on written assessments to students in all year groups. (Paragraph 108)
  - f. Implement its planned reduction in the number of assessments in the early years of the programme as soon as feasible and take similar action for the remainder of the programme. (Paragraphs 130 and 131)
14. Swansea is required to:
- a. Provide details to the General Medical Council of any planned reductions to the assessment programme for the GEP. (Paragraph 134)

*Suggestions for quality enhancement*

15. The team have highlighted the following suggested areas for quality enhancement that should be considered.
16. Cardiff and Swansea are advised to consider:
- a. The inclusion of the management of critical incidents in the Clinical Governance aspects of the curriculum. (Paragraph 32)
  - b. How they might address students' anxieties when transferring from the GEP to Cardiff. (Paragraph 112)
  - c. Making PDP a compulsory part of both the five-year programme and the GEP. (Paragraphs 135, 136 and 138)
17. Cardiff is advised to consider:

- a. Undertaking a review of the content and structure of its F1 consolidation period to ensure that students, F1 trainees and educational supervisors are aware of the intended learning outcomes. (Paragraph 30)
  - b. Continuing its work on supervisory structures post-merger and to conduct a review to ensure that lines of authority and responsibility work effectively. (Paragraph 49)
  - c. Putting in place proactive monitoring of the curriculum, to ensure that changes are discussed through the appropriate channels before they are implemented. (Paragraph 54)
  - d. The introduction of an exit questionnaire, as part of its procedures to strengthen internal quality assurance systems. (Paragraph 64)
  - e. Review its system to ensure that students with domestic commitments are located in placements to which they could commute easily, wherever possible. (Paragraph 76)
  - f. Making initial and refresher training compulsory for all examiners. (Paragraph 121)
  - g. Review the standard setting component of marking of the attitudes and professionalism strand in the Year 5 curriculum, as this had the potential to be an area of good practice. (Paragraph 129)
  - h. Ensure that clinical teachers are fully aware of the mechanisms in place for formative assessment of student attitude and conduct. (Paragraph 137)
18. Swansea is advised to consider:
- a. That issues related to availability of lecture theatre facilities are resolved on a permanent basis. (Paragraph 91)
  - b. Whether a social space for GEP students could be created. (Paragraph 111)

*Areas of innovation and good practice*

19. The team observed a number of areas of innovation and good practice in the course of the visiting programme for 2005/06. These are set out below:
- a. The Learning Opportunities in the Clinical Setting (LOCS) programme in providing a comprehensive clinical learning experience for GEP students. (Paragraphs 35 and 36)

- b. The peer review of teaching in general practice. The Cardiff School is encouraged to roll this out to all its clinical teachers. (Paragraph 78)
- c. The links with the Institute of Rural Health in providing a valuable experience to students of the healthcare needs of rural populations. (Paragraphs 79 to 80)
- d. The student involvement in the planning and delivery of the professional development workshops. (Paragraph 83)
- e. The arrangements for access of electronic library resources across all hospital and university sites. (Paragraph 88)
- f. The service provided by the Individual Support Programme. (Paragraphs 104 to 105)
- g. The work of the joint F1 Liaison Group in preparing Year 5 students for the transition to foundation training. (Paragraph 106)
- h. The effective working relationship between the Cardiff School and the Wales Postgraduate Deanery. (Paragraph 106)
- i. The comprehensive training programme and supporting materials available to new assessment examiners. (Paragraph 123)
- j. The training and preparation of the simulated patients prior to the OSCEs. (Paragraph 124)
- k. The experience of inter-professional working and learning provided by the Year 2 placement in ward management with a student nurse. (Paragraph 151)

## **Detail**

### *History*

20. The merger between the University of Wales College of Medicine (UWCM) and Cardiff University took place two years ago, bringing together the attributes of both institutions. It created an 'all Wales' School for Medicine and made Cardiff University the ninth largest medical school in the UK.

21. The School of Medicine at University of Wales Swansea was founded in 2004 to establish the Graduate Entry MB for Wales, in collaboration with Cardiff University. GEP students complete the first two years of a four-year course at Swansea and then transfer to Cardiff, after satisfactorily completing the Intermediate MB

examination, which is common to both cohorts. The first cohort of GEP students is due to transfer to Cardiff at the beginning of the academic year 2006/07.

### **Curricular outcomes**

22. Following the work undertaken in the visiting programme for 2005/06, the team has concluded that the curricular outcomes for the School's MB BCh programme meet the requirements of *Tomorrow's Doctors* (Section 1 through 10) in accordance with Section 5(3) of the Medical Act 1983.

### **Curriculum content, structure and delivery**

23. Content and Delivery: The team concluded that the curriculum content and delivery of the School's MB BCh programme meets the requirements of *Tomorrow's Doctors* (Sections 11 through 37 and 43 through 53) in accordance with Section 5(3) of the Medical Act 1983.

24. Curriculum Structure: The team concluded that some aspects of the curriculum structure of the School's MB BCh programme do not meet the requirements of *Tomorrow's Doctors* (Section 38) in accordance with Section 5(3) of the Medical Act 1983.

#### *Content*

25. In Year 1, clinical experience is provided through seven one-day early clinical attachments in medicine, surgery, child health, general practice, accident and emergency medicine, care of the elderly and reproductive medicine. These placements enable students to see the relevance of subject panel learning and observe various professionals at work. In addition, students are attached to a local family with a new-born baby so they can monitor the child's development within the family unit.

26. In Year 2, the emphasis is on the development of the foundation clinical skills and communication. Students undertake a two-week programme of small group teaching, based at a District General Hospital (DGH), taking histories and clerking patients. Also, a week nursing (or other allied professional) placement on a hospital ward provides training in clinical skills and experience of ward management. All students receive training in communication skills and diversity issues.

27. In Year 3, students undertake 5 clinical placements at hospitals and general practices (24 weeks) throughout the South Wales area. This is supported by further communication skills training.

28. In Year 4, students undertake five seven-week clinical modules each with a five-week clinical placement in hospitals across Wales, seeing acute admissions in psychiatry, child health, reproductive medicine, cardiology, respiratory medicine and a module of sub-specialties. A clinical assessment is undertaken at the end of the placement period.

29. In Year 5, students undertake three eight-week placements in medicine and surgery, including orthopaedics, trauma, coronary care, major and serious illness and spend one module working in the community, based within a general practice.

30. The eight-week elective period occurs in Year 5. Students spend five weeks before the final MB undertaking consolidation. They shadow the F1 trainee they will replace in August and spend time on revision and practising clinical skills. All students also take an advanced life support course during this consolidation period. F1 trainees (Cardiff graduates) reported that they would have found it useful to have a more structured consolidation programme with clearer learning outcomes. There was also a competing priority during this period of preparing for final examinations.

31. Students in Years 3-5 praised the content of the course, which they found challenging but felt that they benefited from this in the long run. Students in Year 5 commented that they could reflect back over the previous years and see how it 'all fits together'. Students thought that the content of Year 4 was particularly good and that learning outcomes were well signposted throughout the course.

32. The team suggested that identifying and managing mistakes and the management of critical incidents be included in the clinical governance aspects of the professional development programme and also incorporated into other appropriate areas of both the five-year programme and the GEP.

#### Graduate entry programme

33. Years 1 and 2 of the GEP consist of a series of Learning Weeks comprising a combination of lectures, demonstrations, clinical skills and communications sessions and seminars. Each learning week is based around a clinical case and clinical and scientific teaching is fully integrated from the first week. Three formal attachments, over a nine-week period in total, are taken in the final term of Year 2. Changes to the content of the GEP are required to pass through the committee structure and are ratified by the Joint Board of Undergraduate Studies.

34. The team met with GEP students from a variety of backgrounds. Those without prior scientific knowledge reported that they found the course challenging, however the foundation studies on science had helped them cope with this. Students had requested further teaching in basic science and Swansea had responded to this by including a two-week intensive component in Year 1.

35. In order to ensure an equivalent experience prior to the Intermediate MB examination, Swansea provided additional student selected placements through the LOCS programme. The LOCS programme aims to bring together clinical medicine and basic sciences and includes both medical and surgical placements. Students apply for sessions on a first-come first-served basis and must complete at least 20 LOCS sessions over the two years.

36. GEP students reported that the LOCS sessions were worthwhile in providing a broad clinical experience. Some topics were compulsory and there was a good student selected element. The team commended the LOCS programme as an area of good practice.

37. GEP students begin history taking from simulated patients early in year 1. The cases increased in complexity each week. Students also received weekly basic clinical skills teaching. Students praised both the quality and quantity of opportunities available to them in acquiring basic clinical skills. Students described the teaching of anatomy at Swansea as clinically relevant and felt that physiology and pharmacology had been covered well in the first year. The second year of the course was more clinically orientated.

### *Structure*

38. The Cardiff School introduced its five-year integrated programme in 1995. The course comprises 75% core and 25% Student Selected Components (SSCs).

39. In Year 1, as an introduction to SSCs, students undertake a team project associated with the Human Structure programme, an individual project over a 12-week period and commence the 10-month Family Case Study.

40. In Year 2, students had a large choice of topics to work on in groups, including areas such as languages and complementary medicine. In Year 3, students were encouraged to design their own projects and to submit findings in poster format. Students in Year 3 also undertake an oncology SSC project for which they are assigned to an oncology patient who they follow for a period of four to five months. Students accompany patients to clinical appointments and treatment sessions and talk to them about the psycho-social aspects of their illness. They can also explore a particular aspect of the case in depth, which provides an element of choice. The team commended the module but did not accept that this was a true SSC, because the marking scheme restricted student choice.

41. In Year 4, students undertook a group audit project and in Year 5, the elective and senior clinical project. The content of SSC projects are required to be outside the core curriculum and students are advised appropriately if self-directed projects do not meet this criterion.

42. The team commended the approach where student's work resulting from SSC projects had been published in journals. In addition, students had presented abstracts at various conferences.

43. The team considered there were constraints relating to the SSCs in the human structure study, the family case study and the oncology project and as a result these could not be included as part of the SSC programme in their present format. These three subjects potentially do provide good learning experiences, but required adjustments to their design to allow an appropriate element of student choice. This would enable their continued inclusion in the SSC programme, which requires that between 25% and 33% of the curriculum should be allocated for SSCs. Cardiff and Swansea must ensure that their SSC programmes offer sufficient student choice.

44. The team identified issues about the Schools' distinction between the core and SSC components on both the five-year programme and the GEP. At present, the core is defined in various panel handbooks. Cardiff and Swansea are required to collate all elements of the core curriculum into one document per programme and to produce similar documents in relation to all SSCs. These should detail the percentage of time allocated to SSCs across each year of the respective programmes. Learning outcomes for all core topics and SSCs should be made more explicit.

45. The team reviewed a selection of SSC reports across all year groups in the five-year programme. The team was satisfied with the quality of work.

#### Graduate entry programme

46. The GEP in Years 1 and 2 consists of 14 modules. Content is co-ordinated across the programme by the GEP Curriculum Director and overall co-ordination is managed by the Joint Board of Medical Studies. Swansea reported that there were some existing discrepancies in learning outcomes for the GEP and the corresponding years on the five-year programme. The team noted that it was the responsibility of the Joint Board of Medical Studies to ensure compatibility.

47. Course content was outlined in the GEP student handbooks. The team noted that some of the content was applicable only to qualified practitioners, rather than to students. Swansea agreed to review the content and to make appropriate amendments.

#### Intercalated degrees

48. Students can apply to intercalate either at the end of Year 3 or at the end of Year 4. Approximately 60 students per year intercalate. The programme was designed to enhance research skills and critical thinking.

## *Delivering the curriculum*

### Supervisory structures

49. The team identified that supervisory structures were inconsistent in places and that the School could benefit from a more holistic approach. The team recognised that some developments in this area were beginning to take shape since the merger. The team suggested that the School continued to extend its supervisory structures and conduct a review when work has been completed, to ensure that lines of authority and responsibility worked effectively.

50. The School of Biosciences contributes significantly to teaching in the early years of the programme. Years 3-5 are delivered by the Cardiff School of Medicine and both Schools worked closely together to provide a co-ordinated programme.

51. The infrastructure for the delivery of the majority of clinical teaching is organised through three Regional Partnership Boards (North Wales, Swansea and Gwent, the last of which will be established in 2006). This brings together the senior Trust managers and universities to address strategic and operational issues. Each Board meets 3-4 times per year. In addition, there is a site-specific Partnership Board based at Cardiff.

52. Four groups are involved with curriculum management within the Cardiff School:

- a. The Medical Curriculum Committee. (MCC)
- b. The Subject Panels.
- c. The Curriculum Management Group (CMG), which includes Year Co-ordinators.
- d. The Board of Medical Studies.

53. The CMG meets on a weekly basis. Its main function is to manage the five-year curriculum, Years 3 and 4 of the GEP and the Intercalated BSc programmes. It also implements modifications to the five-year programme and ensures that the effects of changes do not impact negatively on other areas of the course. The function of the restricted section of CMG is ongoing monitoring of all students in the above programmes and includes the co-ordination of provision, or access to, pastoral, academic, health and other specific support for students who are struggling with poor attendance or performance. Membership of the CMG reflects all key areas of the course and has representation from the student body.

54. The MCC meets every three months and its membership consists of subject panel leads. The MCC manages the strategic direction of curriculum developments

and defines the core curriculum and learning outcomes. The MCC decides on the balance of lectures, PBL sessions, seminars and workshops across the curriculum. Changes to the curriculum, and other decisions taken by the MMC, are ratified by the Board of Medical Studies. The team suggested that the School puts in place proactive monitoring of the curriculum, to ensure that changes are discussed through the appropriate channels before they are implemented.

55. Year Co-ordinators have responsibility for ensuring that student learning progresses as they move through the course. They ensure that the educational process is making sense and that changes to the curriculum, made by a particular subject panel, link in with the curricula set by other panels.

#### Graduate entry programme

56. In the Swansea School, management of the curriculum is by the Teaching Team Meeting, which is attended by all key teaching staff and held weekly. Monitoring of the curriculum is performed by the MB Committee, which meets three times annually and includes representation from the Cardiff School and student representatives. Although the reporting structures relating to the Swansea/Cardiff partnership appeared complicated, there was documentary evidence available to explain the roles and responsibilities of the various groups and committees. Swansea reported that there had been problems in communications between both institutions but that this was improving.

#### Internal quality assurance

57. Since the merger between UWCM and Cardiff University, the Cardiff School had been adapting its quality assurance process to ensure they co-ordinate with the University's. Work on embedding these into the Cardiff School's systems is ongoing. The Cardiff School had conducted two annual reviews under the Cardiff University process, the next taking place in October 2006. The October review will take into consideration the contents of this report. The next five-year review will commence in September 2007.

58. The team identified concerns about the fragmented monitoring of quality assurance and quality enhancement across the Cardiff School. The School is required to implement a more centralised approach to all matters relating to quality, which is auditable by the University.

59. In order to encourage enhanced quality of clinical placements, the Cardiff School established a network of clinical teachers who were appointed as Honorary Senior Lecturers, to act as the leader for the teaching within their Trusts. An improved handbook for clinical teachers was in progress, to provide a clearer understanding of what students had covered in the earlier years of the course. The School does not conduct a peer review of teaching in secondary care at present.

60. Feedback on clinical placements is monitored by the joint School/Cardiff University/NHS Liaison Unit Group and annual meetings are held with representatives from the Cardiff School's partner NHS Trusts. Annual meetings are held with each of the individual 14 partner NHS Trusts, in addition to the annual meeting of all the Trusts.

61. The team sought information from the Cardiff School as to what had been put in place to improve the quality of teaching at UHW, which had been criticised by students at various points in the visit programme. The School reported that the hospital had a historically poor reputation for the quality of its placements amongst students from each cohort, although opinion had begun to change recently as a result of actions taken by the School:

- a. The opening of an undergraduate centre in March 2006.
- b. Appointment of an undergraduate co-ordinator in 2005.
- c. Regular meetings of the Medical Education Sub-Group.
- d. Establishment of the Trust Medical and Dental Education Board, chaired alternatively by the Dean of Undergraduate Studies, Cardiff School, and a colleague from the Cardiff and Vale NHS Trust.
- e. The Dean of Undergraduate Studies became a member of the Cardiff Partnership Board in the academic year 2005/06.

62. The team received copies of recent student feedback about the quality of placements at UHW. This illustrated that in general, the students perception of teaching had improved, but there were still areas where performance was unsatisfactory.

63. The team visited the new undergraduate facilities at UHW and felt that these would improve the student experience generally. The team concluded that there was evidence of improvement at UHW, but further improvement to the quality of its placements was required. The Cardiff School are required to provide an update on what impact the improvements it has made have had on the quality of teaching at UHW, in its annual update report to the General Medical Council at the end of 2007.

64. The Cardiff School does not currently issue an exit questionnaire, although they do receive informal feedback on an annual basis from the Wales Postgraduate Deanery's annual survey of consultants on the performance of F1 trainees. Whilst this is useful, the team did not consider it mitigated the usefulness of an exit questionnaire, which could capture specific views of all graduates. The team have suggested that the School consider introducing an exit questionnaire as a means of strengthening the internal quality assurance procedures.

65. The team were pleased to note that the Cardiff School had begun to follow a more transparent process in responding to comments from its external examiners. Examples of change that had taken place as a result of feedback were evident to the team.

#### Graduate entry programme

66. The quality assurance and enhancement system for the GEP is based on the weekly Teaching Team Meeting, at which student feedback for the previous week is reviewed and areas of good practice are disseminated. The MB Committee forms the next stage and reports up to the Swansea School's Learning and Teaching Committee, who refer all matters of module and programme reviews, including external examiners' reports, to the University of Wales Swansea Faculty of Health and Human Sciences and then to the University of Wales Learning and Teaching Committee.

67. An internal 'Enhancement Review' of the GEP took place in 2005, which was conducted by staff at Swansea and Cardiff. The main issues identified were inadequacy of administrative support and lack of contribution to teaching by some new senior staff. The Swansea School has taken action to rectify these issues. Administrative appointments have been made to provide additional support and all academic staff were directed and expected to contribute to teaching with the encouragement of the Head of School.

68. GEP students commented that there had been problems in securing university student accommodation for the extended academic year, resulting in students having to move house just prior to sitting examinations. The Swansea School has taken this up with the accommodation office and the Academic Registrar.

#### *Teaching and learning*

69. The majority of the Cardiff curriculum in Years 1 and 2 was devoted to teaching in the basic sciences. The majority of teaching was delivered formally in lectures, tutorials and through workshops and practical sessions, with a mixture of individual and group-based learning activities.

70. Students in Years 1 and 2 reported that anatomy demonstrators were particularly helpful in assisting their anatomy learning in the human structure study, which culminated in a presentation from each group of ten students. Teaching in anatomy was supported by a booklet, which described the learning outcomes, in addition to online materials. The team agreed that the subject was integrated effectively into other areas of the curriculum.

71. Students in Years 1 and 2 reported that exposure to clinical learning in primary and secondary care was excellent. They came into contact with patients within three

months of commencing in Year 1, through seven one-day placements. Clinical teachers brought in patients to illustrate signs and symptoms, which linked to current study topics. Students found this very useful in integrating their learning and thereby assisting in their preparation for assessments.

72. The team observed a range of clinical teaching during the course of the visit programme. The team visited Llandough Hospital, on the outskirts of Cardiff and UHW. NHS clinical teachers reported that they had good access to teacher support and development and felt that they were appropriately and sufficiently involved with the Cardiff School.

73. Teaching for Year 3 students focused on basic clinical science, which was delivered through ward-based teaching, clinics and educational activities such as grand rounds and departmental teaching. The team observed a variety of learning activities and considered the teaching to be of a high standard.

74. Expansions in clinical placements in primary and secondary care were taking place in North Wales, centred on Wrexham, Bangor and Ysbyty Glan Clwyd. Each of the hospitals had a capital development programme to increase the facilities for teaching students and there were provisions for additional student accommodation. Additional staff were being recruited to enhance the teaching provision. This activity and investment has had a positive effect on the quality of staff applying for positions.

75. The team gained a positive impression of the enthusiasm and potential for developments taking place in the North Wales and Gwent Clinical Schools, and note that the provision has not been tested to capacity at present.

76. Students commented that although they were asked for their preferences for the location of clinical placements, they felt that their requests were not always taken account of. The team acknowledged that the Cardiff School thought their system to allocate students with domestic commitments to placements which allowed them to commute easily worked well, however the team suggested that the School reviewed their systems to ensure that such students were placed appropriately, wherever possible.

77. The team observed teaching in three general practices in Cardiff and Newport and met with students and GP teachers. Feedback on the experience provided in general practice was positive from all the students, who appreciated the enthusiastic input of their GP teachers and the wide variety of activities they were able to undertake in the community. GP teachers were complimentary about the support they received from the Cardiff School in delivering the curriculum and in dealing with any problems.

78. The Cardiff School is implementing a system of peer review of teaching in general practice. The team considered this an area of good practice and encouraged the School to roll this out to all its clinical teachers.

79. The team received an excellent presentation about the role of the Institute of Rural Health (IRH) which is intended to provide students with an insight into their research and educational initiatives. These initiatives were aimed at optimising the health of people living in rural communities. Students received a lecture about rural health, rural practice and the work of the IRH in Year 1. There are limited opportunities for SSCs throughout the course and some students had a clinical placement linked to the IRH during the final year GP rotation. Student feedback on all aspects of their involvement with the IRH was excellent.

80. The team commended the School's links with the IRH in providing students with a valuable experience in gaining an insight into the healthcare needs of rural populations. This was considered an area of good practice.

### Graduate entry programme

81. Availability of GEP LOCS placements were restricted at times when Cardiff students were on placement in Swansea, although some consultants would take students from both programmes at the same time. GEP students commented that they did not feel disadvantaged compared to Cardiff students, in terms of clinical experiences available to them.

82. The team observed a neurological bedside teaching session involving a small group of GEP students at Morriston Hospital. The standard of teaching observed at this session was high, teaching was interactive and the students related well to both their teacher and the patient. The team concluded that the GEP students observed demonstrated a good level of competency for that point in the programme.

83. The team noted the one-day workshops in which students in Year 1 were asked to organise on the theme of professional development, held once a term. Students set the agenda and invited patients and speakers from various disciplines to take part. Teaching staff were present in an observational capacity. The students valued these opportunities to gain feedback on aspects of their professional development. The team identified the involvement of students in the planning and delivery of the workshops as an area of good practice.

### Learning resources and facilities

84. The team concluded that excellent resources had been observed at the hospital sites visited, although noted that some shortages had not been addressed, particularly at the Health park campus. The team noted that there were plans to provide new medical school buildings at Heath Park and preparatory work had started. To support this development, the team have made it a requirement that the new facilities for the Cardiff School at Heath Park must be completed and fit for the purpose of providing appropriate resources, in line with the planned increase in medical student numbers at Cardiff.

85. The booking system for seminar rooms at the Heath Park campus was not advanced enough to ensure that the room allocated for teaching activities was fit for purpose. Additionally, it did not take into account the distances involved for students who had to travel from one seminar to the next.

86. The CMG reported that the condition and shortage of physical teaching resources at both the School of Biosciences and the School of Medicine, Cardiff, had led to difficulties in providing certain aspects of the programme. The fixtures and fittings in the lecture theatres within the School of Biosciences would benefit from being upgraded.

87. The programme as a whole was considered short of facilities for small group teaching. This had an impact on teaching methods, resulting in some subject panels delivering a higher proportion of lectures than was considered desirable.

88. The team observed the library facilities at Heath Park and the provision of electronic resources. The link between the University facilities and NHS Wales facilities was considered a model of good practice, which enabled students to have access to resources held by any hospital in the Principality.

89. Students in all year groups were happy with the library services provided, although some reported occasional difficulties in accessing core texts because of high demand. The electronic learning packages in anatomy were identified as being very useful for revision purposes.

90. Materials to supplement lectures were available to students via Blackboard and students were encouraged to access these in advance of each lecture.

#### Graduate entry programme

91. The team commended the learning facilities available to the GEP students in the Grove Building, the facilities for clinical skills and IT. In addition, students had access to skills labs at two local hospitals, which could be used on a 'drop-in' basis. The GEP students were particularly complimentary about the skills facilities available. The Swansea School reported some problems that had occurred in securing suitable lecture theatre facilities for Year 2 students. These had been resolved for the current academic year and the team suggested that Swansea should ensure that this issue is resolved to ensure that appropriate facilities are made available permanently.

92. GEP students reported the main library at Swansea University to be frequently hot and crowded, although noted they had access to the library at Singleton Hospital, which had a good book supply.

93. Students found IT access at the School and hospitals to be very good. GEP students could also access learning resources at Cardiff. The quality of information

on Blackboard was varied, and not all lecture notes were uploaded with some being difficult to find. Revision questions were posted by some teachers and students suggested that it would be helpful if all teachers could do this.

## **Student selection**

94. The team was satisfied that the student selection and admissions processes were transparent and fair.

95. Student admissions to the GEP have increased from 45 in the first cohort to 73 students in the second. The Swansea School does not plan to apply to exceed this yearly intake at present. Students had been admitted with a wide range of first degrees and not all were science-based. Entrance required a 2.1 degree or higher. The Swansea School includes the students GAMSAT score as part of its selection procedures.

## **Student support, guidance and feedback**

### *Support*

96. The team concluded that the support structures in place for Years 1 and 2 and the GEP worked well.

97. Pastoral support for the students in the earlier years appeared to be supported by a small group of knowledgeable and experienced staff. Students in Years 1 and 2 reported that they felt well supported by the range of systems available within the School of Biosciences and that they could swap personal tutors if needed.

98. Once students moved to clinical placements, the support systems did not appear to operate as effectively. Students in later years reported that they found it difficult to make contact with tutors and that some tutors appeared unaware that they had been allocated students to support, however, students valued the Cardiff School's 'open door' policy, whereby they could contact senior academic staff directly for help and advice. Requests for an appointment were always granted.

99. The Cardiff School has introduced a new personal tutor system for Years 3-5, which has had some initial problems in bedding down, however the School is confident that once established, the quality of support for students in the later years of the course will improve. Steps have already been taken to issue guidance and information to tutors and training workshops have taken place.

100. The Cardiff School is required to ensure that the quality of academic and pastoral support for students in Years 3-5 improves. The School is required to monitor the effectiveness of its new arrangements, including the issue of student

evaluation questionnaires at regular intervals. These should form part of the School's internal quality assurance procedures.

101. The team met with students in Years 3-5 who reported expressing concerns through the student representation system about certain aspects of the course and provision, particularly relating to lack of pastoral support, late return of marked work, lack of feedback, the quality of clinical placements and the quality of administrative support from the Cardiff School office.

102. The CMG was aware of these concerns and discussed these with the team. The Cardiff School was experiencing difficulties in securing additional resources, in terms of teachers and funding. CMG reported that some new funding for additional administrative staff had been identified, however in order to secure this, the Cardiff School would need to make cuts in other areas, which they thought would create new problems. The CMG felt strongly that the lack of administrative support for the delivery of the curriculum was having a significant effect on the quality of the student experience.

103. There was a system available to assist poorly performing students in the early years, which was led by the Sub-Dean, School of Biosciences. For all years of the programme, detailed records are kept of student absences and any problems are recorded in the student's file, along with resulting action. If problems or poor attendance, for whatever reason, continue, or are of more than a minor nature, the student is discussed at CMG, which agrees further action. It is the responsibility of the year co-ordinator to monitor absences and minor problems. This includes pastoral and academic difficulties.

104. The Individual Support Programme (ISP) was designed to assist students and postgraduate doctors perceived to be performing poorly as a result of language or communication difficulties. The ISP team serves the Undergraduate and Postgraduate Medical Deaneries, having seen 20 undergraduate medical students to date. Information about the service is provided to students through the Year 3 Communication Skills handbook. Students can self-refer or be referred by a senior member of staff.

105. As not all students appeared to be aware of this service, the team have suggested that this should be more widely publicised. The team commended the ISP and the skills of the ISP team and identified this as an area of good practice.

### *Guidance*

106. The joint School/Deanery F1 Liaison Group works together to guide Year 5 students through graduation, the F1 application process and into their first F1 post. Any new graduates who have particular problems are managed by the F1 Liaison Group to ensure a successful transition into F1. The team identified the work of the F1 Liaison Group as an example of good practice. The team also commended the

strong working relationship between the Cardiff School and the Wales Postgraduate Deanery. This is an area of good practice.

107. Some careers advice was available to students, however the team would like to see this area of the programme strengthened. The Cardiff School has indicated plans to recruit staff to deliver a more comprehensive careers advice service, in conjunction with the F1 Liaison Group.

#### *Feedback to students*

108. Students in all year groups commented that work was frequently handed back late. As a result, they felt unable to learn from areas of weakness in subsequent assignments and assessments. It appeared that little formative feedback was offered to students, when comments were returned they were frequently inadequate. The Cardiff School are required to review the current systems to ensure that formative feedback on written work is delivered in a timely manner.

109. The School's Assessment working Group acknowledged that they needed to engage more teachers in the assessment process, which they hoped would aid improvement in the quality and quantity of feedback. Students reported that the peer assessed marking system had not helped to speed up marking and there had been difficulties in understanding the guidelines relating to this.

#### Graduate entry programme

110. GEP students are allocated a personal tutor. There was reported variability in how useful this system was. One example was given where some tutors set regular goals for students to achieve, whilst other students had very little contact with their tutor.

111. A buddy system had been set up at the Swansea School, but this had proved difficult to sustain as both year groups on the GEP rarely saw each other, and there was no common meeting space in the Grove building. The team have suggested that Swansea investigate whether a social space for the students could be created.

112. GEP students reported that they had some reservations about transferring to the Cardiff School. The team have suggested that both Schools explore this area in more detail with the students in order to identify what steps could be taken to reassure the students and allay any anxieties.

113. Feedback on examination papers was generally limited to just the awarded marks, although feedback on essays and reports was more detailed. Students who failed assessments received support and were able to review papers with their tutor.

114. Overall the GEP students were very positive about their experience and were particularly complimentary of the Swansea School's perceived willingness to adapt many aspects of the course as a result of student feedback.

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

115. The team concluded that some aspects of assessing student performance and competence within the School's MB BCh programme did not meet the requirements of *Tomorrow's Doctors* (Sections 62 through 73) in accordance with Section 5(3) of the Medical Act 1983.

#### *The principles of assessment*

116. The team supported the Cardiff School's decision to discontinue pass/fail vivas as part of the Final Examination, as from the next academic year. The team concluded that the School is using valid and reliable methods to assess students' competence and performance, provided the vivas are removed.

#### *Assessment procedures*

117. The team observed a number of examinations. These were:

- a. The Year 4 skills assessment in psychological medicine.
- b. The Year 4 skills assessment in reproductive medicine.
- c. The Year 3 Intermediate MB OSCEs at Newport, Bridgend and Llantrisant.
- d. The Year 5 OSCE at UHW.

118. The skills assessments were well planned and ran smoothly. The team considered the assessment to be a fair test of the students' abilities.

119. The Year 3 OSCEs at all three sites had been well organised and were considered appropriate for this stage of the programme. The team observed students in the OSCEs and noted student comments afterward that they felt the examination had been a fair assessment of their abilities.

120. The Cardiff School had recently implemented a twenty-station Year 5 OSCE, consisting of three circuits. Two circuits assessed clinical competence and the third assessed practical skills. Communication skills were assessed specifically at five stations. Overall, the team was satisfied with the level of competence and skills displayed by the final year students. The OSCE was considered to be very well

organised. It assessed relevant practical skills for this stage of the programme. The students observed were considered to demonstrate practical skills to a high standard.

121. The team observed examiner and student briefing sessions at all the assessments and at the Year 5 Viva. These were comprehensive and clear. The team observed some examiners at the Year 5 communications stations deviating from the guidance given, by offering prompts to students during the course of the assessment. The team therefore suggested that the Cardiff School make it compulsory for all examiners to attend initial and refresher training, particularly as the content and structure of the training programme had been identified as an example of good practice.

122. The team observed four of the Dean's Prize Vivas and found the quality of the students performance to be excellent.

#### Examiner and simulated patient training

123. The team was impressed with the training programme available to new examiners of the skills assessments, who were also provided with a training DVD to back-up what was delivered in the training programme. This was considered to be an area of good practice.

124. Training was available to simulated patients who could also run through the stations they were assigned to prior to the examination. Before all OSCEs, simulated patients met to discuss the cases to standardise their responses and interpretation of each case. This was considered to be an area of good practice.

#### Standard setting

125. The team had some concerns about standard setting during the course of the visit schedule, arising from comments made historically by some of the external examiners, F1 trainees (Cardiff graduates) and educational supervisors. The concerns highlighted were that the standard of the final year OSCE was over-simplified and the structure and content of the score sheet did not enable students to demonstrate their competences fully.

126. The team received additional external examiner reports for 2004/05, which indicated that they felt the standard was comparable to other schools. The external examiner at the Final Year Examination Board meeting expressed his satisfaction with the standard. Upon review, the team were reassured that the issues surrounding standard setting for the Final MB examination had been resolved.

127. In terms of marking of SSCs, the School is moving towards introducing a universal marking schedule in order to secure standards.

## Final Examination Board

128. The team observed the Final Year Examination Board meeting and agreed that this was appropriately and fairly conducted.

129. The team noted that separate attention was given to attitudes and professionalism and that this had to be passed as a separate strand. The team had some concerns that the standard might be inappropriate if the pass mark was 50%. They noted that a student was failed for not handing in work, which the Examination Board agreed was an indication of poor attitudes, yet the student had been awarded 70% overall (which was the lowest mark). The team has suggested that the School examine its standard setting for this strand, as this had the potential to be an area of good practice.

## Assessment schedule

130. Students on all years of the course reported dissatisfaction to the team about the number of assessments they were required to take. In Year 2, students were subject to summative assessments which they reported had occurred on a fortnightly basis and which they found particularly stressful. A longer, concentrated assessment period at the end of each term was preferred to the current continuous assessment method, where students reported receiving little feedback on their ongoing progress.

131. The team noted that the Cardiff School had started to address the reduction in assessments in the earlier years of the programme, although changes had yet to be implemented. The School must reduce the number of assessments in the earlier years as soon as feasible and undertake a similar review for the remainder of the programme.

## Graduate entry programme

132. The results of the written papers for the Intermediate MB examination were made available to the team. There was no systematic difference in the marks between the GEP students and those on the five-year programme. It would appear from reviewing the written examinations that the GEP students are as adequately prepared for the theoretical aspects of the programme as are the five-year cohort.

133. The team was satisfied that the results of the clinical skills assessment for the GEP Intermediate MB examination are comparable to that of students on the five-year programme.

134. The team noted that there are plans to decrease the number of assessments within the GEP, however this would need to be co-ordinated through the Joint Board of Studies to ensure that assessments for the two programmes are harmonised. The Swansea School is required to report these plans to the General Medical Council

should this go ahead, and should outline what reductions are proposed and a timescale of when changes are scheduled to be implemented.

### *Appraisal*

135. The Cardiff School has introduced personal development planning (PDP), although this is not a compulsory element of the course. It is facilitated through the personal tutor system. The School is developing personal development portfolios, which cover areas such as appraisal, reflective learning, lifelong learning, team working and self-assessment. The programme was initiated for all years in 2005/6, although targeted principally at years one and three. Students are encouraged to meet with their tutor to discuss their personal development as part of an annual review of progress.

136. The team has commended the Cardiff School on the work conducted in developing the PDP, which has been introduced for all years of the programme. The team note that the School is working on ways to increase greater student participation in the system, as part of the assessment process, due to the educational benefits derived from the use of PDP, and would encourage the School to make it a compulsory part of the programme.

137. There is a formal mechanism in place for gathering feedback from clinical teachers on student attitude and conduct, which is used as a formative assessment. Students were not assured that all teachers were undertaking this in a systematic way. The team has suggested that the Cardiff School should ensure that the information provided to teachers on this procedure is adequate and put into action.

138. The Swansea School is working with its students on the design and content of personal development portfolios and intends to introduce these in due course. The team have strongly suggested that Swansea incorporates PDP as a compulsory part of the GEP.

### *Student progress*

139. Students are required to pass each component of the course before they can progress to the next year. In Year 4, students who fail a component are required to repeat the whole year. The Cardiff School believes this has proven beneficial in that these students enter Year 5 in a much stronger position. The failure rate in Year 5 was reported as being very low, and students who do not progress are able to attain a B.Med.Sci. exit degree.

## **Student health and conduct**

140. The team concluded that student health and conduct aspects of the School's MB BCh programme meets the requirements of *Tomorrow's Doctors* (Sections 74 through 85) in accordance with Section 5(3) of the Medical Act 1983.

141. The School has a robust process in place for dealing with serious concerns relating to Fitness to Practise, which are embodied in the regulations of Cardiff University.

### Graduate entry programme

142. Swansea has a three-stage process for possible Fitness to Practise cases. To date, there have only been a small number of verbal warnings issued. An electronic student record transfers from Swansea to Cardiff at the same time as the GEP students, which includes information relating to attitudes, skills, attainment, assessment results and any relevant information about personal circumstances. Swansea is currently formulating its appeals procedures.

143. On transfer to Cardiff, GEP students come under the jurisdiction of Cardiff, including the Fitness to Practise regulations of that institution.

144. The team have concerns that Swansea and Cardiff have different Fitness to Practise procedures which could result in legal difficulties should a case be brought in the future. The Schools must work together on a common procedure and appeals process, which should include guidance on student whistle-blowing.

### General principles

145. Students use a self-certification scheme to record absence due to sickness. Students are required to sign in for compulsory parts of the course and absences are followed up by the Cardiff School. The team concluded the system for students on placements in years 3 to 5 was weak because there did not appear to be a system to trigger alarm for students who may be struggling.

146. Students in Years 1 and 2 stated that they would feel comfortable in approaching the Sub-Dean at the School of Biosciences if they felt that there was a serious case of misconduct of either a fellow student or a member of staff. They did not appear to know if there was a particular policy related to whistle-blowing and were largely unaware of the Fitness to practice procedures. The Cardiff School has been advised to check that this information is signposted appropriately.

147. The School briefed students on understanding the School's interpretation of plagiarism and consequences of this. Guidance was reinforced in the library by way

of offering a tutorial on the rules of quoting other work and how to reference this appropriately. The students were appreciative of this guidance.

### **Reflecting modern society in medical education**

148. The Cardiff School was beginning to develop a widening participation strategy. The School should ensure that appropriate support is made available to students from non-traditional backgrounds, once they commence the programme.

149. Projects could be written in Welsh if students wish to do so and students in Years 1-2 can request that they undertake their written assessments in Welsh. The School used subject-specific translators approved by Cardiff University, and translations are then marked by the same examiners. Papers are marked in English.

150. Students who are fluent in Welsh are encouraged to use Welsh in clinical sessions with Welsh-speaking patients and teachers and such sessions were recorded on DVD for use during student seminars.

151. The Cardiff School was commended for its introduction of inter-professional working in Year 2, where students took part in a buddy system with a student nurse, undertaking the same shifts and learning how a ward was managed. The team thought this was an effective and economical way of providing students' with an insight into working and learning with other healthcare professionals. Students' were appreciative of this experience and described it as one of the highlights of the course. The team commended this as an area of good practice and encouraged the School to further develop this initiative.

**Recommendation:** In the academic year 2005/06, the School of Medicine, University of Wales met appropriately for that stage the requirements set out in *Tomorrows' Doctors*, subject to meeting the requirements in paragraphs 12, 13 and 14.

### **Acknowledgement**

152. The GMC and visiting team would like to thank the University of Wales for the co-operation from all those they came into contact with during the course of the review.

## **Annex A: School response to the findings of this report.**

15<sup>th</sup> November 2006

Professor Peter Rubin  
Chairman of the GMC's Education Committee  
General Medical Council  
Regent's Place  
350 Euston Road  
London  
NW1 3JN

Dear Peter

### **Education Committee Findings for the School of Medicine, University of Wales 2005/2006 Quality Assurance for Basic Medical Education**

Thank you for your letter, received on 24<sup>th</sup> October 2006, containing the final report of the Education Committee's findings resulting from our recent series of QABME visits.

We were particularly pleased that the visiting team highlighted a significant number of areas of good practice and innovation within Wales. The School plans to continue work in all 11 of the areas highlighted, and in particular we have begun plans to extend our links with the Institute of Rural Health through their engagement with the ERASMUS European exchange programme.

The School is currently addressing the requirements as set out in the report and enclose an action plan giving details of the actions being undertaken. We would like the Education Committee to note in respect of the requirement in relation to the monitoring of quality assurance and quality enhancement (para 58) that at the time of the review the School had in the previous year undergone an institutional merger to create the new Cardiff University. The new institution has robust quality assurance and quality enhancement mechanisms in place that the School is implementing throughout the programme; however a full cycle of such processes had not been completed at the time of the visits and we thank the team for all the hard work which went into the review.

The School welcomes the reports conclusion that we "met appropriately....the standards of *Tomorrow's Doctors*". Overall, we found QABME to be a useful evaluative process and we thank the team for all the hard work which went into the review.

Best wishes  
Yours sincerely

**Professor David Wynford Thomas**  
**Dean of Medicine**

JMH/MWC

09 March 2007

Professor Peter Rubin  
Chairman of the GMC's Education Committee  
General Medical Council  
Regent's Place  
350 Euston Road  
LONDON  
NW1 3JN

Dear Peter

**Education Committee findings for School of Medicine, University of Wales  
2005/2006 Quality Assurance of Basic Medical Education  
Response from the School of Medicine, University of Wales Swansea**

Thanks you for your letter of 25<sup>th</sup> October 2006 concerning the above. We welcome the report of the GMC visiting team to Wales and take note of the following requirements and recommendations:

With our Cardiff colleagues we will ensure that:

- 1 We comply with the GMC requirements for sufficient student choice and the amount of time allocated to SSCs across the five-year and GEP programmes.
- 2 We will combine all elements of the core curriculum into one document per programme and clearly set out learning outcomes for each of both the five-year programme and GEP.
- 3 We will work together to produce a common Fitness to Practise policy and appeals procedure.

In terms of specific Swansea requirements we will:

Provide details to the GMC of any planned reductions to our assessment programmes.

Together with Cardiff we will consider the three issues, viz:

- 1 The inclusion of the management of critical incidents in the Clinical Governance aspects of the curriculum.
- 2 Students' anxieties when transferring from the GEP to Cardiff.

3 Making PDP a compulsory part of both the five-year programme and the GEP.

We particularly valued the visit of the GMC team to the new facilities for the delivery of the Graduate Entry Programme in Swansea and were heartened by their complimentary comments and, in particular, their acknowledgement of the positive views they received from our students.

Yours sincerely

**Professor Julian Hopkin**

c.c. Professor David Wynford Thomas, Dean, School of Medicine, Cardiff University  
Professor Helen Houston. Vice-Dean, School of Medicine, Cardiff University  
Professor Gareth Morgan, Acting Head - School of Medicine, Swansea University  
Professor Rhys Williams, Chair, Learning & Teaching, School of Medicine ,  
Swansea University  
Dr Aidan Byrne, Curriculum Director, School of Medicine, Swansea University