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# UK Medical Schools Annual Return 2009/10: QABME

## Edinburgh

### The QABME Annual Return Process

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

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

In April 2009 we signalled that we would be requesting an enhanced annual return. It has been expanded to include a request for self-assessment of progress on the implementation of *Tomorrow's Doctors* 2009. This is to ensure a continuing oversight of undergraduate medical education and to begin benchmarking all schools against the revised standards. The full enhanced annual return from Schools will not be published, however we intend to publish a summary report or reports of key issues and challenges and to share practice that might be of use to other schools.

The data returns for Section A on action on requirements and recommendations from previous QABME reports are published on the GMC website.

## Basic Information

<b>Name of Medical School:</b>	University of Edinburgh College of Medicine and Veterinary Medicine	
<b>Name of Dean/Head of School</b>	Professor Allan Cumming	Contact tel:  Contact email: <a href="mailto:allan.cumming@ed.ac.uk">allan.cumming@ed.ac.uk</a>
<b>Name of QABME contact</b>	Ruth Stewart	Contact tel: 0131 242 6792  Contact email: <a href="mailto:rstewar1@miscorp.ed.ac.uk">rstewar1@miscorp.ed.ac.uk</a>

## Section A - Response to previous QABME requirements and recommendations

For all schools except those reviewed in 2008/09

Since submission of the School's previous Annual Return at [http://www.gmc-uk.org/education/undergraduate/undergraduate\\_ga/medical\\_school\\_reports.asp](http://www.gmc-uk.org/education/undergraduate/undergraduate_ga/medical_school_reports.asp), please answer the following questions:

1. For any requirements, state those that have been fully completed or not been fully implemented providing an explanation indicating how they have been addressed.

If the School did not have any requirements in its last report or the requirements were fully met and reported in a previous annual return please check the box

Tomorrow's doctors 2003 area	Requirement	Action taken – If none, explain why	Contact	Supporting documents list	Timeline
Assessing student performance and competence	The School is required to ensure an overarching assessment group is empowered to coordinate assessment throughout the programme, improve standardisation of assessments and ensure final year in-course assessments are more consistent	<i>We have reviewed and enhanced the remit, membership, and reporting arrangements of the previous Curriculum Executive, to ensure that it is appropriately constituted and empowered to fulfill this function. In recognition of this, it is now the Curriculum, Assessment and Feedback Management Group (CAFMG).  CAFMG has</i>	<i>Professor Allan Cumming</i>	<i>Constitution/remit of the CAFMG; recent agendas and minutes.</i>	<i>We envisage that consequent to Professor Macpherson's report, significant improvements to the Year 5 assessments in particular can be introduced for 2010-11. However, the more comprehensive revision of our assessment structure (and the underlying curriculum revisions) required by TD2009 will not be in place before 2011-12.</i>

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		<p><i>commissioned a detailed report from Professor Stuart Macpherson on assessment in the MBChB programme, with particular emphasis on in-course assessment in Year 5. The extensive work leading up to this report has been completed during 2009 and it will be presented to CAFMG in the spring of 2010.</i></p> <p><i>However, this requirement is integrally linked to the changes in curriculum and assessment specified in the new "Tomorrow's Doctors" documents, and in particular, the need to develop an explicit framework for "vertical" assessment of curriculum outcomes through the 5-year curriculum. The findings of Professor</i></p>			

Tomorrow's doctors 2003 area	Requirement	Action taken – If none, explain why	Contact	Supporting documents list	Timeline
		<i>Macpherson's report will be considered by CAFMG in the light of this new guidance.</i>			

2. For any recommendations, state those that have been fully completed or not been fully implemented providing an explanation and indicating how they have been addressed.

If the School did not have any recommendations in its last report please check the box

Tomorrow's doctors 2003 area	Recommendation	Action taken – If none, explain why	Contact	Supporting documents list	Timeline
Curricular outcomes, content, structure and delivery	Review and simplify the curriculum structure to make it transparent and more easily understood by students and staff, paying particular attention to: i. Rationalising the number of vertical themes running through the curriculum, to ensure students and staff understand their relevance at all stages of the curriculum. ii. Consolidating the vertical and portfolio	<i>The MBChB Curriculum, Assessment and Feedback Management Group (CAFMG) has considered this recommendation over the last year and has taken responsibility for implementing the response.</i>  <i>First, CAFMG commissioned a detailed report from Dr Frederic Pender on staff, student and external perceptions of MBChB curriculum.</i>		<i>1) Dr Pender's report. 2) CAFMG proposal for revised curriculum structure. 3) Agenda for Symposium, October 2009.</i>	<i>The plan is to have the revised curriculum structure, along with the new assessment framework, in place for academic year 2011-12.</i>

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	themes	<p><i>This report was delivered in the spring of 2009 and considered by CAFMG. Based on this report, together with some knowledge of the content of the new "Tomorrows Doctors" guidance, a proposal to move to an explicitly outcome-based curriculum and assessment structure was formulated. This involves a significant simplification of the current vertical theme structure; although the number of outcomes is not dissimilar to the number of current curriculum vertical themes, the portfolio themes and the key clinical topics will be subsumed into a comprehensive outcomes framework, aligned with the outcomes in TD2009.</i></p> <p><i>In addition, the</i></p>			

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		<p><i>Medical Teaching Organisation organised a half-day symposium in October 2009 on "The future of Medical teaching in Edinburgh". The symposium addressed both our response to the QABME recommendation and to TD2009. Among the speakers was Professor Jim McKillop from the GMC. The meeting endorsed the CAFMG proposals for curriculum revision.</i></p> <p><i>CAFMG has approved the proposal in July 2009, subject to consensus being reached at the Symposium. This approval will thus be ratified at the next CAFMG meeting (there has been one since – why not then?), and formal</i></p>			

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		<p><i>approval for changes will then be sought from the Medical and Dental Board of Studies and the College Undergraduate Studies Committee (the statutory University of Edinburgh course approval pathway).</i></p> <p><i>CAFMG (should be a named individual not a Committee) is managing the change process and will ensure the incorporation of agreed changes to course materials, study guides and the Edinburgh Electronic Medical Curriculum (EEMeC).</i></p>			
Delivering the curriculum	Ensure the effectiveness of current supervisory structures to provide strong, clear leadership in reviewing the curriculum structure.	<p><i>The membership, remit and function of the Curriculum, Assessment and Feedback Management Group has been reviewed in detail, in keeping with</i></p>		See above re CAFMG.	Complete subject to ongoing audit and review.

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		<p><i>its new oversight function. This included reviewing the reporting arrangements into and onwards from the Management Group. In addition to reporting formally to the Medical and Dental Board of Studies as at present, the Chair of the CAFMG and the Head of the Medical Teaching Organisation now attend meetings of the College Strategy Group (CSG) four times per annum to report on teaching and curriculum matters (along with the College Director of Undergraduate Learning and Teaching as at present). The CSG is chaired by the Head of College, is attended by the Heads of the four</i></p>			

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		<p><i>Schools within the College and other senior College managers, and is the main planning and resources forum for the College. The Head of College has made it clear that appropriate staffing and resourcing of the undergraduate medical curriculum is a key priority to be delivered by Heads of Schools and by the NHS.</i></p> <p><i>We review and evaluate the effectiveness of the CAFMG as a driver of change, through audit of the action points agreed at CAFMG meetings. The MBChB Quality Assurance Committee receives annual reports on curriculum development which are reviewed by the College QA Executive</i></p>			

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Delivering the curriculum	Improve engagement and communication with NHS teachers and reviewing the role and responsibilities of the Clinical Sub-Dean and the resources available to them.	<p><i>In addition to our recent symposium on the Future of medical teaching in Edinburgh at which NHS colleagues participated and were well represented and other relevant forms of engagement, we are working with the surrounding Health Boards to enhance communication, cooperation and joint planning. Examples include:</i></p> <p><i>All new consultants in Lothian now undergo an induction session led by Professor Cumming on teaching in the Edinburgh MBChB curriculum. Professor Cumming now sits on the NHS Lothian Job Planning steering group, which is a crucial forum for decisions about consultant input into teaching.</i></p> <p><i>As DULT, Professor</i></p>		<p><i>Current role descriptions for CSDs and ADMEs.</i></p> <p><i>Role description for Director of Clinical Teaching.</i></p>	<p><i>A new revised remit for CSDs and ADMEs will be implemented during 2010.</i></p> <p><i>The Director of Clinical Teaching post will be appointed in the spring of 2010.</i></p>

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		<p><i>Cumming has been closely involved in appointing the (6) new Associate Directors of Medical Education (ADME) in NHS Lothian, and has sat on the relevant appointment committees. Joint working to define a new combined remit for the site-specific management of medical education across the UG/PG boundary is under way, with a meeting of Clinical SubDeans (CSD) and ADMEs scheduled for February 2010. This meeting will include discussion of the resources available to CSDs and ADMEs and how these can best be utilised to support learning. We are in the process of appointing a new curriculum-level position, Director of</i></p>			

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		<p><i>Clinical Teaching. This will be a senior educator who will have a specific responsibility for leadership and development of clinical teaching of Edinburgh students - communicating with stakeholders, participating in joint working and planning with NHS colleagues and institutions, and ensuring effective and accountable use of University and NHS resources.</i></p>			
Delivering the curriculum	Ensure a coordinated approach to staff development.	<p><i>We have reviewed our staff development provision, in the light of increasing activity at a post-graduate level (through NHS Education Scotland) and in the University of Edinburgh, and the current staff time available to support it at an undergraduate level. On the basis of this review, an</i></p>		<p><i>Job description for Staff Development post.</i></p>	<p><i>The new Staff Development post is being interviewed in January 2010.</i></p>

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		<p><i>application was made to the SE Scotland Regional ACT Group for funding to support a new full-time post in undergraduate Staff Development. This application was approved in September 2009.</i></p> <p><i>This new appointment will allow us to implement our staff development strategy during 2010.</i></p> <p><i>This will be evaluated under the aegis of the MBChB QA Committee.</i></p>			
Student health and conduct	<p>Ensure effective and appropriate student support mechanisms are in place by:</p> <ul style="list-style-type: none"> <li>i. Revising the Director of Studies (DoS) system.</li> <li>ii. Signposting support available to students at peripheral sites.</li> </ul>	<p><i>The top-level review of the Director of Studies (DoS) system and other aspects of student support conducted by the central University during 2009 is being taken forward by a University level Task Group which will</i></p>		<p><i>PPD mentor role description.</i></p>	<p><i>We envisage that all DoSs will be trained and ready to move to the new enhanced role in September 2010.</i></p>

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		<p><i>report in this academic year.</i></p> <p><i>However, we have reviewed the Director of Studies system as it currently operates in medicine, particularly in the light of new developments in monitoring of Personal and Professional Development, e-portfolios and e-PPD, career guidance, and personal mentoring of medical students.</i></p> <p><i>This has led to definition of a new pastoral role, namely "PPD mentor".</i></p> <p><i>Training for the new role will take place in 2010. The Director of Student Affairs has been able to boost the numbers of Directors of Studies significantly to the current figure of 121.</i></p> <p><i>This was an essential step to allow mentoring model to</i></p>			

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		<p><i>be implemented.</i></p> <p><i>We have ensured that students on clinical placements (central and peripheral) are aware of whom they should approach when in need of support, and that staff are also aware of these arrangements. Relevant information is posted on EEMeC and included in study guides.</i></p>			

3. Please identify any planned changes or improvements as part of the School's continuous improvement and quality management regarding any aspect of the School's undergraduate degree/s **that are not** part of the School's response to *Tomorrow's Doctors 2009*.

Tomorrow's doctors 2003 area	Changes	Action	Contact	Supporting documents list	Timeline
Outcomes – clinical skills and procedures	Enhanced provision of clinical skills teaching	<p><i>The <b>Cleanliness Champions Programme</b> has been fully implemented and all students must complete 11 modules (approximately 30 hours work) between years 1 and 3. This involves completion of clinical audits, reflective assignments and practical skills sessions e.g. hand washing. All students receive a small group mentoring session which is either facilitated by the skills team or by a year 4 student as part of a PAL session.</i></p> <p><b>Arterial blood gas sampling</b> – all year 4</p>	Dr Janet Skinner		Complete, subject to ongoing audit and review.

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		<p><i>students must now undertake a practical session as ABGs are felt to be a key skill that will be required in year 5 and in the Foundation years.</i></p> <p><b>Resuscitation</b> - ILS sessions have been developed to include patient safety aspects such as the major haemorrhage protocol and communicating in an emergency using the SBAR tool. Sessions also now consider aspects such as DNAR, confirmation of death and withdrawal of resuscitation.</p> <p><b>IV therapies</b> - year 5 session now includes case-based discussion of real prescribing errors such as insulin with increased engagement by students in patient</p>			

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		<i>safety aspects.</i>			
Outcomes – Doctor as a Professional – reflect, learn and teach others.	Enhanced Peer-assisted Learning (PAL).	<i>In addition to our previous provision, all Year 4 students now attend (or view online) a lecture on how to teach and develop as a medical teacher, and places are available on a PAL initiatives for all Year 4 students to gain practical teaching experience.</i>	<i>Dr Michael Ross</i>		<i>Complete, subject to ongoing audit and review.</i>
Outcomes – Doctor as a Professional		<i>Electronic tracking of concerns about a student's professionalism was introduced from September 2009. This includes issues such as attendance, motivation, behaviour, and so on.</i>			
<i>Educational resources and capacity.</i>	<i>Tracking and allocation of embedded ACT funding.</i>	<i>Working closely with the NHS Lothian Finance Team, we have run a project to identify the ACT funding attributable to Clinical Management Teams (CMTs)</i>			

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		<p><i>across NHS Lothian. Work is also underway to identify the level of teaching detailed in consultant job plans across Lothian hospitals, and to link this to the attributed ACT funding. This work is being done with the full support of Board managers.</i></p>			