

## FINAL

### Report of the Visiting Team to the Hull York Medical School (HYMS) Medical School for 2004/05

#### Introduction

1. This is the final visit report for 2004/05 to the Education Committee of the General Medical Council on Hull York Medical School (HYMS). HYMS is one of the four new medical schools being assessed under the Quality Assuring Basic Medical Education (QABME) programme and will be followed until the graduation of the first cohort of students. At the time of this report the first cohort of students was in its second year.

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

Professor Michael Farthing (Team Leader)  
Dr Richard Boyd  
Professor Lindsey Davies  
Professor Richard Hobbs  
Dr Tim Lancaster  
Professor Peter McCrorie  
Dr Gemma Mullen  
Professor Robert Peveler  
Professor Janice Rymer  
Professor Marc Winslet

The team was supported by Cara Talbot.

#### *Our programme of visits in 2004/05*

3. The GMC Visiting Team attended HYMS on five occasions: 3 and 4 March 2005, 27 April 2005, 9 and 10 June 2005, 29 June 2005 and 21 July 2005. The findings of the visiting team have been reached by conducting the following activities:

- a. Meetings with a variety of members of HYMS.
- b. Observation of the examination of clinical skills.

- c. Module and/or Phase Examination or other Board meeting observation<sup>1</sup>.
- d. Site assessment(s): NHS Trusts\*<sup>2</sup>.
- e. Site assessment(s): GP Practices<sup>3</sup>.
- f. Discussions with Students.
- g. Discussions with Teachers<sup>4</sup>.
- h. Discussions with the NHS and other service providers.
- i. Observation of SSC presentations

### **Summary of findings**

4. The Visiting Team concludes that the MB BS programme at HYMS is currently meeting the requirements of *Tomorrow's Doctors*. The Visiting Team would like to note that the recommendations made in this report are in light of this being the second year HYMS has taken on students.

### **Curricular outcomes**

5. The Visiting Team conclude that at this stage the clinical and practical skills taught at HYMS meet the requirements of *Tomorrow's Doctors*.

### **Curricular content structure and delivery**

#### *Content*

6. The visiting team acknowledges the considerable progress that HYMS continues to make, and their ongoing dedication for innovation that HYMS shows in its development of a fully integrated programme.

7. Blueprint mapping of the curriculum is currently in progress and outcomes have been mapped by weekly themes (this is an interactive electronic exercise). The visiting team looks forward to reviewing the completed document when it becomes available. HYMS reports that a review of Phase 1 has just been completed, and some minor changes are planned for 2006.

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<sup>1</sup> Including attendance at the joint universities interim review meeting of Hull York Medical School.

<sup>2</sup> This visit could be done by inviting members of the Trusts, Practices or out at Placements to a meeting at the school, the visiting team does not necessarily have to attend different NHS Trusts in different regions unless inspecting the facilities is one of the objectives of the assessment.

<sup>3</sup> As for footnote 1.

<sup>4</sup> As for footnote 1.

8. HYMS reiterated their new approach in the early years of the course of moving away from a doctor-centred approach to consultation skills and thinking more from the patient's perspective. This emphasises 'listening to the patient's story' rather than 'taking a history'. The aim is for a collaborative approach with the patient. HYMS feels that pathology should come first and will begin rolling out these changes in 2005. As phase 2 will be the opportunity for students to develop these further iterative skills, the team has been reassured by some previous concerns over history taking and will continue to monitor future developments in this area.

9. In Phase 2 students will be expected to write up histories (one a week). This will include a reflective component in the aims of pulling together the history and linking this back to the relevant course material.

10. More emphasis on terminology will be introduced (Year Two appeared to be still using layman's terms) in Phase 2. There will be no formal approach to training in the technical terms of history taking at this stage, although HYMS feels confident that this is not a problem.

11. Phase 2 is developed around patient presentation. Acute care will be sufficiently addressed, as around 80% of the hospital tutors to which students are attached to in Phase 2 take part in the acute take – this will ensure students will be exposed to specialty vs. general topics. Although each week will concentrate on only one presentation, students will see patients with that presentation repeatedly throughout phase 2 through their continual contact with general practitioners and general physicians and surgeons. HYMS believes this 'constructivist' approach will promote deep learning.

12. In phase 3 HYMS would like students to be more actively involved (under supervision) for patient care. HYMS believes this would ease the transition to the PRHO year. HYMS feels there is an urgent need to develop systems within the clinical governance framework, particularly in final year, where there is an expectation both from patients and trusts that students will deliver some limited parts of the clinical service. This would help to address the problem for medical education where, unlike education of other health professionals, students are rarely able to do anything for patients until they graduate, when suddenly they have to demonstrate a wide range of skills in practice. Risk management issues including the inability of students to legally do any 'hands on' work however may make this difficult. HYMS is in discussions with the post-graduate dean's department. The visiting team will monitor this aspect as it develops.

13. HYMS is confident that there will be enough generalist experience for students in Phase 3. There is emphasis on the learning outcomes of the HYMS programme and what is happening out on placements. The outcomes for Phase 3 will be built on those present in Phase 2.

14. Students in phase 2 will keep a portfolio of the patient problems that they have seen. This is currently paper-based but there are plans to make it electronically based if possible. Information on patients seen in Phase 1 is paper based and as a result is difficult to access retrospectively.

15. The visiting team concludes that the framework of the PBL and Clinical Skills sessions is appropriate. They note some improvements to students' workloads and time allowed for student reflection in the PBL timetable. Having observed several clinical skills sessions, the visiting team notes the various technical difficulties with recording lessons on DVD, and some inconsistency in the approach of some of the tutors. This has been raised with HYMS. Overall the quality of the tutors is good, and they note the confidence and quality of the students.

16. The SSC provision for Phase 2 incorporates a broad programme with 32 separate topics offering students a wide range of choice of medically related SSCs. SSCs offered at year 3 and 4 will be in three three-week blocks plus a one two-week block. The visiting team is generally happy with the SSC provision although they will continue to monitor developments as the course progresses. HYMS reports that additional recruitment plans both in the biology department at Hull, will aid with developing this programme further.

17. On the topic of depth of knowledge, the team is satisfied that HYMS approach is appropriate and will continue to evolve as the course develops.

### *Structure*

18. HYMS offer a fully integrated curriculum, based on the integration of seven themes and six body systems. The learning framework is that of a Problem Based Learning (PBL) structure.

19. The visiting team reviewed the developments of the integrated approach for Phase 2 of the curriculum and are satisfied with the HYMS arrangements.

20. HYMS has increased the self-directed learning (SDL) time slightly within the programme. After some initial student grumbles they are now seeing the benefits behind completing this sort of work and are now feeding back positively on this aspect.

21. HYMS continues to debate the best format for portfolios. Because summative assessment will alter the nature of reflective material, the portfolio is divided into the Personal Portfolio and the Record of Achievement: only the latter is summatively assessed. Students are required to write reflective reports on their experiences and these are seen by the PBL facilitators/personal tutors. Although this is informal and difficult to monitor, it is commended as an attempt at closing the loop. Student portfolios remain a useful tool and the visiting team will continue to monitor progress in this area.

22. The team met with Dr. S. Cobb and Professor P. O'Higgins to discuss the schools plans for intercalation. They reported that a basic intercalation degree would consist of 120 credits, 40 of which will be allocated to a research project, and 80 credits to modules that already exist within the schools. 12 students expressed initial interest and 6 students are taking an intercalated degree in the next academic year and current aims are to build this to 10% of the cohort within the next few years. HYMS discussed its plans for developing a pilot anatomy pathway for the academic year beginning 2006. It was agreed that HYMS would focus on approved degree

pathways initially and then look to creating new programmes in the future. The Team looks forward to seeing how this develops in the future.

23. Students were encouraged to investigate their chosen degree with the relevant department. A number of students explored the possibility of undertaking an intercalated degree elsewhere. The final number of students undertaking an intercalated degree next year is as follows:

- a. 1 student is taking a degree in International Health at Leeds University.
- b. 5 students are taking Biological Sciences at the University of York.

24. All students have received additional funding for their degrees, including one student who has received Wolfson funding.

25. HYMS is currently investigating the pathways required to formulate new intercalation options. It currently has plans to devise an anatomy degree, and is looking at a number of ways of piloting such a pathway for the academic year beginning September 2006 or 2007.

26. For Phase 1 SSCs, a concern was raised that students were only opting for SSC modules that were based at their home university, irrespective of the various procedures HYMS had put in place to ensure SSCs were not taken up on a location-specific basis. Due to this, more of the students in York opted for science based SSCs with a smaller uptake of arts-based SSCs whilst a large proportion of students in Hull took arts and language based SSCs. In order to combat this, HYMS intends to try to encourage specific departments to create SSCs in each institution to ensure an even balance of science and arts SSCs on offer in both locations.

27. SSCs vary in the intensity of work required. Some students close to exam time choose particular SSCs as they have a lesser work component (time required for attendance, essays not required for example). Students wonder how a 'satisfactory' grade in one type of SSC can equate to the same in another SSC. The visiting team comments that this is acknowledged as a common problem across all Medical Schools due to the time constraints and resources required to provide a 'level' peg across all the SSC components. HYMS has plans in place to make further attempts to standardise workloads and assessments and the visiting team look forward to seeing how this progresses in the next cycle.

28. HYMS are aware of the varying levels of student input to the SSC component, so they are reviewing how they can address this issue; perhaps a simple monitoring of portfolios would help address this. HYMS reports that future evaluations will ask students for their perception of the relative workloads between SSCs which would also help to address this issue. The visiting team will continue to review this aspect in consecutive years.

### *Delivering the curriculum*

29. The Visiting Team are satisfied that the developing curriculum and facilities meet appropriately at that stage the requirements set out in *Tomorrow's Doctors* (paragraph 11-55) in accordance with Section 5(3) of *the Medical Act 1983*.

30. Quality control and assurance over SSCs is provided by student feedback on their experiences. There are also quality assurance measures on setting up an SSC (learning outcomes, marking structures) and the delivery of the SSC is monitored largely through student feedback on Blackboard during the course and via formal evaluation after it. HYMS is going to discuss whether to bring in peer observation and more formalised mentoring with SSC tutors. External examiners see the evidence of some of the output but do not observe the presentations. Some of the SSCs also engage the student audience in a peer review process.

31. Most Phase 2 SSC offerings have come from non-core teachers. They will be trying to pair up tutors from a basic science and clinical background to attempt to provide a fully integrated SSC approach across two three-week blocks. HYMS is currently not experiencing any problems with capacity in the running of the SSCs. As most of the SSC modules are not provided by core staff HYMS will need to monitor the appropriateness of content and how it is delivered in the course.

### Supervisory Structures

32. Professor Gillespie is planning to retire in 2006. The process for finding his replacement is underway, and HYMS plans to have the new post-holder in place by Spring 2006.

33. HYMS has carried out research into differences in student perception of their learning environment and also differences in achievement in summative examinations. Very few significant campus differences have been found.

34. Two PBL directors were appointed in 2005 – one to each site. They will coordinate peer review of facilitators with the aim of improving consistency of approach and guidance. The new PBL leads will also be working towards increased collaboration between campus teaching teams in development of the programme. This will include a peer review system, which HYMS is looking to develop. Teachers recognise this as a benefit and are enthusiastic about involving themselves in this. The visiting team is satisfied with how HYMS are monitoring the collaboration between the two sites as sufficient and appropriate to requirements.

35. Previous concerns over the split sites impacting on the students learning experience continues to be monitored. Student feedback indicated a possible imbalance in the level of student support provided at the sites. Generally Hull students were happy with the various options and accessibility available to them, whilst York students would like to see an improvement in the accessibility and availability of counselling services at the York campus. This is recognised by the York authorities and alterations are underway.

36. The Visiting Team was satisfied that HYMS has set up appropriate supervisory structures for delivering the programme. The Visiting Team will continue to monitor this area along with staffing levels until the graduation of the first cohort of students.

#### Teaching and learning

37. The visiting team commends the quality of the facilities and resources at the GP practices and Hospital teaching placements.

38. York students commented on the low attendance (30%) rate at the Resource sessions. Students wonder if this is partly due to the ratio of 70 students to two tutors, and suggest that perhaps smaller groups over staggered times would be more beneficial and accessible.

39. Attendance at bio-practicals is low, as the students feel these sessions are becoming less useful. HYMS is aware of this and are reviewing this issue. HYMS feels that part of this reason may be due to the length of the component (2 hours) and have reduced the component times to 1 hour. Bio-practical sessions now also have learning objectives signposted to the sessions to better guide the students.

40. Year two students commend the hospital afternoon sessions as very useful as a means of pulling all knowledge together. Students all agree that the GP placements are useful.

41. The visiting team commends the quality of the clinical placement tutors. In an attempt to ensure consistent quality of tutors, all supporting material is controlled and quality assured. Teachers are given standard in-depth guidance on the content and advice on depth for each tutorial. HYMS also conducts an end of year review, which will look at tutorials and tutors.

42. HYMS has also now introduced Internet access at the hospitals to better enable students to further investigate topics should they wish. End of block feedback from students has been positive.

43. The team were able to observe presentations at Hull University and at the Hull Royal Infirmary (HRI). The SSC provision seen at Hull University is impressive. The SSC tutor and students were equally engaged and students demonstrated a good depth of knowledge supported with strong presentation skills. In contrast the presentations at Hull Royal Infirmary seemed to lack engagement and student presentations were less focussed. The visiting team recognised that this was only a small sample of SSCs viewed overall, but highlighted their findings to HYMS at the feedback session at the end of the day. HYMS agreed that this might be an area to look into as a result of the observations.

44. After observing some of the Images sessions, the team query whether students are getting enough out of a three-hour teaching session, and whether it is an effective use of an afternoon - or if the experience could be acquired more quickly

via a different format. The visiting team is concerned that at the hospital based clinical skills sessions there were no resources available for students to find answers, rather than being told the answers by tutors. The teaching method is very labour intensive, with a ratio of 8:1 on both campuses. In response, HYMS informed the visiting team that students are expected to identify outstanding questions at the end of the session for resolution by personal research or discussion in the PBL sessions held after, and linked to, these Image sessions.

45. It was suggested that fewer teachers might be used if more learning resources were available (e.g. CD-ROMs or web-based resources). Clarification should be sought about student access to such resources whilst on placement. The visiting team notes that the use of the afternoon may depend on what was trying to be achieved from clinical placements and the experience students are getting.

46. Visitors observed palliative care teaching at a number of GP practices. Facilities at all sites are commendable. Students are very positive about the teaching, which is well organised and well structured. An example of good practice was noted at one surgery, where there was a poster asking for patients interested in helping in the teaching of medical students.

#### Learning resources and facilities

47. Overall facilities are excellent and offer plenty of space with room for future developments. Practices are enthusiastic about new equipment, which allows the filming of students interviewing patients downstairs at GP practices can concurrently be viewed by students in another room for discussion.

48. HYMS are putting in university computer equipment into base hospital placements to ensure students have Internet access on site. At hospitals further out, HYMS are planning to link into the NHS system and rolling out additional IT facilities and access to Internet at clinical placements by September 2005. HYMS is standardising its audio-visual equipment and have recruited two dedicated IT support staff. The visiting team will review how this develops in 2006.

49. Students with hearing difficulties reported having difficulty with the quality of sound transmission in lectures at times due to background noise. HYMS has rectified this problem.

#### Student support, guidance and feedback

50. Clinical placement tutors generally see the same group of students every two weeks throughout the year, thus providing continuity. There have previously been concerns regarding the PBL facilitators also being responsible for pastoral care. Having seen the interaction between clinical tutor and students at practices, it was felt that students are also exposed to two other tutors who they can easily go to for pastoral care. HYMS may wish to consider formalising this arrangement so that if they do want to go to someone else for pastoral care they can go to their clinical tutors. Clinical tutors would therefore need to feed back to someone centrally. The

students did mention that they have e-mail access to the student welfare officer at all times. Concerns relating to student support were therefore allayed.

51. Overall the current support system works for most of the students most of the time, however there should be an explicit alternative available for those students that feel that the current system does not provide the support they need.

52. Students report a heavy workload, although they accept this as a part of being a student of HYMS, and note that the workload was made explicitly clear to students upon application. As the timetable begins on Friday with two cases per week, students state they commonly work fully through every weekend. Students with families or other commitments might find this workload particularly difficult and HYMS should ensure that certain groups are not disadvantaged by this approach. HYMS feels that there are significant education advantages to the current arrangements and reports that they will be debating this issue at the next staff student liaison committee meeting. The team look forward to reviewing the outcome of this debate.

53. HYMS continues to review the transport issues for students between campuses. They used to provide minibuses but discontinued this due to lack of take up by the students. They have not considered moving the SSC teachers from site to site, but feel that this will further discourage intermingling of students between the sites. Some SSCs are also site driven by facilities available at the campuses. In addition, students report the lack of a reliable taxi service – especially in groups requiring more than one car particularly in Hull, although they realise that there is little that HYMS can do about this. HYMS does have a system where students may claim back the appropriate cost of travel. The team notes that HYMS is making adequate attempts to address this issue and will continue to monitor this aspect in forthcoming assessment cycles.

54. HYMS has indicated that accommodation will be made available near to hospital placements. The Team suggests that HYMS should closely monitor living arrangements of students to ensure that appropriate levels of pastoral care are provided.

55. Students report they would like more formative questions – HYMS are addressing this although resource requirements are not allowing the generation of these questions as quickly as they would like. The UMAP collaboration may be of great benefit.

56. HYMS do provide some basic guidance to all staff on student support in recognition of the fact that students do not always use specifically allocated guidance channels depending on their level of comfort with approaching any member of school staff.

57. In relation to student feedback on SSCs, HYMS reflected that its previous web-based questionnaire had been inadequate and had not led to effective qualitative feedback that could be used for tutor feedback and refinement of delivery. HYMS has now opted for a paper-based questionnaire. The SSC office collates the written feedback. Feedback on the students' comments are given to the tutors, and

students are informed about any changes that have been made as a result of their comments. The team feels that this is adequate.

58. Students mention the survey and online chat room but don't think that SSC tutors see this message board where a good proportion of this type of feedback on SSCs is provided. Most student teacher discussion across the sites is done by email. Students suggest that perhaps an annual meeting would be useful.

59. The clinical tutor feedback system is in the process of being implemented. Tutors haven't received feedback as yet, but students are now being given feedback forms to complete at the end of each session.

60. Students commend the school's approach to highlighting the importance of having an awareness of diverse ethnic and religious cultures. Students' report that they are planning to introduce some non-alcohol related activities at the next Freshers' week in an attempt to include additional minority groups that might not have previously joined in.

## **Assessing student performance and competence**

### *The principles of assessment*

61. The Visiting Team are satisfied that the overall system of assessment is appropriate for this stage of its development and meets the requirements set out in *Tomorrow's Doctors* (paragraph 62-66) in accordance with Section 5(3) of *the Medical Act 1983*. The Visiting Team is satisfied that the assessment schemes at HYMS are open, fair and meet the appropriate standards.

62. The visiting team noted the changes to regulations between Years 1 and 2 with respect to the number of borderline grades students are allowed to carry in order to pass. In Year 1 they can pass carrying 2 borderline grades, but in Year 2 only 1.

63. The team discussed with HYMS the timing of summative assessment. HYMS reported that if students fail the summative assessment at the end of year 5 they are given the opportunity to resit at the end of November, however at present they are not sure how this will link into Foundation year 1, and will be monitoring how other schools approach this issue over the next few years.

64. At the end of year 2 students' clinical skills are assessed according to the model used at Leicester medical school. Students see 2 patients; if they do not meet the required pass standards they are then assessed on a third. If they continue to fail they are then taken in for remediation at the end of the summer. This year however all students passed on the first two patients.

### Developments on Year Five Assessment

65. Electives are all linked into the blocks in the final year, which ends with a written integrated exam around management (15 MEQs). This will occur in early

spring. Following this is a (limited) free choice block of six weeks in the hope that students will pick topically weak areas. This is followed by a final exam and OSCE. HYMS favours this approach over a simpler approach, where students have only a single assessment at the end of the year, with no opportunity to remediate areas of weakness.

## Examination Board

66. The Examiners' Meeting was well conducted. The board was asked for a steer on whether students with mitigating circumstances should be asked to retake or have their marks adjusted. Borderline cases were considered and some were elevated to a satisfactory grade although the marks awarded were not changed. Mitigating circumstances should be used to allow further resits, not used to alter marks. The External Examiners were fully involved in the process and commented positively on the organisation and content.

67. In order to gain a distinction grade, students have to obtain no less than 10 'excellent' grades out of the 12 units of assessment in Years 1 and 2. Most of the examiners present at the Board feel this is unnecessarily harsh and that HYMS should consider lowering the bar for students to receive these. HYMS agreed to take the matter up with the appropriate committees.

68. The team is satisfied that the more stringent compensation scheme in operation in Year 2 is appropriate, although it does mean that the number of students re-sitting papers was almost identical to Year 1. The visiting team commends this approach.

## *Assessment procedures*

69. The visiting team observed some inconsistencies in the approach of some of the examiners during OSCE examinations. Whilst the visiting team recognises that there will always be some variation between examiners, they suggest that HYMS monitors this aspect closely to minimise any inconsistencies.

70. The team observed both year one and year two OSCE examinations at both sites. The visiting team is satisfied that overall it is a fair exam, which adequately tests first year skills. The days are well organised, and run smoothly. The visiting team notes the support and encouragement of examiners who help to set the students at ease. The points that have been suggested for improvement are levels of detail rather than a challenge to the overall value of the examination.

- a. Ensure that there is consistency in the marking schemes used to mark students on recurring activities.
- b. The visiting team recommends that the examiners marks scheme always detail what is required for each of the marks.

- c. The visiting team would like to see greater consistency in the number of marks awarded for the required information. E.g. if four pieces of information were required then four marks should be awarded and not 3.
- d. Ensure that students give their full name and an appropriate salutation when introducing themselves to a patient.
- e. Ensure that there is consistency in examiners expectations between the two sites. E.g. at the resuscitation station students at one site were expected to continue CPR until stopped by the examiner, whilst at the other site students were only expected to complete one round of CPR.
- f. It is inappropriate for students to converse with each other during the course of the examinations.

71. The team outlined their findings to HYMS. HYMS is aware of inconsistencies in marking across the two sites. In particular, they had found large differences in the mean marks of the alcohol station due to the severity of the examiner marking this station on the Hull site. Consequently all Hull marks were awarded 1.2 extra marks in cluster group B to compensate for this mark differential. The External Examiners had been consulted about this decision and were happy that this matter has been adequately addressed.

72. In light of these inconsistencies, HYMS plans to set up an examiners' training day in advance of next year's OSCEs. They are planning to make a role play video of stations demonstrating good, borderline and weak candidates and asking examiners to mark their performance. HYMS also note inconsistencies in simulated patient performance and is considering inviting them to the training day as well so that they can try out their roles alongside the examiners.

73. HYMS accepts that marking scales should be as uniform as possible, with clear guidance as to how marks should be awarded (e.g. what students needed to do to gain 5 marks). They also took on board that marks should be standardised for the same activity i.e. students should be awarded the same marks for the same activity (e.g. introducing themselves or gaining consent for an examination). HYMS recognises that students are required to introduce themselves appropriately.

74. HYMS provided written evidence of the examiner feedback. This feedback will be used to inform future OSCEs, and all examiners will be made aware of how their feedback has been addressed. HYMS stated that it aims to ensure the examiners feel as included as possible in the design process.

75. There is a small group that was established (but was not used) to develop and review the OSCE stations. The visiting team is concerned that the internal and external input of examiners in development is not sufficient and require that assessment development in the future is undertaken and approved by an appropriate working group.

76. The visiting team commends the approach of HYMS whereby Hull teaching staff examines at York and York teaching staff examines at Hull.

77. The visiting team was given the opportunity to look through all the written papers for Years 1 and 2 during a working lunch. Their unanimous view was that some of the examination questions, particularly those in Year 2, were difficult, and were testing knowledge not normally expected of second year medical students. The Team would also like HYMS to review the marking schemes for the OSCE stations. However the External Examiners had deemed the assessments to be satisfactory apart from standard-setting for both the June and August papers together, which HYMS had taken on board. In addition the team has suggested that HYMS consider customising the forms for externals to further enable them to adequately review examinations and marking schemes.

78. Assessment forms are sent out and tutors write comments on them. Tutors are encouraged to make these comments, and annotations on the work itself as detailed as possible. However in discussions with students, they reported that they did not see any change from previous year in relation to the marking scheme for SSCs, and they would like to receive more relative feedback. E.g. year one students wrote essays and one lot of feedback was in a brief email 'Your essay was fine' which did nothing to provide guidance on how to improve in the future.

#### Student progress

79. The school's policy on re-sitting is that students are able to resit exams once only, unless mitigating circumstances are accepted at the resit. In exceptional circumstances, the Board of Studies may recommend one further resit at the end of the following academic year.

80. Two students had to resit exams last year. They both failed the resit but had mitigating circumstances. These students were therefore allowed to resit the paper again, and did not have to repeat the entire year. This was only made possible as they had passed some of the theme clusters.

81. The PBL tutors generally pick up struggling students, as they have the most contact with students. Students are then offered advice in order to address these weaknesses. In addition, this year the PBL facilitators and clinical tutors are in close contact and have been able to discuss students' performance and identify any students with potential problems.

82. Students are monitored by the Assessment and Examinations Officer at the end of each (4 or 6 week) block to review attendance, engagement and submission of assignments (these comments can be logged by tutors against attendance). If problems are flagged up, appointments are then made with the Associate Dean of Students.

83. Grade options are satisfactory, borderline or unsatisfactory for each theme cluster. Progression requirements are 80% attendance, no unsatisfactory grades, no more than 2 borderline assessments in year 1, and no more than 1 borderline assessment in year 2. Students are also encouraged to come forward if they feel they are borderline. HYMS is confident that the systems they have in place will

highlight students early enough that there would be no surprises on students that were not permitted to progress.

### **Student health and conduct**

#### **Fitness to Practise**

84. HYMS reports that three-tiered approach (initial note, under surveillance and trigger of formal hearing) to Fitness to Practise is working well and that policy and process seems to be working effectively. There have been 15 cases over the past two years and the system is working well. One student has been suspended for Fitness to Practice reasons and appeal hearing is set for July 2005. The current chair has left and HYMS is looking for a replacement that is external to the Universities and who will probably be a non-medic. A current member of the Fitness to Practice Committee is acting as the interim chair.

### **Reflecting Contemporary Society**

85. The visiting team commends the Brightside e-mentoring project, which started in 2004 and look forward to reviewing its progress over the next few years.

86. The visiting team commends the efforts of HYMS in developing Inter-professional learning (IPL). Basic details of the Brightside e-mentoring project and pilot schemes in IPL have been submitted to the visiting team. HYMS would like to continue to explore ways of extending their IPL portfolio although have encountered difficulties in engaging all stakeholders. The visiting team will continue to monitor progress.

87. HYMS are open about the limited success of building IPL cases into the curriculum. It has been difficult to address this topic equally across the two sites due to differing structures and frameworks from one site to the other. HYMS have had difficulties with engaging nursing to get involved with IPL as they see little benefit for themselves in doing so. They will continue to attempt to engage other professions.

88. The team is disappointed that more progress has not been made in this area, and hope the new appointments will aid with future developments.

89. In addition, the visiting team suggests that inter-professional SSCs might be a possible way to expand the IPL portfolio, as HYMS could lead on this and try to engage other professions proactively. HYMS is also considering a Year 5 training ward concept that other schools have implemented with some success.

## **Main findings of the report**

### *Requirements*

90. That OSCE assessment development in the future is undertaken and approved by an appropriate working group (paragraph 75).

### *Recommendations*

91. HYMS should continue to closely monitor the support systems available at both sites to ensure students receive the same level of access and quality to support services (paragraphs 51 to 54 and 56).

92. HYMS may wish to consider formalising the arrangement where students could also call on clinical tutors if they do want to go to someone else for pastoral care (paragraph 50).

93. Clarification should be sought about student access to such resources whilst on placement (paragraph 48).

94. HYMS should monitor the approach of examiners during OSCE examinations and facilitators during PBL sessions closely to minimise any inconsistencies (paragraph 70f.)

95. The visiting team suggests HYMS looks at the suggestions for OSCEs in continuous improvement efforts for this examination (paragraphs 70 to 75).

96. The team has suggested that HYMS consider customising the forms for externals to further enable them to adequately review examinations and marking schemes (paragraph 77).

97. HYMS might wish to review the balance of clinical and non-clinical examiners in light of the heavy clinical component of the exams (paragraph 70).

### *Areas of innovation and good practice*

98. The visiting team acknowledges the considerable progress that HYMS continues to make, and their ongoing dedication for innovation that HYMS shows in its development of a fully integrated programme (paragraph 7).

99. The visiting team would like to commend HYMS for the following:

- a. The HYMS approach of encouraging specific departments to create SSCs in each institution so as to ensure an even balance of science and arts SSCs on offer in both locations (paragraph 17).

- b. Overall facilities observed are excellent, and generally offer plenty of space with room for future developments. Recently added technical equipment has been implemented at General Practices. E.g. Filming of students interviewing patients downstairs at GP practices can concurrently be viewed by students in another room for discussion (paragraph 47).
- c. The HYMS approach to highlighting the importance of having an awareness of diverse ethnic and religious cultures. The visiting team also commends the Students' initiative to introduce some non-alcohol related activities at the next Freshers' week in an attempt to include additional minority groups that might not have previously joined in (paragraph 60).
- d. The arrangement in Phase 1 that Hull teaching staff examine at York and York teaching staff examine at Hull (paragraph 76).

## **Conclusion**

100. The Visiting Team is satisfied with the way in which the HYMS course is developing. The Visiting Team notes the continuing enthusiasm of students and staff, and look forward to being kept informed of developments as the third cohort of students arrive.

## **Future working**

101. We would like to thank Hull York Medical School for cooperating with and aiding the visiting team and GMC staff during the course of the assessment for 2004-05.

102. The final draft of the report was sent to Hull York Medical School to check its factual accuracy, before being presented to the Undergraduate Board and Education Committee.

103. The Visiting Team has identified the following issues that will be investigated during the next visit cycle. Other issues may be added to this list before and during visits commence in 2005-06:

- a. Curricula outcomes for probity and health.
- b. Curricula development for Year 4 and 5.
- c. Review of curriculum for Years 1 to 3.
- d. Impact of Foundation Training on clinical placements.
- e. Development of inter-professional learning.
- f. Systems and take up of teacher and examiner training.
- g. Appointments of key academic staff (Professor Gillespie is retiring in 2006.)

- h. Support for students with a physical disability.
- i. Student self and peer assessment.
- j. Student appraisal (particularly during the mainly clinical years of the curriculum).
- k. Student health and conduct: whistle blowing and plagiarism.
- l. Exposure to ethnic health issues within the course.

Signed.....

Date.....

Hull York Medical School

**Response to the findings of the report for 2005.**

WJG/MS

22 November 2005

Professor Peter Rubin  
Chairman of the GMC's Education Committee  
5<sup>th</sup> Floor  
St James's Buildings  
Manchester M1 6FQ

Dear Peter

**Education Committee findings for Hull York Medical School 2004-05  
Quality Assurance of Basic Medical Education (QABME)**

Thank you for the findings for 2004-05. We continue to appreciate the constructive approach of the Visiting Team, and thank its members for their commitment to our development. Please find below, as requested, our formal response to the requirements and recommendations.

*Requirements*

That OSCE assessment development in the future is undertaken and approved by an appropriate working group

**The HYMS OSCE development group met on 16.11.05 to review the OSCE experience in 2004-05 and to plan the OSCE programme for 2005-06 to meet the GMC's requirement. Progress will be reported at the January visit.**

*Recommendations*

HYMS should continue to closely monitor the support systems available at both sites to ensure students receive the same level of access and quality to support services

HYMS may wish to consider formalising the arrangement where students could also call on clinical tutors if they do want to go to someone else for pastoral care

Clarification should be sought about student access to such resources whilst on placement

**The three recommendations above are noted. HYMS is working with the student support and quality management teams of both Universities to ensure that appropriate levels of access are provided on both campuses and in clinical localities for all phases of the HYMS curriculum.**

The visiting team suggests HYMS looks at the suggestions for OSCEs in continuous improvement efforts for this examination

HYMS should monitor the approach of examiners during OSCE examinations and facilitators during PBL sessions closely to minimise any inconsistencies

**In respect of PBL, HYMS has appointed two experienced PBL tutors, one on each campus, as Directors of problem-based learning to ensure continuing consistency and quality of the PBL experience. In respect of OSCE, the OSCE development group will report its plans at the next GMC visit in January 2005.**

The team has suggested that HYMS consider customising the forms for externals to further enable them to adequately review examinations and marking schemes

**HYMS recognises that the external examiners report forms should evolve as the course develops in order to facilitate appropriate feedback at each level, and will be working on this issue with the Joint Learning and Teaching Committee.**

HYMS might wish to review the balance of clinical and non-clinical examiners in light of the heavy clinical component of the exams

**HYMS feels confident that the internal examiners are appropriately chosen, but will seek to appoint two additional external examiners from a clinical background with a brief which will include the Phase 1 assessments.**

Yours sincerely

W J Gillespie  
Dean, Hull York Medical School