
Undergraduate Board

To consider/to note

QABME: the School of Medicine, Universities of Hull and York for 2005/06

Issue

1. The progress of Hull York Medical School in the academic year 2005 to 2006.

Recommendations

2. The Undergraduate Board are invited to agree that, subject to it meeting the requirement set out at paragraph 11 of this report, Hull York Medical School meets appropriately the standards of *Tomorrow's Doctors* at this stage.

Further information

3.

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Introduction

4. This is the final report to the Education Committee on the quality assurance programme for the new Medical School established at the Universities of Hull and York. Hull York Medical School (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 its first cohort of students. In 2005/6 these students were completing Year 3 of their studies.

5. 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 visiting team:

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

6. Miss Coreen Beckford supported the visiting team.

Our programme of visits in 2005/06

7. The GMC visiting team attended the School on 4 occasions: 16 February 2006, 17 March 2006, 29 June 2006 and 13 July 2006.

8. The following field work was undertaken:

- a. Meetings with a variety of members of the School.
- b. Module and/or Phase Examination or other Board meeting observation.
- c. Site assessment(s): GP Practices.
- d. Site assessment(s): NHS Trusts.
- e. Discussions with students.
- f. Discussions with teachers.
- g. Discussions with the NHS and other service providers.

Summary of key findings

9. 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*.

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

Main findings of the report

11. The School is required to ensure that staff are able to identify struggling students so that these students may receive the necessary help in reaching the desired standard of basic clinical skills (paragraph 97).

Suggestions for quality enhancement

12. The team have highlighted the following suggested areas for quality enhancement that should be considered by the Hull York Medical School:

- a. The School should carefully review the reliability and validity of the clinical assessments and in particular the Intermediate Clinical Examination (paragraph 87 to 91).
- b. The School should continue to make progress in the delivery of inter-professional learning within the curriculum (paragraph 66).
- c. The School should consider allowing critical appraisal to continue into Year 5 of the curriculum (paragraph 26 to 27).
- d. The School may wish to consider the use of simulated patients and interpreters for developing the diversity outcomes and to expand SSCs to include more ethnicity outcomes (paragraph 105 to 106).
- e. The School should integrate ethics with law further into the curriculum. The visiting team will follow the progress within this area during the 2006/07 QABME cycle (paragraph 22).
- f. The visiting team congratulate the School on its staff development procedures so far strongly recommends that it continue to implement its training programme for the new teachers (paragraph 52 to 58).

Areas of innovation and good practice

13. The visiting team would like to commend the School on the following:
- a. The current level of a 60/40% split between hospital teaching and community based teaching respectively. The visiting team commend the School for approaching its target of an even split (paragraph 29, 59 and 60).
 - b. The quantity of protected clinical teaching time with consultants and GPs (paragraph 50 and 51).
 - c. The School's emphasis on pharmacology as a significant topic within the curriculum (paragraph 18).
 - d. The high standards of the teaching sites visited this year such as the clinical skills laboratory in Grimsby (paragraph 62 and 70 to 71).
 - e. That despite the student population being based over two central campuses, students were working extremely well as a 'single school' (paragraph 65).
 - f. The delivery and range of the Student Selected Components (SSCs). Students valued SSCs as an important and genuine learning experience within the course (paragraph 28 and 66).
 - g. The quality of the study guides and excellent documentation used by the students (paragraph 24).

Detail

History

14. The key developments that occurred at the School since the last visit in 2004/5 were:
- a. The appointment of Professor Ian Greer as the new Dean of Hull York Medical School.
 - b. The School's recent joining into the Universities Medical Assessment Partnership (UMAP).
 - c. The opening of the newly built Grimsby, Scarborough and Hull facilities and the Gillespie Building and clinical skills teaching space in York.

Curricular outcomes

15. Following the work undertaken in the visiting programme for 2005/06, the team has concluded that the curricular outcomes for the School's MBBS 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

16. Content and Delivery: The visiting team concluded that the curriculum content, structure and delivery of the School's MBBS programme meets the requirements of *Tomorrow's Doctors* (Sections 11 through 37 and 42 through 53) in accordance with Section 5(3) of the Medical Act 1983.

17. The visiting team agreed that the School should continue to develop and implement Phase 1 and 2 curriculum developments within appropriate timescales.

Content

18. The visiting team commended the School for introducing pharmacology as a core topic in the curriculum. The School reported that pharmacology and therapeutics would be incorporated into Year 3 and 4 of the curriculum based on the learning outcomes set by the British Pharmacological Society. Until now, pharmacology had been threaded through the curriculum in monthly sessions for both Hull and York students.

19. The School reported that public health content had been incorporated within Phase 2. The School was aware that one dedicated staff member was not sufficient to deliver adequate public health teaching and the public health Senior Lecturer reported that he needed more support. To address this, learning packages were being created by existing staff and being made available outside HYMS through IVIMEDS. The School would be assessing aspects of integrated public health in Year 4 students.

20. The visiting team suggested an increase in the resources and support for the delivery of public health. The School needs to ensure the subject is taught as an integral and important part of each stage of the curriculum either by clinicians or by specialist public health input. The team recognises that this component and its delivery in the curriculum has not yet been fully explored, and will conclude their review of this area in the next cycle.

21. The visiting team felt that students should be made fully aware of the causes, distribution, and control of disease in populations. The School needed to ensure that appropriate epidemiology teaching and public health was included at all stages of the course and in all clinical areas, again either by clinicians or by specialist public health input. The visiting team would like to see a curriculum map for public health and epidemiology in the 2006/07 QABME cycle and the staff involved who would deliver this.

22. The School reported that ethical outcomes were delivered at various points in the curriculum via patient cases and coordinated through a senior lecturer. Ethical issues that arose during a student's learning experience would be discussed within academic half days where students would congregate via teleconferencing. The School confirmed that Year 3 and Year 4 obstetrics and child health blocks would include ethical outcomes. The visiting team suggested that the School place more emphasis on the law and ethics aspect of medicine. The visiting team requested to meet the ethics senior lecturer and explore this topic further with students during the 2006/07 QABME cycle.

23. The visiting team was unsure whether students had sufficient exposure to cases involving chronically ill patients and particularly the longitudinal observation of patients in the community. The School encouraged students to visit patients in the 20% of the student timetable allocated to free time. To help to establish close relationships between tutors and students the School tried to ensure that no more than 4 tutors were involved in a partnership at any one time, of whom one would be designated leader.

24. The School reported that all systems were in place for the delivery of the Year 4 curriculum. Study guides were ready for publication, student timetables had been finalised and Consultant Partnerships had been arranged.

25. The School confirmed that Year 4 students would undertake critical appraisal of journal articles. This is where the students would find a problem with a patient and then look for a related journal article. The students would review statistics and outcomes for their proposed patient management.

26. The School confirmed that the critical appraisal thread had been incorporated into the first four years of the curriculum but that there had been no plans to include any more in Year 5, although the School reported that it would be comparatively easy to implement if required. The visiting team suggested that the School consider extending critical appraisal into Phase 3.

27. The School reported that plans for the Year 5 curriculum were progressing well. The School was now at the point of working on the safety and insurance matters surrounding the Year 5 elective placements. The visiting team wished to see full plans for the Year 5 curriculum in the 2006/07 QABME cycle.

Student Selected Studies (SSCs)

28. The visiting team was satisfied that there was true student selection outside of the core curriculum and felt that there was a suitable amount of variability in the assessment methods for the SSCs considering the different types of SSCs on offer. The visiting team noted that the SSCs were highly valued by the students and Year 3 students reported that occasionally, nurses were involved in the teaching of SSCs. Students were positive about SSCs having an important place in the curriculum.

Structure

Phase 2 Developments

29. Phase 2 was structured so that students spent most of their time on a series of clinical placements within an acute hospital setting and the community. The Phase 2 curriculum was centred on 64 patient presentations to create a problem based framework to the course. Learning outcomes were designed to relate to these presentations.

30. A large section of Phase 2 was founded on building consultation skills and receiving feedback. The School has held training sessions to support teachers to give effective feedback in accordance with the HYMS philosophy.

31. To help further develop the Phase 2 curriculum, Phase 1 teachers were involved with Phase 2 committees for the purpose of integrating Phase 1 contents into Phase 2 and 3 of the curriculum. The School would like to create a running link throughout the course to help students revisit topics.

Phase 3 (Year 5) Precepts

32. Phase 3 was planned to consist of one block in primary care and two blocks in secondary care, an elective and a 'free choice block', containing a small number of students per session.

33. Phase 3 would be largely structured so that students would shadow F1 trainees as preparation for entry into their foundation year. Students would be attached to foundation doctors enabling them to see patients on a daily basis. The School reported a potential vulnerability with this teaching structure as it might be difficult to deliver broadbased experience within an increasingly specialised environment. The visiting team noted that the School would need to teach F1s teaching skills as outlined in *Tomorrow's Doctors* (24 and 25) in order for the Phase 3 students to be taught effectively. The visiting team suggested they spoke with F1 trainees in the 2006/07 QABME cycle.

34. The School did not yet have any details about the amount of clinical and teacher time available for Phase 3 as the budget for Year 5 of the course had not been finalised. The visiting team asked to see the Phase 3 budget report as soon as it became available.

Delivering the curriculum

Supervisory structures

35. The internal quality assurance (QA) systems were considered robust, and the academic structures and staff/student committees in place ensured that the School

kept up to date with student feedback. The School integrated quality into the curriculum through feedback and observation.

36. The visiting team was shown comprehensive diagrams of how individuals may cross committees to discuss issues. Resulting feedback was placed into four categories to give an idea of the different areas the feedback represented. These were:

- a. Learning Environment
- b. University Teaching
- c. Clinical Placement Teaching
- d. Curriculum

37. For Phase 2, focus for teaching was placed on observation and feedback for both the students and tutors. The School had used student feedback from Phase 2 to review the way it delivered communication skills in Phase 1.

38. For Phase 3, the School reported that it would quality assure the process of its students being attached to F1 trainees through appropriate feedback forms. The School reported that it was considering the use of a 360-degree appraisal on its students. Both the School and the visiting team concluded that the supervisory structures for the delivery of Phase 3 idea were still in developing stages and would be followed up in the 2006/07 QABME cycle.

39. The School received evaluations from students via:

- a. Blackboard
- b. Block Questionnaires
- c. PBL Questionnaires

40. The School uses Blackboard to track students' immediate reaction to parts of the course. It was also a useful monitor of the future issues that may have arisen in staff and student committees. Response rates to online block evaluation questionnaires had been high, but there was a tendency for them to decline during the course of the year. Response rates for the evaluation of clinical placement teaching had been very high in Phase 1 and at 75% in Phase 2.

41. Student feedback to the School indicated that students enjoyed studying in the community. Year 3 students reported some difficulties in settling into 8-week placements but spoke positively about their early patient contact in Years 1 and 2 and were enjoying the variety of teaching and learning that they received.

42. The 2004/05 Annual Report stated that students did not feel that bio-practical sessions contributed towards helping them achieve their objectives (Paragraphs 38 and 39). For 2005/06 the School reported that students were now made to sign-up in

advance for the bio-practical sessions. Although there had been a few complaints about students not turning up for their allocated slots, attendance had improved for the resource sessions and bio-Practicals.

Staff Recruitment

43. Professor Ian Greer from Glasgow has been appointed as the successor to the Dean of Hull York Medical School. He will start his new appointment in January 2007.

44. The visiting team was impressed with the enthusiasm of the administrators and managers at the NHS Trusts about having an input into the Hull York Medical School's course. The School reported that it needed to recruit a more diverse teaching staff at all levels and was actively encouraging outside involvement.

45. The School had appointed five academic staff in the last year but recognised that it was a challenge to meet recruitment targets. The School had recruited several clinical skills facilitators for the delivery of clinical skills in Phase 2 and continued to recruit educational supervisors for the Year 4 students. Another eight positions were available over the course of the next 18 months including clinical academic positions. The visiting team has asked for further details of the specific appointments and the names and positions of those who have been recently appointed.

46. The school clarified verbally the current status and future plans for the teaching of public health, noting that the HYMS model of teaching provision engaged staff from other departments of both Universities as well as its own core staff and NHS colleagues. The visiting team indicated that it was primarily concerned with the actualities of the School delivering public health using the appropriate people.

47. The school reported that current staff paid from HYMS HEFCE budget (2.5 FTE) provided teaching covering public health, epidemiology, evidence based practice, and health resources.

48. In the 2006/07 academic year, there would be additional (part time) involvement of a lecturer in public health appointed to the University of York (public health trainee) and a part-time lecturer (0.2 FTE) appointed to the University of Hull (position shared with NHS).

49. The visiting team considered that there were a number of points concerning the teaching of public health which required further clarification and discussion. As the visiting team was unable to complete a full review of this aspect in the current cycle, they reported that they would be seeking to investigate these concerns fully with a view for resolution in the 2006/07 QABME cycle.

Clinical Placements

50. The School had recruited over 40 practices to deliver GP teaching in Phase 1 and 2 and accommodate the increasing student numbers. The GP teaching for Year 5 had not yet been finalised.

51. The School expanded its teaching unit to create more placements for students by recruiting an additional 30 to 40 consultants from the NHS workforce. The visiting team would like confirmation within the next QABME cycle that the School had recruited a sufficient number of practices and facilities for the final cohort.

Staff Development

52. The new consultant contract and job plans had ensured that adequate time was allocated to clinical teaching. The School had a clause in the contracts stating that funds could be withdrawn if the School was not satisfied that consultants in the trusts were meeting the requirements of the educational contract.

53. The visiting team was aware that the School was rolling out a training programme but the teachers reported that this was still under development. The more experienced HYMS teachers felt that the programme was not clearly structured and could be improved. Due to recent improvements, the newer teachers were satisfied with the training they had received. Teacher training study guides had been produced and released in advance of the start of the academic year, which were thought to be useful.

54. The School reported that 90% of clinical teachers had received their HYMS 'Train the Teachers' training. The School reported that it provided teaching locally. The visiting team noted the potential vulnerability of consultants teaching via the student-led approach for the first time who had not receiving any prior training. There had been no appointment for the position of staff development officer as yet.

55. The visiting team met with GP, academic and NHS consultant teachers. Peer review of teaching had been implemented and was well received. It was reported that ongoing training was available to all teachers, although attendance at these sessions was not compulsory. It was, however, compulsory for teachers to attend a particular teacher training session at the end of each academic year. Support was available throughout the year if teachers encountered difficulties. The visiting team was concerned that some of the teachers chose not to go on teacher training because they felt that their past experience was already sufficient.

56. The visiting team was informed that the School had offered additional training during the academic year, in order to assist teachers with the new developments to the assessment process. This was introduced in response to requests from the School's teaching staff. Teachers' commented that the training provided was largely restricted to video presentations and further detailed information from the School on the assessments themselves would have been helpful. The School reported that Video was introduced at the request of the staff as a key training tool.

57. The Senior lecturer in public health had provided guidance and formed relationships with colleagues, especially in primary care, for the purpose of staff training support. The School reported that they had plenty of NHS public health links which had resulted in active participation in curriculum development, but that there are particular difficulties for NHS colleagues at present due to the current re-organisation which have somewhat delayed expansion of capacity.

58. The School held a staff education conference in July 2006 that included a specific session on public health. The School reported that the conference had gone well and there had been opportunity for clinical teachers to network and share experiences. There were workshops on PBL, teaching of the basic sciences, bedside teaching for consultants, and student self-learning.

Teaching and learning

59. The visiting team noted that staff at the School were well motivated and commended the School's philosophy of the student-led approach to learning. The visiting team welcomed the news that the School was near the target of delivering half its teaching through community placements and half within hospital settings.

60. The School reported that it was proud of the way in which it had brought together the learning outcomes from the PBL virtual patients and the real patients met on clinical placement in Phase 1.

61. The visiting team observed a dermatology session for Year 3 students. The teaching was considered to be good but largely didactic in that although students were encouraged to respond to questions they had little opportunity to frame them. The visiting team noted that overall; students had a good learning experience.

62. The visiting team observed students within a hospice on a cancer learning block and noted their enthusiasm and the excellent learning environment. The session observed was student-led and the GP teacher appropriately prompted the students for questions and answers. The visiting team also observed students on a mental health block and felt the teaching to be of a high quality.

63. Year 3 students completed four Critically Appraised Topics (CATs) over the year. CATs provided students with experience in the application of evidence based medicine. It was placed within the clinical activities of each block so that the students could embed their learning within the clinical environment. The visiting team elicited some issues from students about the substantial quantity of written work that was required for case write-ups which is in addition to the CATs. The School responded that it was aware of this and have now reduced the number of case write-ups. The visiting team observed the annual staff training session for CATs and found the educational objectives of the CAT workshop to be well defined. Blackboard was used effectively as a resource to support this workshop. The staff gave positive feedback about their training sessions.

64. The School reported that Year 3 students each undertook a communication skills master class using simulated patients. A similar session may be set for the Year 4 students in 2007.

65. Students reported that they were satisfied with clinical teaching. The students reported that one of the best aspects of the course was learning at the different sites as this enabled interaction with other students.

66. The School reported that interprofessional learning had been fairly difficult to implement. The SSC options involved students working with a number of non-medics for example pharmacists. The School planned to introduce a training ward in September 2007 where different professionals would be available to teach such as physiotherapists, nurses and occupational therapists although the School expressed anxieties about potential difficulties of engaging the other professions.

Academic Half Days

67. The School used academic half days and Weekly Signposts to guide the students on their weekly learning objectives. Weekly Signposts were the online introductory session at the beginnings of each week where a powerpoint presentation was given in place of lectures to direct students towards the main issues to consider. The School did not track how many students accessed the Weekly Signposts. Academic half days were seen as the wrap up sessions when students could discuss topics they had been exposed to throughout the week.

68. The visiting team observed the academic half day and understood and was satisfied that the objective of the session was for students to present their observations for the week and go into clinical detail about some of their cases. The size of the groups was considered to be appropriate enough to encourage discussion however in practice, some students dominated discussion while others remained silent. Students who did not have any general or specific questions to ask from their week's experiences would be asked to present a case for that week instead.

Year 3 SSC Presentations

69. The visiting team observed a sample of Year 3 SSC presentations in the 2004/05 QABME cycle and noted significant variability. Further SSC presentations were sampled in 2006 and continuing variability on the presentation and communication skills of the students were noted. The visiting team felt that while some of the presentations were superb, the content of some other presentations did not reflect three weeks preparation, as the review of evidence was often superficial and they appeared light on medical content. Overall, the visiting team agreed that the wide variety of topics worked well, with some focused particularly on public health and ethical issues.

Learning resources and facilities

70. The visiting team noted the new clinical skills labs and new developments in Grimsby and Hull as spacious and impressive. The visiting team commended the way in which the School allowed Sheffield students to share the Hull York Medical School facilities in Grimsby including those at the education centre at the Diana Princess of Wales Hospital. The visiting team noted that the Cleve Medical Surgery in Grimsby was a large practice with 10 partners and 17 consulting rooms. The visiting

team felt it was an excellent facility in which students could learn alongside other professional health trainees and junior doctors.

71. The Gillespie Building, clinical skills facilities area in York had been completed to a high standard. Facilities at the mental health units in Scarborough and York had also been completed and would improve opportunities to develop clinical skills teaching. The School was waiting for similar facilities to be developed on the Hull site. The visiting team would visit these facilities and the new development in Scunthorpe during the 2006/07 QABME cycle.

72. The School reported that it had no anxieties about the increasing number of students, and that the funds were available to appropriately deliver clinical teaching. Additionally the School confirmed that their IT network was available across the entire School's site. The visiting team was satisfied that the current facilities were appropriate for the number of students at Hull York.

Student selection

73. The School reported that its black minority and ethnic student figures were in line with the national average. The visiting team remained satisfied that the student selection and admissions policies were appropriate.

74. HYMS reported that next year the UK CAT would be used to admission test prospective students. The School would conduct an analysis to check whether testing improved the quality of admissions or not.

Student support, guidance and feedback

Support

75. The school trains its students to complete their evaluations of clinical placements to maximise the effectiveness and reliability of the process and its results.

76. GPs took on the role of educational supervisors, which was appropriate given that they were in regular contact with students.

77. Some students on clinical placements stated that often the University student liaison was not as easily accessible as a line of support as they might wish.

Feedback (to students)

78. The visiting team observed a clinical teacher within the mental health block appraising students in a relaxed and constructive manner. The visiting team was impressed with the fifteen minutes feedback students received for their OSLEs, patient cases and CATs. The feedback was thorough and ideas were proposed on

how students could improve in the future. Students appeared to find the feedback useful.

Assessing student performance and competence

79. The visiting team has concluded that the assessment of students' performance and competence aspects of the School's MBBS programme 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

80. The School had recently joined the Universities Medical Assessment Partnership (UMAP), which offered additional access to a large question bank. The School intended to use UMAP to reduce inconsistencies in marking patterns.

81. The School reported that previous issues about producing examination papers on time had been rectified. The School had since introduced specific examiner training sessions to deal with variability in marking, particularly the importance of making full use of the marking scale.

Assessment procedures

82. The same committees used to develop the Phase 1 assessments were also beginning to develop questions for the Phase 2 assessments. Originally external examiners were involved either in Phase 1 or 2, but the School planned to ask some external examiners to work across both Phases so that an overview of all the assessments could be achieved.

83. The School reported that it planned for Phase 2 exam papers to assess utilisation of knowledge as far as possible. At the end of Phase 2 the School planned to use assessment papers which would incorporate multiple essay and multiple choice questions developed along the themes of:

- a. Two papers, one for Theme Cluster A (life and clinical science) and one for Theme Cluster C (evidence based decision making, public health and medicine, managing resources) would be set. These papers would use the same model and standard setting methods as those used for Phase 1.
- b. A clinical examination that would be based on Leicester's Assessment Package (LAP) to test Theme Cluster B competencies (clinical skills, patient centred care).

84. The School planned to use a series of 25-minute consultations in an OSLER (Objective Structured Long Examination Record) based on the LAP with modifications to the Competences in line with the Calgary Cambridge competencies. The School reported that it had changed the grade descriptors from earlier versions

of the LAP but the same marking system would be used. For standard setting the School would explore the use of the borderline group method.

Observed Structured Clinical Practical Examinations (OSCOPE)

85. The School conducted a Phase 1 OSCPE as a standalone clinical examination for the first time in June 2005. A new OSCPE working group had been established to review the station content and possibly combine some of the stations to allow for more time. The working group had finalised a new OSCPE by March 2006 for which had external examiner approval. The School reported that it now had 10-minute OSCPE stations in Year 2 that worked very well. The stations were able to demonstrate the progression of student skills and the committees was satisfied with this.

86. The visiting team was reassured by the OSCPE proposals for Phase 1. The visiting team would again observe an OSCPE in the next QABME cycle so that it could be completely satisfied with the procedures and the assessment content for 2006/07.

Intermediate Clinical Practice Exam (ICPE)

87. The School described how the ICPE in Phase 2 was structured so that all students examined two patients sequentially. If students were not entirely satisfactory on this assessment or there had been previous anxieties about their performance in the course, they were required to examine three further patients. If students received fail marks across all five patients, then they were required to take a resit exam. The School reported that the ICPE was designed to ensure students demonstrated an appropriate level of competency across a range of patients at a time when it was possible to put in some remediation. Those who failed the ICPE resits would normally have their course terminated.

88. The visiting team had some issues about the reliability and validity of the ICPE. The School responded that it was using the exam to identify those who had problems with the practice of clinical medicine. The ICPE would primarily be assessing clinical methods, history taking physical examination and clinical reasoning skills. The visiting team felt that the use of only two patients for the majority of students was not sufficiently reliable as a basis for a decision about their competence. History taking and examination were case specific and could not be generalised. The visiting team would like the School to consider increasing the number of cases seen by all students. The School recognised the need for a valid and reliable assessment system without over examining.

Phase 3 Assessments

89. The School described plans for a clinical Observed Structured Long Examination Records (OSLER) to increase the reliability of assessment marks in the final examinations. A written paper on therapeutics would occur a block before the

finals which would examine drug management in a comprehensive way. There would be opportunity to resit this assessment if needed.

90. The School reported that the final assessment package in Phase 3 would incorporate an OSCE in which clinical skills would be formally assessed.

91. The School reported that psychiatry would be formatively assessed in Year 3 and obstetrics and gynaecology would be assessed in Year 4. There would be a generic exam covering the whole course for the Year 5 final exams.

Examiner Training

92. The School reported it trained all new examiners. Videos had been made of the examination process. These were then reviewed by groups of putative examiners who marked the student performance and then discussed the results. The School acknowledged that it was difficult to get examiners across the two sites to attend for training. Experienced examiners were paired up with new examiners.

Appraisal

93. Staff reported they regularly carried out appraisals of students and received training to do this. Educational supervisors would oversee four students at a time and complete a report, which covered the professionalism, and clinical experience of each student at the end of their 8-week placement.

94. Students reported they completed 'educational prescriptions' which stated the areas in which they had most improved and areas that required further attention. Students reported that for each block in Phase 1 they were required to meet with their educational supervisors to receive feedback and talk through their progress. The visiting team commended this method, which also operates in Phase 2.

Student progress

95. Out of a total of 112 students in the first cohort, 6 would receive a distinction in Phase 1. Changes had been introduced in the thresholds for merits and distinctions on the advice of the external examiners.

96. The School confirmed that students in the first cohort would receive merits for Phase 1. The School reported that it had not yet considered how this would best link to students being considered for their F1 posts. The visiting team advised the School to discuss with students their progression into the foundation years and the application process through the postgraduate deaneries.

97. The School reported that although the level of clinical skills were quite high, it was aware that some students were not reaching the desired standard of basic clinical skills and acknowledged that it needed to ensure staff identified struggling students much earlier in the course.

98. The School reported that its fitness to practice procedures needed to develop the thresholds to decide which issues would reach which levels. The School reported that its procedures were forming quite well especially since it was working with two universities with established student conduct policies.

Student health and conduct

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

100. The visiting team was satisfied that students were aware of the health and conduct policies and knew about the various channels through which they could raise an issue.

101. The School reported that more guidance on student conduct would be included in the 2006/07 student handbook including information on appropriate behaviour and seeking help with regards to low level problems.

102. The students confirmed that they were aware of the whistleblowing system. One student reported that an incident that he/she had reported had been dealt with effectively.

103. Students demonstrated that they were clear about what to do in the event of fellow students having problems. Students cited the student liaison officer or education supervisors as being the first points of contact. If there was any doubt about the course of action to take most of the students cited Blackboard as a way of obtaining useful information.

104. Students were clear about the School's plagiarism guidelines, having signed a declaration when they first enrolled in the medical school. The message was reinforced each year to ensure students understood its importance. The School reported it was working on written guidance for plagiarism that incorporated both the Hull and York guidelines. Students were aware that there was heightened interest in this area as plagiarism most often occurred within SSCs.

Reflecting Contemporary Society

105. The School reported that there was a limited ethnic population in East Yorkshire for students to have exposure to different ethnicities. Even so there had been a strong commitment to promote equality and value diversity in both the curriculum and the organisation at Hull York Medical School. The School was considering strengthening the learning outcomes that would focus on diversity issues within medicine.

106. The School reported that there had been little progress in the area of equality and diversity since 2004/05. Diversity was frequently featured within the Phase 1 curriculum and there were a number of social scientists heavily involved in its

delivery. Virtual patients introduced diversity issues and these topics had been incorporated into the course. The School reported it actively highlighted issues about perceived discrimination within the School such as those towards mature students or those belonging to particular faith groups. The School held workshops that were well received and students requested that they be introduced into each year group. The visiting team suggested the School make links with refugees or work with interpreters to increase learning within this area. The School reported that it had already incorporated some aspects of diversity within the SSC options for example in 'ethnicity and health' and 'British sign language' modules.

107. The School reported that students took part in highly structured primary and secondary care clinical sessions, which supported in particular the objectives of the 'person centred care' theme.

Future working

108. Next year will be an important one for the School as it approaches the end of the QABME accreditation process and the need to resolve any outstanding issues raised by the visiting team. The School and the visiting team will be aiming to request approval for accreditation to the Education Committee at the conclusion of the visit cycle in 2007.

109. Full details on the completion of the QABME review and accreditation are available in separate guidance available from the General Medical Council. The School has been briefed on these steps at the end of this cycle, and will receive a full briefing at the beginning of the visit cycle for 2007.

110. The visiting team would like to wish the School well with Year 4 of its new curriculum.

Next steps

111. In addition to the follow up of any requirements listed in this report, the primary focus of the visiting team in the next cycle will be:

- a. Observation of Clinical Teaching within NHS Trusts
- b. Observation of the Intermediate Clinical Examination in Year 4
- c. Observation of OSLEs
- d. Observation of Year 1 OSCPE
- e. Observation of Year 2 OSCPE
- f. A Review of updates within the Curriculum for Years 3 and 4
- g. A Review of updates within the Curriculum Development for Year 5

h. Observation of the new teaching facilities in Scunthorpe, Scarborough, and the new facility in Hull.

112. Other issues may be added to this list before and during visits commencing in 2006/07.

Acknowledgement

113. The GMC and visiting team would like to thank Hull York Medical School for their cooperation from all those they came into contact with during the course of the 2005/06 review.

Signed:.....

Dated:.....

Professor Peter Rubin,
Chairman, GMC's Education Committee,
Regent's Place,
350 Euston Road,
London NW1 3JN.

Dear Peter,

Education Committee Findings for Hull York Medical School 2005-2006
Quality Assurance of Basic Medical Education.

Thank you for the report. On behalf of the Universities of Hull and York and their NHS partners, and the staff and students of the Hull York Medical School, I thank the visiting team for their patient and helpful engagement with us, and look forward to the resolution of all outstanding issues raised by the visiting team, so that completion of the QABME review and approval for accreditation can take place at the conclusion of the visit cycle for 2007.

Yours sincerely,

WJ Gillespie,
Dean, Hull York Medical School

**Response of the Hull York Medical School to the final report to the GMC
Education Committee on the quality assurance programme for the new
Medical School established at the Universities of Hull and York.**

November 2006

GMC Education Committee Requirements

114. The School is required to ensure that staff are able to identify struggling students so that these students may receive the necessary help in reaching the desired standard of basic clinical skills (paragraph 97).

HYMS notes this requirement and will report progress to the visiting team during the 2007 QABME cycle. There has already been substantial financial investment in clinical skills facilities and training in all our NHS localities. However, we have identified the need to improve communication between attachments on progress with generic skills. Good communication is specially important in a geographically distributed programme; we have made, and will continue to make, a considerable investment of energy to maintain and improve it.

In discussion with the visiting team, we had ourselves raised this issue using the example of a single student about whom we had specific concerns rather than a general concern about clinical skills. We are pleased that our external examiners' reports and reports from the HYMS visiting team continue to indicate satisfaction with the overall level of clinical skills training at HYMS

GMC Education Committee Suggestions for Quality Enhancement

115. The team have highlighted the following suggested areas for quality enhancement that should be considered by the Hull York Medical School:

- a. The School should carefully review the reliability and validity of the clinical assessments and in particular the Intermediate Clinical Examination (paragraph 87 to 91).

Agreed. We will continue to review the reliability and validity of all our assessments.

- b. The School should continue to make progress in the delivery of inter-professional learning within the curriculum (paragraph 66).

Agreed. We are now making progress with inter-professional learning through the establishment of a training ward programme in year 5. This initiative will depend critically on the restoration of predicted levels of SIFT funding in the financial year 2006-07.

- c. The School should consider allowing critical appraisal to continue into Year 5 of the curriculum (paragraph 26 to 27).

Agreed. That has always been our intention.

- d. The School may wish to consider the use of simulated patients and interpreters for developing the diversity outcomes and to expand SSCs to include more ethnicity outcomes (paragraph 105 to 106).

Agreed. We will expand our use of simulated patients accordingly, and introduce more experience with interpreters.

- e. The School should integrate ethics with law further into the curriculum. The visiting team will follow the progress within this area during the 2006/07 QABME cycle (paragraph 22).

Agreed. Ethics and law are components of our integrated programme, and we recognise the need to continue that through to Year 5.

- f. The visiting team congratulate the School on its staff development procedures so far strongly recommends that it continue to implement its training programme for the new teachers (paragraph 52 to 58).

Thank you. We intend to do that.

GMC Education Committee issues for the next cycle

111. In addition to the follow up of any requirements listed in this report, the primary focus of the visiting team in the next cycle will be:

- a. Observation of Clinical Teaching within NHS Trusts
- b. Observation of the Intermediate Clinical Examination in Year 4
- c. Observation of OSLEs
- d. Observation of Year 1 OSCPE
- e. Observation of Year 2 OSCPE
- f. A Review of updates within the Curriculum for Years 3 and 4
- g. A Review of updates within the Curriculum Development for Year 5
- h. Observation of the new teaching facilities in Scunthorpe, Scarborough, and the new facility in Hull.

HYMS notes these expectations and will make the necessary arrangements in collaboration with the secretariat of the GMC Education Committee.

HYMS also notes other proposals for 2006-2007 that the visiting team would like to include during their visits and will make the necessary arrangements .

- ***Seeing a curriculum map for public health and epidemiology in the 2006/07 QABME cycle and the staff involved who would deliver this (paragraph 21 of the report).***
- ***Speaking with F1 trainees (paragraph 33 of the report)***