

Quality Assurance of Basic Medical Education

Report on Hull York Medical School

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice

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The GMC's role in medical education

1. The Education Committee of the General Medical Council (GMC) sets and monitors standards in medical education. The standards for undergraduate medical education are set out in the publication *Tomorrow's Doctors*.
2. In order to ensure that UK medical schools maintain these standards the GMC runs a quality assurance programme, which involves regular assessments and visits to schools. This programme is called Quality Assurance of Basic Medical Education (QABME) and is carried out on behalf of the GMC Education Committee by a team of medical and educational professionals, student representatives and lay members.
3. The team makes determinations as to whether these schools are meeting the standards in *Tomorrow's Doctors* after analysing extensive school documentation and completing a range of quality assurance activities at the School and partner institutions. The determinations in this report have been endorsed by the GMC Education Committee.

Introduction

4. This is the annual QABME report to the Education Committee of the General Medical Council on the quality assurance programme for the Hull York Medical School (the School) for 2006/07. This report forms the basis for a recommendation to the Privy Council enabling graduates of Hull York Medical School to be awarded a UK primary medical qualification.

5. The School has been established as part of the national expansion of medical schools. Having accepted its first students in September 2003, the School aims to deliver a fully integrated curriculum using problem-based learning supported by a virtual learning environment to deliver the same curriculum across the Hull and York campuses and NHS facilities across the region. Students experience clinical placements weekly from the outset, spending time equally in hospital and community settings. The School currently has over 550 students on its MBBS course.

The QABME team

6. The visiting team members appointed by the GMC Education Committee to undertake the quality assurance visits were:

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

7. Miss Coreen Beckford (GMC Education Quality Officer) supported the team.

Our programme of visits in 2006/07

8. The first GMC visit to the School took place in January 2002. The team visited the School twice in each of 2002 and 2003 and on four occasions in each of 2004, 2005, and 2006.

9. The team conducted five quality assurance visits on: 9 February; 12 and 13 April; 6 June; 11 and 12 July; and 20 July 2007. This report focuses only on the 2006/07 review and is not a summary report on the whole process.

10. The findings of the team have been reached by reviewing evidence submitted by the School and undertaking the following activities:

- a. Meetings with a variety of School representatives.
- b. Site visits to various NHS Trusts and GP practices.
- c. Discussions with students and teachers.
- d. Observations of the School facilities.

The report

Summary of our key findings

11. In accordance with the Education Committee's power to make determinations in Section 5(3) of the Medical Act 1983, we concluded that the School's MBBS programme is meeting the requirements of *Tomorrow's Doctors* in respect of the first four years of its course.

12. On this basis, and to enable graduates to be registered in a timely manner for the new degree, we recommend that completion of the Hull York Medical School MBBS should result in the award of a UK primary medical qualification.

13. As it is not possible to observe the full delivery of the MBBS course before accreditation, we plan to undertake the following quality assurance activities to assess the quality of content and delivery of Year 5 of the MBBS during November to December 2007:

- a. Meet with Year 5 students.
- b. Observation of Year 5 teaching including the large group teaching sessions.
- c. Observation of Year 5 placements on the training ward.
- d. Confirm findings on how students are informed on the availability and accessibility of student support on both campuses.

14. We plan to undertake the following quality assurance monitoring activities in mid 2008:

- a. Observation of the final examination and progress board meetings.
- b. Observation of the Year 5 assessments.
- c. Monitoring of the School's progress with its public health and other new appointments (Recommendation 25a).

2006/07 update

15. The School had one requirement in the last QABME report for 2005/06, which was to ensure that its staff are able to identify vulnerable students so that these students may receive the necessary help in achieving the required clinical skills. We reviewed documentation relating to the School's provision for vulnerable students and were satisfied that appropriate measures were in place.

Requirements

16. There are no requirements in the findings of this report.

Recommendations

17. To enhance the quality of its MBBS programme we advise the School to:
- a. Recruit the planned additional teaching staff as indicated in the staff build plans. In particular, the School should ensure adequate staffing for its Public Health programmes. As noted in previous years, it was and remains our findings that these posts are important to the School's ability to deliver effective teaching in clinical placements across the full five year curriculum (paragraph 25).
 - b. Take a firmer line regarding attendance at mandatory tutor training and invest in providing more opportunities for staff and placement tutor development training. This will ensure that, across the large number of placement sites, the curriculum is delivered by teachers who have been trained to deliver the programme (paragraph 34).
 - c. Review the Year 4 intermediate clinical examinations and consider whether modification in the future may be needed (paragraph 45).

Areas of innovation and good practice

18. We commend the School on the following areas of good practice:
- a. The joint working with teaching staff in the Department of Health Sciences in York to enhance the public health curriculum (paragraph 23).
 - b. The School's achievement of reaching its target and delivering almost half of its teaching through community based placements (paragraph 29).
 - c. The advancement of the inter-professional training ward plans (paragraph 35).
 - d. The development of a comprehensive approach to capturing Fitness to Practise events (paragraph 50).

Curricular outcomes, content, structure and delivery

Content

19. We received a presentation and update on the School's vision for the final year of the course and were satisfied with the progress on the Year 5 curriculum.

The scientific basis of practice

20. We were satisfied with the teaching sessions and assessments observed relating to scientific learning. We observed teaching sessions and skills-based assessments, scrutinised exam papers and examination marks. From observation of teaching sessions and analysis of exam results, we found that students had acquired a satisfactory knowledge of the basic and clinical sciences up until the end of Year 4 of the programme.

Treatment

21. Students have opportunities to learn about the principles of treatment. However we were concerned that students did not yet seem to be systematically incorporating approaches to patient investigation and management into discussion of clinical problems. Three team members observed a video-linked session in which students presented information and illustrative cases on drug monitoring. The presentations focused on patient perspectives rather than approaches to patient investigation and management. These presentations were followed immediately by a staff plenary. We anticipate a greater emphasis on this area during Year 5 of the course as this is when students will be assessed on treatment.

Clinical and practical skills

22. We observed clinical teaching sessions at a number of the School's sites. A clinical skills session observed at Scarborough District General Hospital effectively taught the students how to perform rectal examinations, recognise gastro-intestinal 'alarm' symptoms and deliver bedside patient care. The session was well delivered. We also observed a teaching session focused on asthma and allergies at Scunthorpe General Hospital. The tutor gave a thorough overview of allergies including treatment and current research. The students were well read and displayed relevant knowledge of basic sciences including clinical applications. Students are able to volunteer to observe many clinical procedures outside those practised within the curriculum, including ultrasounds and minor operations.

The health of the public

23. Public Health is delivered as a longitudinal theme throughout the curriculum in the first two Phases. Students are encouraged to think more broadly of patients outside the consultation room as part of their professional responsibilities.

We commended the School's use of staff in the Department of Health Sciences in York to enhance the public health curriculum.

24. Year 4 students confirmed that immunisation, epidemiology, patterns of disease, diabetes and screening were all covered in the General Practice teaching sessions. We were satisfied overall with the delivery of public health teaching but considered the School needed to focus on ensuring that the public health outcomes were being achieved in clinical teaching.

25. Although the School appeared to be doing well in training and liaising with GP placement providers on public health outcomes, this success is attributable to a very small team of teaching staff that concentrate primarily on GP placements. Core public health teaching sessions are the sole responsibility of a single staff member. Given the strong community focus of the School's curriculum, these limited staff resources are seen as a potential risk to the success of the programme. Recruitment of additional dedicated public health teaching staff should be a priority for the school. We plan to monitor the recruitment of planned new public health posts and continue to look for evidence that the School's principles are being embedded into clinical practice in Year 5.

The individual within society

26. We note that ethnic diversity in the local community is limited. Nonetheless Year 3 and 4 students demonstrated awareness of diversity issues and felt that the School proactively addressed ethnic and religious issues outside the curriculum as well as through optional lectures and student selected components (SSCs). The School supports learning through a computerised virtual learning environment that hosts scenarios based on ethnically diverse patients.

Structure

27. The Year 5 framework will be based on eight week attachments. Final Year students will be expected to act as assistant interns and will take the lead when seeing patients although under close supervision.

28. The School's SSCs are satisfactory in breadth and depth however some options are dependent on the campus location.

Delivering the curriculum

Supervisory structures

29. We were satisfied that the School has systems in place to ensure that the recruited General Practices are of sufficient quality. The GP teachers receive teacher training and are monitored.

30. GP teachers in Barton reported that the level of contact between teachers on the periphery and central staff at Hull and York met their needs but could be improved. The GPs liaise with the student liaison officer in Scunthorpe when a student or staff issue arises.

31. The internal quality assurance tools employed by the School include:

- a. Year 1 and 2 student focus groups where students can feed back their experiences.
- b. A diary questionnaire for Year 3 and 4 students to record what they do and act as a source to feedback their learning experiences.
- c. Group sessions capturing tutor feedback. The School feels that the group environment moderates students' views of tutors.
- d. An annual review with each Trust.

32. The School's internal quality assurance arrangements may be refined but the processes are unlikely to change after the QABME annual process has ceased. We reviewed a comprehensive document outlining all QA processes beyond 2008. We were satisfied that the overall structure of the arrangements for governance was appropriate for the task.

Staff development

33. We were pleased to note that the School develops staff through a comprehensive teacher training strategy encompassing all tutors and educational supervisors. The School runs a Certificate of Clinical Education with the University of Newcastle where every year 12 tutors can complete a medical education course. GP tutors and clinicians who had received training reported that the training had been in-depth, and well attended. The training on student assessments had been useful. We therefore support the School's ambition to provide more in-depth opportunities for tutors to obtain educational qualifications in the future.

34. Given the heavy reliance on geographically diverse clinical and GP teachers to deliver the community based programme (over 300 tutors in primary and secondary care), we consider that teacher development training is critical to ensuring all the curriculum is delivered through quality teaching across all placements. We received documentation indicating that over most sites, between 80 and 100% of core tutors had received training. We therefore recommend a stronger approach to mandatory teacher training and more tutor development opportunities in order for it to be delivered effectively.

Inter-professional learning

35. The School is developing a training ward in Goole for final year students. The training ward will be a medical and post surgical rehabilitation ward and will require both medical and nursing students to work within a multi-disciplinary team. The focus

of learning outcomes for the ward placement will be inter-professional practice and learning. Physiotherapy and occupational therapy students will also participate in the running of the ward in future. We look forward to seeing the training ward in action.

Teaching sessions

36. We note the high quality of teaching across the various sites including York, Malton, Scarborough and Scunthorpe. The attitudes and behaviour displayed by students and tutors were appropriate. The problem-based learning sessions observed encouraged group-directed learning and teamwork. We found that the clinical skills teaching at Scunthorpe and Scarborough was excellent.

Intercalated degrees

37. The School offers a number of intercalated degrees including subjects such as biology, anatomy, applied ethics and sport science. Year 3 students felt that intercalated degrees were preferred for London foundation year placements. We were impressed with the School's approach towards intercalating degrees. The School has doubled the number of students intercalating in two years so that 10% of students now intercalate at Year 3. We understand that the targets for intercalation have ambitiously been raised to 40% of students who do not already have a Degree.

Learning resources and facilities

38. The School's buildings at Scarborough and Scunthorpe have excellent facilities, including a dedicated clinical skills laboratory. The IT facilities were excellent and the teaching facilities at York Hospital were impressive. Resources across sites included purpose built teaching suites, clinical skills teaching areas, seminar rooms, and a teaching ward. Transport between sites did not appear to have been a problem.

39. The School recruited additional General Practices to deliver its curriculum in the Final Year and has additional General Practices on a waiting list. We are satisfied that the School has recruited sufficient General Practices to deliver the full five year course.

Student selection

40. We reviewed the School's selection process by examining admissions statistics and holding discussions with the School. The School has several widening participation projects running at present and its handling of disadvantaged prospective students. We are satisfied that the School has an appropriate widening participation strategy and that its selection procedures are fair, transparent and coherent.

Student support, guidance and feedback

41. Students communicated varying attitudes toward the level of pastoral support they received from the School but on balance were satisfied. We spoke with Year 4 students who were enjoying the course and felt well supported.

42. The School held a focus group with Year 2 students about their concerns regarding student support. There is now a flowchart in the handbooks about where to go for help. If students do not wish to discuss a problem with their problem-based learning tutors then there are alternatives, including senior advisors who are available to help with problems.

Assessing student performance and competence

Assessment principles and procedures

43. We were satisfied that the School is meeting requirements for the first four years of its course and that its plans for assessment in Year 5 are consistent with *Tomorrow's Doctors*. We plan to review the final examinations in 2007/08.

44. We observed a Year 2 OSCE during this QABME cycle. In comparison to a Year 2 OSCE observed in 2005, we found the examiners marked more consistently. The standard of dress of candidates had improved and the standard of their clinical skills had increased. We noted that students were observed at all times of the assessment period.

45. We observed the Year 4 intermediate clinical examination, which took the form of up to five Objective Structured Long Examination Records (OSLERs) over a two day period. Each OSLER lasted 25 minutes and was marked independently, by two examiners. Although we were happy with the principle of independent marking to increase the reliability of results, we observed that this was not implemented consistently. We were also concerned about the potential of the initial two case examinations to misclassify students due to the variation in complexity of the clinical problems presented and the issues of content specificity and generalisability. However we noted that the intention was to call back many more students than would ultimately fail to avoid those with inadequate skills passing on the first day. In fact 24% were recalled. 5% ultimately failed; all had performed poorly on the first day. Although the examination was well managed and applied fairly to students, we recommend that the results of this assessment be evaluated to ensure it reflects performance in Year 4 and predicts performance in Year 5 examinations.

46. We found the Final Year assessment plans to be satisfactory, particularly as an additional Objective Structured Clinical Exam (OSCE) will now be included. The format of the non-OSCE part of this assessment is based on the Leicester Assessment Package. We were reassured at plans to train examiners via video training and pre-exam briefings.

47. We observed the Board of Examiners meeting. Students' mitigating circumstances were considered a few hours prior to the Phase 2 Board (Years 3 and 4) taking place. We were satisfied that the Board of Examiners was run in accordance with *Tomorrow's Doctors*.

Appraisal

48. Year 1 and 2 students were appraised twice a year by their PBL facilitators. Year 3 and 4 students were appraised at the end of each block. Year 5 students will receive an appraisal every 8-weeks at the end of their teaching blocks. Year 3 students reported that staff at the Grimsby site were good at providing feedback. Students liked this and the School would like its other partner institutions to follow this method as good practice.

Student progress

49. The School had a process to monitor vulnerable students. We were presented with a report that tracked the academic progress of all Year 4 students. Staff use this approach to identify worrying patterns of performance and arrange a meeting with the tutor. We reviewed a range of documentation and statements that clearly outlined the School's procedures for handling vulnerable students. We were satisfied that appropriate structures are in place.

Student health and conduct

50. The School has a comprehensive approach towards capturing Fitness to Practise (FtP) events. A large number of students enter the School's FtP system with incidents below the threshold for triggering FtP procedures and these are noted as recorded concerns. As part of an annual process all students sign a Conditions of Training Agreement which included a declaration that they are fit to practise and will report any subsequent FtP matters. The FtP Committee is required to confirm that all students remain in good standing as a requirement for progression. We commended this approach.

Acknowledgement

51. The GMC would like to thank Hull York Medical School and those we met for their co-operation during the course of the 2006/07 review.

7 December 2007

Professor Peter Rubin
Chairman
Education Committee
General Medical Council
2nd Floor, Regents Place
350 Euston Road
London NW1 3JN

Dear Peter

Re: Final Report on QABME Visits to Hull York Medical School for 2006/07

Thank you for your letter of 22 November 2007 regarding the above.

Firstly, can I say that we are delighted that the Education Committee has confirmed that a medical degree awarded by the Hull York Medical School be recognised as a UK primary medical qualification.

We are indebted to the visiting team for their input into the development of HYMS over the last few years we believe that the interaction has played a key role in our success.

We are grateful for your kind comments regarding the areas of innovation and good practice identified in the report and your commendation of our achievement in reaching our target of delivering almost half the teaching in community-based placements.

With regards to the recommendations we have discussed these with the team visiting in November but in brief we would confirm that:

- a) We will recruit the planned additional teaching staff as indicated in the staff build. In particular it was highlighted that we should ensure that we have got adequate staff for our public health programmes. There is a paucity of public health academic clinicians in the UK. However we have targeted appointments in areas such as epidemiology, recruited additional part-time staff to deliver public health teaching in the curriculum and also the employment of an additional academic clinician focussed on public health.
- b) With regards to mandatory tutor training, we agree entirely that we need teacher development and training, which is critical to ensure that all of the curriculum is delivered through quality teaching across all placements. We have already achieved such training in between 85 and 100% of core tutors and most of the teaching sites are continuing



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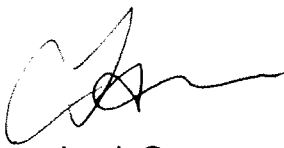
to develop this further. Indeed we are currently developing our own postgraduate courses and qualifications in Medical Education aimed principally at our tutors to ensure that they are optimally placed to deliver our curriculum. As we review our teaching provision we will ensure that such development is an essential part of our contract with the teachers. In addition we are in the final stages of developing a comprehensive database that will allow us to identify those tutors which have undertaken all aspects of training in order to facilitate implementation of the steps listed above.

- c) With regards to the review of the Year 4 intermediate clinical examinations and whether or not it requires modifications in the future, we were able to share statistics emanating from this fourth year clinical examination with the visiting team in November. These statistics indicated the sequential nature of the examination which we employed appears to be working satisfactorily. Clearly it is critical that we continue to collect data in a prospective longitudinal way and we are committed to this. This will allow us to modify the examination appropriately to ensure it is optimal for our purposes.

I enclose an action plan in relation to the other points.

Kind regards,

Yours sincerely



Ian A Greer
Dean, Hull York Medical School

**Action Plan Timeline for recommendations arising from the QABME visits to Hull York Medical School
for 2006/2007**

1. Recruitment of Additional Teaching Staff

- 1.1. Appointment of Senior Lecturer in Medical Education (York) - interviews December 2007
- 1.2. Appointment of Senior Lecturer in Medicine with responsibility for assessment (Hull) - January 2008
- 1.3. Chair of Epidemiology - to contribute to teaching in the area of public health - advertisement January 2008, in post by summer 2008
- 1.4. Recruitment of additional teaching staff in public health - one part time post in place October 2007, second post planned from spring 2008.
- 1.5. Additional senior clinical academic positions are currently being developed in concert with the Trust hospitals delivering clinical services and we would anticipate that these would be advertised in 2008.

2. Tutor Training and Development

- 2.1. Database in place spring 2008 to provide information on the training position of all tutors.
- 2.2. Review of contractual changes of PBL tutors with incorporation of training needs as a requirement - autumn 2008.
- 2.3. Introduction of a Certificate in Medical Education from HYMS to facilitate tutor development - October 2008.

3. Review of Year 4 Intermediate Clinical Examination

Initial evaluation completed autumn 2007 with any necessary revisions of the intermediate clinical examination in place for summer 2008.