

# Quality Assurance of Basic Medical Education

Report on University of Keele  
School of Medicine

October 2010

General  
Medical  
Council

Regulating doctors  
Ensuring good medical practice

# Contents

---

The GMC's role in medical education.....	2
Introduction .....	3
The QABME team.....	3
Our programme of visits in 2009/10.....	4
Summary of our key findings .....	5
Requirements.....	5
Recommendations .....	5
Areas of innovation and good practice .....	5
Priorities for 2010/11.....	6
Curricular outcomes, content, structure and delivery.....	6
Outcomes.....	6
<i>The scientific basis of practice</i> .....	8
<i>Treatment</i> .....	8
<i>Clinical and practical skills</i> .....	8
<i>Teaching skills</i> .....	9
<i>General skills</i> .....	9
<i>The working environment</i> .....	9
<i>Medico-legal and ethical issues</i> .....	9
<i>The health of the public</i> .....	9
Structure .....	10
Delivering the curriculum.....	10
<i>Supervisory structures</i> .....	10
<i>Teaching and learning</i> .....	11
<i>Learning resources and facilities</i> .....	13
<i>Student support, guidance and feedback</i> .....	13
Assessing student performance and competence .....	14
The principles of assessment.....	14
Assessment procedures.....	14
Student progress.....	15
Acknowledgement .....	16

# The GMC's role in medical education

1. 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 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 school documentation and completing a range of quality assurance activities at the School and partner institutions. The determinations in this report have been scrutinised and endorsed by the GMC's Undergraduate Board.

# Introduction

4. This is a report to the GMC on the quality assurance programme for the Keele Medical School (the School) for 2009/10.

5. The School is in the penultimate year of running a five year programme validated by the University of Manchester for which the last cohort will graduate in 2011.

6. The School applied to award a primary medical degree independently from Manchester and introduced the Keele curriculum in 2007/08. The QABME process has been monitoring the development and implementation of this curriculum since 2006/07 and will continue this monitoring until the first cohort of students graduate at the end of the academic year 2011/12.

7. The School has over 600 students on the various Bachelor of Medicine and Bachelor of Surgery (MB ChB) programmes. The School currently admits 130 students annually, and up to 10 students can enter directly into Module 2 through the Graduate Entry Fast Track route. The School also offers a Health Foundation Year for Medicine which allows entry onto the five year MB ChB after successful completion.

8. The five year programme is divided into four phases and five modules which correspond to the academic years. There are five vertical themes running throughout the programme. These are Scientific Basis of Medicine; Clinical Communication and Information Management Skills; Individual, Community and Population Health; Quality and Efficiency in Healthcare; and Ethics, Personal and Professional Development.

9. In 2009/10 the quality assurance activities of the QABME visit team covered: evaluation by the School of Module 2; implementation by the School of Module 3; review of detailed Module 4 implementation plans; and review of development and implementation plans for Module 5.

## The QABME team

10. The visiting team members appointed by the GMC Undergraduate Board to undertake the quality assurance visits were:

Professor Julius Weinberg (Team Leader)

Dr Nick Bishop

Professor David Croisdale-Appleby

Ms Hannah Donnelly

Professor Gillian Needham

Dr Chris Stephens

Dr David Taylor

11. My Phan and Elizabeth Leggatt (GMC Quality, Education Directorate) supported the QABME team.

## Our programme of visits in 2009/10

12. The team conducted two quality assurance visits on: 21 January and 24 March 2010.
13. The findings of the team have been reached by reviewing documentary evidence submitted by the School and undertaking the following activities:
  - a. Meetings with members of the School responsible for: evaluation of Modules 1 and 2; plans for Module 4; the development of Module 5; teaching provision at Stafford Hospital; intercalation and exit degree options; remapping of the curriculum to the outcomes and standards in *Tomorrow's Doctors* 2009.
  - b. Inspection of educational facilities at University Hospital of North Staffordshire (UHNS) and Shrewsbury and Telford Hospitals NHS Trust (SaTH).
  - c. Site visits to UHNS and SaTH.
  - d. Discussions with Module 3 students and teachers.
  - e. Discussions with Module 4 teachers at SaTH.

# The report

## Summary of our key findings

14. Subject to the requirements in paragraph 17, the School is on track to introduce Module 4 of its medical degree in 2010/11 to meet the outcomes in *Tomorrow's Doctors* 2003 at this stage of development.
15. As the new Keele curriculum is in development with increased emphasis on community placements from the validated Manchester programme, QABME will monitor progress during the period of study of the first cohort of students until 2011/12. This coincides with the date for implementation for all UK medical schools of the new standards in *Tomorrow's Doctors* published in September 2009.
16. Where there are requirements, the School is requested to respond to the requirement with the timelines for action within the 28-day right of reply to the report.

## Requirements

17. The School is required to provide:
- a. The Intended Learning Outcomes mapping of the full curriculum to *Tomorrow's Doctors* 2009 by November 2010 (see paragraph 24).
  - b. The final detailed plans for Module 5, including the progress of securing placement sites and training for teachers by November 2010 (see paragraph 29).

## Recommendations

18. To enhance the quality of the School's programme, we have identified the following recommendations. The School should:
- a. Review the longitudinal patient study (see paragraphs 32 - 33).
  - b. Ensure clear processes are in place for raising concerns about student conduct, competencies and performance and that all staff and students are aware of how to access these, particularly on placement sites (see paragraphs 92 - 93).

## Areas of innovation and good practice

19. We commend the School on the following areas of innovation and good practice:

- a. The one-to-one tuition for an extended period in the Higher Consultation Skills sessions in Module 4 (see paragraph 36).
- b. The responsiveness of the School to student evaluation to enact change (see paragraph 52).

## **Priorities for 2010/11**

20. The priorities we identified for the next cycle of visits in 2010/11 are:
  - a. Development of Modules 5 and delivery of Module 4 of the new curriculum.
  - b. Student assessment and progression.
  - c. The depth and breadth of the full curriculum against *Tomorrow's Doctors 2009*.
  - d. Continuing staff recruitment and development for Module 5.
  - e. To continue to review the progress of the Graduate Entry Programme, including student recruitment, induction, progression and evaluation.
  - f. Relationships with the wider NHS.

## **Curricular outcomes, content, structure and delivery**

### Outcomes

21. We reviewed the Intended Learning Outcomes (ILOs) for Module 4 and found them to be appropriate at this level. Each ILO is already mapped against the outcomes in *Tomorrow's Doctors 2003* and the School is remapping this to the *Tomorrow's Doctors 2009* outcomes.
22. We reviewed the School's transitional mapping of the ILOs across the five curriculum themes to *Tomorrow's Doctors 2009*. The curriculum development team is using the curriculum map to ensure that all ILOs cover the new standards and identify where adjustments are needed.
23. We note there are a small number of outcomes and standards in *Tomorrow's Doctors 2009* that require further work to be included in the curriculum to be fully compliant by 2011/12. This is in common with all schools across the UK. The School's Curriculum Strategy Group is working with the Theme and Module groups

to include the identified outcomes in the course design and we are satisfied with the School's approach to this.

24. The School is confident that it will be able to fully map the curriculum against *Tomorrow's Doctors* 2009 and we are satisfied that the School is taking appropriate steps to ensure compliance to the new standards by 2011/12, when the first Keele cohort graduate and the new standards come into effect. We require the further detailed mapping of the outstanding ILOs identified as requiring further work to the new standards by November 2010.

## Content

25. We spoke to Module 3 students and teachers and reviewed teaching facilities at UHNS and SaTH and are satisfied with the implementation of the Module 3 and its overall integration into the programme. We continue to be satisfied with the systems in place to evaluate the programme.

26. We reviewed the detailed content of Module 4 of the curriculum and consider it to be sufficiently challenging for students, appropriately covering the knowledge, skills and behaviours expected at this stage of the programme.

27. Module 4 is structured by five units of eight-week blocks in: Adult Surgery, Integrated Medical Practice 1 (neuro/medicine), Integrated Medical Practice 2 (musculoskeletal/medicine), Women's Health, Paediatrics and Mental Health. Each unit comprises seven weeks of hospital-based learning and one week of Higher Consultation Skills (HCS). We are satisfied with the indicative approach to the unit timetabling. We will monitor the implementation of Module 4 in 2010/11 and how the hospital based learning will integrate with the community learning across the programme.

28. Units in Module 4 include Case-Illustrated Learning (CIL). CIL provides a framework for students to independently research relevant case material and is an extension of their case-based learning in the previous year. We reviewed the 40 CIL topic headings and a detailed CIL in epilepsy and considered this approach appropriate to support student learning. We will monitor how the School evaluates the performances of particular cases in future visits.

29. We reviewed the plans for Module 5 which will consist of a 15-week GP assistantship, a 5-week surgical assistantship, a 5-week medical assistantship and a 5-week critical care course. This will be followed by an assessment period, an 8-week elective and a two-week shadowing period. We consider plans for Module 5 to be appropriate for delivery in 2011/12 at this stage, but will require the final detailed plans, including the progress of securing placement sites and training for teachers by November 2010.

### *The scientific basis of practice*

30. The Module 4 curriculum information illustrated that the non-clinical themes will represent a significant component of the learning outcomes for Module 4, with emphasis placed on the application of core knowledge in a clinical context.

### *Treatment*

31. We note that the indicative content for Module 4 includes teaching sessions on palliative care, pain management, chronic and acute conditions. The School intends the clinical experiences in Module 4 to emphasise diagnosis, therapeutics, management and the patient pathway. We are satisfied with the delivery of the principles of treatment through the case illustrated learning component.

32. We consider that the educational value of the Module 3 longitudinal patient study may be compromised by organisational issues such as, difficulty in finding suitable patients, time outside the curriculum to undertake home visits and the safety of students visiting patients' homes. Student stated that their experiences varied.

33. The School has a policy that students should visit their longitudinal patients in pairs; however we heard examples of students who had attended alone and consider this policy should be made clearer to students. We recommend that the School review the longitudinal patient study particularly the potential risk to students and associated liability for the University.

### *Clinical and practical skills*

34. Students we met at UHNS considered that most clinical skills are integrated well during Module 3. The School advised that all clinical skills in Module 3 will be carried to Module 4 to encourage students to repeat the skills until fully competent.

35. We reviewed the skills lists for all Module 4 blocks and found the list to be comprehensive.

36. The HCS stream in Module 4 aims to develop students' consultation skills. We consider the provision of one to one tuition for half of each HCS week and the inclusion of effective management strategies to be good practice.

37. The School has recently appointed a Director of Clinical Skills who will be revising all clinical skills and mapping them to the outcomes in *Tomorrow's Doctors* 2009. Student concerns of providing sufficient opportunities to practise skills will also be reviewed. We discussed and observed the School's methods of teaching clinical skills and are satisfied with the approach.

38. The School reported that students will complete an intermediate or advanced life support course during the shadowing period at the end of Module 5.

### *Teaching skills*

39. The School has self-identified that further work is required to meet the outcome around teaching skills in the 2009 standards for implementation by 2011/12. This builds upon the outcome in the 2003 standards that students' recognition of their obligation to teach colleagues. We will monitor the School's progress in integrating this element further in the programme during the next cycle.

### *General skills*

40. An opportunity for students to learn about qualitative and quantitative research methodology takes place during Module 3 student selected components.

### *The working environment*

41. We are satisfied that the emphasis on learning about the working environment is appropriate in Module 3 and with the plans to increase this in Module 4 through the clinical placements.

42. The 2008/09 student evaluation of Modules 1 and 2 includes negative responses to the interprofessional education (IPE) component. We are satisfied that the School is appropriately monitoring and developing IPE and is working closely within the Faculty to make IPE valuable for all students.

43. The School stated that the intended direction for IPE is for students to develop their experience and understanding of working in partnership with other health care professionals during the assistantships in Module 5, in alignment with *Tomorrow's Doctors* 2009.

### *Medico-legal and ethical issues*

44. We received good feedback from students about the 'Ask the expert' sessions in Module 3, where students bring problems for case discussion with an expert tutor and provide an opportunity for students to explore relevant ethical issues that they have identified.

### *The health of the public*

45. We are satisfied that the health of the public is integrated through spine learning in Module 4 and builds upon previous learning through the vertical Individual, Community and Population Health theme. We reviewed the detailed ILOs for this Module 4 theme and discussed plans for delivery of teaching with the School and found these to be appropriate.

## Structure

46. The majority of Module 3 students we met were satisfied with the choice available for SSCs. Most students selected their SSC based on interest, and understood that they could not be guaranteed their first choice.

47. The School reported success in delivering the Module 2 SSCs with local organisations within the health or social care field and is in the process of developing a further SSC for Module 5 with these organisations.

48. In Module 4 students will undertake a four week SSC focusing on exploring potential career options. We note that the School is increasing the variety of placements to include primary care, occupational health and public health.

49. Students can choose to intercalate after Module 2 (bachelors degrees only) or Module 4 (bachelors or masters degrees). The School considers that this fits best with the course structure as the vertical links between Module 3 and 4 are strong. The Module 3 SSC gives students the opportunity to explore an area in which they could chose to intercalate after Module 4.

50. Students we met were aware of the option to intercalate and the requirement to complete the Module 3 SSC in qualitative research beforehand. Those who had applied for intercalation found the co-ordinator very helpful in supporting the application process.

## Delivering the curriculum

### *Supervisory structures*

51. We consider the Hospital Dean roles to be essential in coordinating the delivery of the curriculum at the key teaching sites. We also noted effective partnerships in place between the Hospital Deans and Community Medical Education Coordinators to bring greater cohesion in primary and secondary placements.

52. Module 3 students we met had provided evaluation to the School at the end of each block, and reported some had already affected changes for later blocks during the same academic year. Module 3 teachers confirmed that they consider the feedback closely and gave examples of changes made as a result of feedback during the year. We commend the quick response from the School and flexibility of staff to evaluation as an area of good practice.

53. We reviewed the student evaluation of Modules 1 and 2 and found the School's response appropriately addresses any issues raised. We are satisfied that the School is implementing appropriate changes to the course as a result of the School's thorough and continuous evaluation process. We will continue to monitor the School's evaluation of the course.

## *Teaching and learning*

54. Module 1 and 2 students provided positive evaluation about the quality of teaching and tutors.
55. All Module 3 teachers we met at UHNS considered that the module was progressing well. Module 3 teachers noted the reduction in teaching time in Module 3 from eight to four weeks under the Keele programme. Teaching time has not reduced for specialties but now occurs across Modules 3 and 4, which has meant that teaching staff have had to redesign their programmes.
56. Some students thought that the School could have communicated better to teaching staff that they do not need to fit everything into the four weeks teaching time in Module 3 and that there is time in Module 4 to continue learning in their specialties.
57. Students had found Module 3 a steep learning curve but considered that it had become easier as they progressed. Module 3 teachers were pleased with the students' ability when entering Module 3.
58. Module 3 students felt that the order they completed the Module 3 blocks affected how they progressed through the year. For example starting in surgery was considered demanding, whereas the medicine block provided a broader introduction to all specialties and the psychiatric block delayed students' practical experience and students felt under prepared for the following blocks. We consider this is due to the sequential nature of placements and are confident that the School will ensure all students achieve appropriate standards in clinical skills.
59. For placements in Module 1 and 2 students shadowed a named individual whereas in Module 3, students are not attached to a 'firm'. Some Module 3 students stated they did not feel adequately supported during ward times. The Hospital Dean at UHNS recognised a lack of continuity for students without a clear 'firm' base, but that the purpose is to give students a taster of different areas on which to build in Module 4 and 5.
60. All teachers reported that they were well prepared to teach Module 3, with some involved in the development of the module. All stated that they were given adequate training by the School in advance to deliver Case Based Learning (CBL). The School had trained additional staff members in CBL to provide cover if required.
61. Module 3 students identified variation in placement experience and communication issues between the School, students and teachers about timetabling and the level of knowledge required at each level.
62. Module 3 students felt that it would be beneficial if members of ward staff, such as senior nurses and doctors in training, received training from the School on delivery of the programme, the clinical skills that students possessed at each level, and the expectations of students on the new curriculum. We support this view.

63. UHNS Module 3 clinical teachers confirmed that they have sufficient time in their job plans to deliver teaching. Tutors at SaTH reported that they largely have enough time for teaching by balancing their priorities.
64. Tutors at SaTH appeared highly engaged with the development of the Keele programme and were looking forward to delivering Module 4 from September 2010. Tutors considered that they were able to influence the development of Module 4 to reflect the local set-up.
65. The School had identified the delivery of Module 4 across three sites as a challenge in ensuring consistency. We note that the appointment of the Hospital Deans has strengthened the engagement of the hospitals.
66. Tutors we met at all hospital sites considered training and development opportunities to be good. We reviewed the staff development strategy for Module 4 and spoke to a sample of clinical teachers that had received training for the delivery of teaching Module 4 and are satisfied with the provision of appropriate staff development programmes.
67. We noted that the 'how to teach' sessions for GP tutors were not compulsory. The School stated that it was confident that it could identify GPs that require training on how to teach as prescribed by Keele. In addition, student evaluation of GP teaching is collected electronically and the School is able to quickly identify any GP tutors that may benefit from additional training. The School stated that all GP tutors are contractually obliged to undertake educational training that includes training specific to the placements that they will be delivering.
68. We are satisfied with the update provided by the School on the plans for delivery of Module 4 and 5 teaching at Stafford Hospital, Mid Staffordshire NHS Trust.
69. The School considers the 15 week GP assistantship in Module 5 will provide good preparation for practise as it involves continued exposure to patients and decision making, and provides opportunities to practice the skills necessary to be a competent foundation doctor. This assistantship focuses on the patient journey and gives students the opportunity for longitudinal follow up of continuity of patient care. It will also provide an important link between primary and secondary care. We will review the detail of the GP attachment in greater detail in the 2010/11 QABME cycle.
70. The School advises that it has sufficient GP practices to deliver Module 5 but recognises the need to ensure that all the practices provide a valuable learning experience for students. We will monitor the progress of training for all GP practices in the next visit cycle to deliver Module 5.
71. The School will offer students who leave the local area for foundation training a random shadowing placement in the Keele area at the end of Module 5. The School stated that the learning outcomes will be generic, based on *Tomorrow's Doctors* and not the placement site.

72. We note further changes to the two week induction for students entering directly into Module 2 through the Graduate Entry Programme. The changes include an increase on areas that students are less familiar with, such as anatomy, communication skills and identifying resources for bioscience. We note the small numbers of students entering through this route so far, the resources required to support these students, and their progression so far. We will continue to monitor and review the Graduate Entry Programme.

73. The School raised concerns about the impact of the reduction in funding (both the Service Increment For Teaching and the Higher Education Funding Council for England) on the delivery of teaching at placement sites, particularly at the UHNS. We spoke with the Director of Human Resources and the Hospital Dean at UHNS and note that there is a joint commitment to maintain the quality of teaching at this site.

74. We will monitor the funding situation at Keele during the next QABME review and any impact that it may have on the quality of teaching and sustainability of the programme. We support the School's engagement with all NHS partners to ensure delivery of the programme.

#### *Learning resources and facilities*

75. We reviewed the learning resources and facilities at UHNS and SaTH and considered the lecture theatres, seminar rooms, clinical teaching facilities and student resources rooms to be appropriate for students. We also note the student evaluation of the facilities at the School and placement sites continues to be satisfactory.

76. Staff at hospital sites and GP practices reported having full access to the School's virtual learning environment and had no technical issues accessing this. The virtual learning environment enables the School to easily distribute information to a dispersed team.

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

77. Module 3 students considered the School support systems to be good and used these rather than the University support systems.

78. Module 3 students we met at UHNS stated that sources of support were well sign-posted and students knew where to go on campus and at UHNS if they needed support. Community Based Learning tutors offer support if there are issues on the wards.

79. Some Module 3 tutors felt that students do not always seek help through the official channels as there is concern that it will be marked on their record.

80. The Firm report completed by the clinical tutor for each placement in Module 4 will be entirely formative and will provide an opportunity for both students and tutors

to identify the student's strengths and weaknesses, to develop their skills and knowledge and to monitor professional behaviours. Students will take this report with them to their next block as a record of their learning requirements.

81. We reviewed the Module 4 multi-site teaching student allocations and found the School's process for the allocation of students to placements to be adequate. We note that two students had been allowed to stay at UHNS for all their placements in Module 4 in response to appropriate extenuating circumstances.

## Assessing student performance and competence

### The principles of assessment

82. The assessment of Module 4 will be made up of end-of-module assessments (clinical competence tests, knowledge based tests, and students selected components), in module assessment (unit-based Objective Structured Case Analysis and Report (OSCAR) and Firm reports for each unit) and a portfolio and appraisal.

83. The OSCAR is a 1250 word report providing a summary analysis of a real case, to meet the core module outcomes through three focus areas. There are 15 focus areas across the module covering all programme themes. Students are required to submit an OSCAR for each unit which is marked by the firm tutor. The first is formative and the subsequent four are summative. We reviewed an example focus question and considered it to be appropriate.

84. In Module 5 at the end of the 30 weeks spent in primary and secondary care students will sit a knowledge based test and undertake a multi-station OSCE, focusing on the skills required for the Foundation Programme. In addition work based assessments called Generic Consultation Skills assessment tool (GeCOS) are spread throughout Module 5. These assessments involve multi-source feedback and are both formative and summative. We will review the detail of Module 5 assessments in greater detail in the 2010/11 QABME cycle.

85. Module 3 students expressed frustration that some topics from School taught sessions did not appear in their examinations. The School is attempting to map assessments to PBL sessions rather than learning from lectures and students can be assessed on anything they have learned up until that point in the programme. The School is working to communicate to students the need to apply their learning from throughout the programme.

### Assessment procedures

86. The professional portfolio is used to document student professionalism as they progress through the course and uses the headings in GMC's *Good Medical Practice* and to prepare students for their future career. The content of the portfolio is discussed at an appraisal meeting and is compulsory, but formative. Module 3

students we met considered it useful to develop these skills early through the Keele portfolio, as they have to continue to do this throughout their medical career.

87. The School had self-identified tutor development, especially training for the GeCOS assessments in Module 5, as a potential challenge. We will follow this up during the 2010/11 QABME cycle.

88. We reviewed External Examiners Reports for 2008/09 which highlighted no major concerns. We are content that external examiners are appropriately employed to ensure standards are being met and that the School is taking on board feedback and making appropriate changes.

#### Appraisal

89. Module 3 students considered the appraisal process to be good but reported some inconsistency in the performance of appraisers. The School originally intended that students should have the same appraiser for all five years, but personal circumstances have prevented this from happening in all cases and it is no longer their stated policy. However the School stated that it will review this and may return to the original policy in the future, which we support.

90. We reviewed the School's response to the evaluation of the Portfolio Appraisal and considered the modifications made satisfactorily addressed the issues raised in the evaluation. We consider the progression rules appropriate.

#### Student progress

91. We are satisfied that provision is available for students who consider a change in career or who may not be able to complete the programme due to academic or personal difficulties. Students are encouraged to see the Director of Student Support to discuss options for transfer to other courses if appropriate. We reviewed the available intermediate awards and consider the Certificate or Diploma of Higher Education or Bachelor of Science in Applied Medical Sciences provide adequate alternative qualifications from the programme if appropriate.

#### Student health and conduct

92. Some Module 3 teachers were unsure of the procedures to follow should a student perform poorly in their block. Due to the small size of the School and its close contacts, some placement tutors stated that they would approach the Director of Undergraduate Programmes in the first instance if there was an issue with a student while other tutors stated that they would pass this information to the Year Lead rather than the students' next placement tutor.

93. Module 3 students we met were not fully aware of School policies on raising concerns for fellow students with professional behaviours and competencies. This area was identified by the School as an area where further work is required. We consider the School should have clear processes in place for raising concerns about

student conduct, competencies and performance and that all staff and students should be aware of how to access these, particularly on placement sites.

94. We heard that the Module Lead is the first point of contact if there is a fitness to practise issue with a student on placement. If necessary, the Module Lead will have access to the student's file and the Hospital Deans can access information on a student upon request through the Module Lead. All issues are logged and signed by the student and tutor. We consider this process to be acceptable.

### **Acknowledgement**

95. The GMC would like to thank Keele Medical School and all those they met during the visits for their co-operation and willingness to share their learning and experiences.



**K E E L E**  
UNIVERSITY

**SCHOOL OF MEDICINE**

---

19<sup>th</sup> August, 2010

Professor Jim McKillop,  
Chair, Undergraduate Board,  
General Medical Council,  
2<sup>nd</sup> Floor, Regents Place,  
350 Euston Road,  
London, NW1 3JN

Dear Jim,

I would like to thank the Undergraduate Board members for their Final Report on the 2009/10 QABME cycle of visits to the School of Medicine at Keele. The staff and students are pleased with the largely positive outcome and are grateful to the QABME team for their excellent advice during the year.

I attach the School's response to the Board's report.

The School looks forward to the continuing engagement with the QABME process as we endeavour to develop the best possible curriculum and learning outcomes for our students.

With every best wish

pp Professor Val Wass  
Head of School

Professor Val Wass  
Head of School of Medicine  
Telephone: (01782) 733937 Fax: (01782) 734637

## Response of The School of Medicine, Keele University To The Report of the GMC Undergraduate Board on the Quality Assurance of Basic Medical Education at Keele Medical School 2009/10

The School is pleased to note that the Undergraduate Board has found that the School is on track to introduce Module 4 of its medical degree in 2010/11 to meet the outcomes of *Tomorrow's Doctors 2003* at this stage of development.

The School views the requirement to provide the Intended Learning Outcomes mapping of the full curriculum to *Tomorrow's Doctors 2009* by November 2010 as an integral part of our curriculum development process. The Curriculum Development Lead and Project Officer have been working with Module and Theme Group leads and are near to concluding this task. The curriculum development team is also working closely with the Module 5 leads and will provide the final detailed plans for Module 5 by November 2010.

The School welcomes the two recommendations made by the Board and has already taken action on these. Firstly, the Longitudinal Patient Study has been carefully evaluated, the results of which, together with assessment data, has been considered by the Curriculum Strategy Group. The School had also identified this as an area that students felt needed further development, partly through our usual evaluation processes. In addition students at a curriculum away day with senior members of Faculty made suggestions for improving the study. A new simplified version incorporating student suggestions and with enhanced briefing and preparation of students will be delivered in Module 3 this year. Secondly, the processes for raising concerns about student conduct, competencies and performance are being reviewed in full. These will be disseminated to students and staff across all placement sites.

The School is particularly pleased that the Undergraduate Board has highlighted the following area of innovation and good practice:

1. The one-to-one tuition for an extended period in the Higher Consultation Skills sessions in Module 4.
2. The responsiveness of the School to student evaluation to enact change. We are pleased that this has been noted, and we are continuing to increase student involvement with course development and implementation as illustrated by the student away day held in early June.

Finally, the School would like to thank the QABME team for their excellent support and guidance over the last year. Their input is greatly valued and is integral to our curriculum development and implementation process.

Yours sincerely



pp Professor Val Wass  
Head, School of Medicine

Professor Val Wass  
Head of School of Medicine  
Telephone: (01782) 733937 Fax: (01782) 734637