

## FINAL

### Report of the Visiting Team to the University of Leeds Medical School for 2004/05

#### Introduction

1. This is the report to the Education Committee of the General Medical Council on the University of Leeds Medical School.
2. The Visiting Team appointed by the Education Committee for this purpose was:

Professor Anne Garden (Team Leader)  
Professor Roger Barton  
Professor David Johns  
Professor Gillian Needham  
Dr Gina Radford  
Professor John Spencer  
Dr Christopher Stephens  
Dr Rafik Taibjee  
Mrs. Barbara Wright

The team was supported by Carole Keeling.

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

3. Members of the GMC Visiting Team attended the School on four occasions: 24 February 2005, 27 April 2005, 11 May 2005 and 8 July 2005. The findings of the visiting team have been reached by conducting a range of the following activities:
  - a. Meetings with a variety of members of the school.
  - b. Observation of the examination of clinical skills.
  - c. Module and/or Phase Examination or other Board meeting observation.
  - d. Site assessment(s): NHS Trusts\*<sup>1</sup>.

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<sup>1</sup> This visit could be done by inviting members of the Trusts, Practices or out at Placements to a meeting at the school, the visiting team does not necessarily have to attend different NHS Trusts in different regions unless inspecting the facilities is one of the objectives of the assessment.

- e. Site assessment(s): GP Practices<sup>2</sup>.
- f. Discussions with Students.
- g. Discussions with Teachers<sup>3</sup>.
- h. Discussions with the NHS and other service providers.

## Summary of findings

4. There was a GMC/QAA joint review of Leeds Medical School in 1998, where a number of areas of concern were identified. In the intervening period, the School has implemented a revised curriculum and worked hard to rectify the issues that were raised. The School has established a highly regarded Medical Education Unit, to lead and support the teaching and learning activities of the School. The visiting team commended the School on the excellent progress they have made, which has been endorsed by comments from senior students, who were appreciative of the positive changes they had experienced during their time at Leeds.

5. The visiting team concluded that the University of Leeds Medical School was meeting the requirements set out in *Tomorrow's Doctors*<sup>4</sup>.

6. Although the visiting team has suggested some areas requiring additional consideration by the School later in this report, those suggestions should be read in the context of our overall findings. The findings of requirements for change, recommendations and areas of good practice are in paragraphs 72 to 73 of this report.

## Curricular outcomes

7. The School rolled out a new integrated MBChB curriculum between 1999-2002. The curriculum makes explicit reference to the outcomes stated in *Tomorrow's Doctors*<sup>5</sup> for both the core curriculum and Student Selected Components (SSCs), and outcomes are broken down by year and level of skill.

8. The visiting team concluded that the School was meeting the requirements for curricular outcomes, as set out in *Tomorrow's Doctors*.<sup>6</sup>

## Curricular content, structure and delivery

### *Content*

9. The content of the curriculum is comprehensive, with appropriate consideration being dedicated to the knowledge, skills and attitudes.

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<sup>2</sup> As for footnote 1.

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

<sup>4</sup> GMC (London); *Tomorrow's Doctors*, February 2003

<sup>5</sup> As for footnote 4

<sup>6</sup> As for footnote 4

10. Early patient contact is a feature of the programme where contact is integrated into the course from Year 1, and with clinical placements starting in Year 2.
11. Teaching of basic and behavioural sciences is integrated into the core units, which run throughout Phase I of the programme.
12. The core curriculum in physiology is clearly defined, which aims to test on paper what the students have covered in the laboratory. Clinicians contributed to the symposia programme.
13. The pharmacology content was reviewed in 2002, after which changes were made to incorporate a significant increase in teaching into the integrated curriculum. The course mainly focuses on basic pharmacology, of which the outcome is to ensure that all Leeds' graduates can prescribe competently. Therapeutic study days were a feature of the course, covering skills such as writing up drug charts and safe prescribing. The School has undertaken an evaluation of the course during the current academic year and a report of which was circulated to the visiting team. The visiting team concluded that the changes introduced in 2002 have been maintained. The report does suggest that students' confidence in their learning might be improved by clearer signposting of the pharmacology content.
14. Students felt that they could benefit from more teaching in specialties such as ENT, ophthalmology, and radiology, as clinical teachers were not generally used to an integrated approach. There is scope in Year 5 to choose firms where the student can improve their knowledge of a particular specialty and students also have protected time for self-directed learning.
15. The School is the founding member of the Northern Medical Schools SSC Partnership Group, which shared good practice in designing and managing SSC programmes.

### *Structure*

16. The curriculum was organised in three phases and was systems-based. Phase 1 (Years 1-3) prepared the student for clinical practice and was organised into a group of Integrated Core Units. Phase 2 (Year 4) focused on students gaining a wide range of clinical experience in various specialties. Phase 3 (Year 5 and Foundation Training) prepared the student for practising as a doctor. The School does not offer a fast-track graduate entry programme.
17. The programme comprised an appropriate balance of SSCs, which represented approximately 30% of the curriculum, and therefore met the requirements outlined in *Tomorrow's Doctors*<sup>1</sup>.
18. Students commented that there was a clear distinction between the core curriculum and the SSCs, which was more geared towards the development of critical thinking and research skills.

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<sup>1</sup> GMC (London); *Tomorrow's Doctors*, February 2003

19. The visiting team had some initial concerns about the workload and shorter vacation periods in Year 4 of the course. However, in talking to students, it was apparent that the School had adjusted the timetable in response to this student feedback. Although the programme is demanding, students felt well prepared for Year 4 and assessments have been timed to enable them to enjoy a proper break at Christmas and Easter.

#### Intercalated degrees

20. The visiting team received a report on the School's Intercalated BSc Scheme for 2003-04, which offered a wide range of programme options. Eighty-one students successfully intercalated, of which 29 received first class honours.

#### *Delivering the curriculum*

21. The course was delivered by the School of Medicine, local NHS clinicians working in primary and secondary care, and the School of Biological Sciences. There was a strong multidisciplinary ethos and the School has forged links with statutory and voluntary agencies in order to deliver a wide range of working experiences to students.

22. From Year 2, students gained clinical experience in placements at hospitals and GP practices in Leeds and the surrounding area. In Year 3, students also spent some time in general practice, although the main exposure to primary care took place in Years 4 and 5. In Years 4 and 5 students undertook general practice and community placements in both Leeds and Bradford.

#### Supervisory Structures

23. The visiting team observed a presentation on the management structure of the School and concluded that the School has appropriate structures and processes in place. The visiting team reported that a Pre-Registration House Officer is included in the membership of the Phase 3 Management Team and commended this as an example of good practice.

#### **Learning and Teaching**

24. In Phase 1, teaching is delivered by way of Integrated Core Units (ICUs). The visiting team observed students from three of the ICU teaching groups and were impressed with the range of skills presented at the sessions. The visiting team commended the multi-disciplinary aspects and integrative approach to teaching of the Life Cycle Unit.

25. Students received clear guidance of the learning objectives for each module within an ICU. Lecture notes and copies of past module reports produced by students were available on the School's virtual learning environment (Bodington Common) and the teaching contained a strong multi-disciplinary element.

26. The visiting team observed Phase 2 teaching at two hospitals, in both a ward and classroom setting, as part of the rotational placements. The visiting team

concluded that teaching was of a high standard and inter-active in style. Students fed back to the visiting team that they received excellent exposure to a wide range of clinical problems and received helpful feedback from their teachers.

27. Frequency of rotation appears to be problematic for some students in Year 4. In surgical sub-specialty placements students receive teaching in one particular subject for each week of the placement, but would prefer an integrated programme of surgical topics, running horizontally across the block. The visiting team suggested that the School discuss this approach with their surgical teachers.

28. Consultant teachers report that they received useful feedback from the School and have a good understanding of the curriculum.

29. The visiting team met students undertaking general practice placements at two practices. Students reported that they received regular tutorials, were able to see patients on their own and then reported back to the GP teacher. They could attend special clinics and worked with other members of the multi-professional practice team.

30. The GP teachers reported that they received clear guidance from the School on what they were expected to teach. They also attended GP meetings at the School throughout the year, to keep abreast of developments and share good practice. OSCE training workshops were also available.

31. Teaching in public health has recently undergone change due to the new formation of The Institute of Health Sciences and Public Health Research, which forms one part of the University's Faculty of Medicine and Health. Whilst the current curriculum appears comprehensive, the visiting team observed that some of the teaching provided was delivered by teachers not trained in public health. Resources have recently been identified to fund new appointments. The School was also in the process of appointing a chair in public health.

32. The School offered SSCs in public health in Years 1, 2 and 3 and integrated public health topics in the Individuals and Populations ICU in Years 1 & 2 and PPP ICU in Year 4.

33. The visiting team has suggested that the School consider approaching public health specialists working in primary health care trusts to deliver some of the curriculum in Years 1, 2 and 4. The visiting team noted the planned developments for strengthening the teaching of public health and concluded that the current strategy had been well thought out. In the light of the current staffing vacancies and plans to recruit to public health, Leeds has been asked to provide an update to the General Medical Council in two years' time.

34. The visiting team commended the school on the range of courses offered to prepare the students for working as a PRHO. However, the visiting team suggested that the emphasis of the PRHO shadowing placement should be adapted to allow students to become as familiar as possible with their future working environment.

### *Learning resources and facilities*

35. Upon review and observations at various sites, the visiting team concluded that the learning resources and facilities in primary and secondary care were adequate. Availability of rooms for teaching and meetings at the Medical School for students and teachers was excellent.

36. Students reported that, on the whole, they were satisfied with the library and IT resources on and off campus. The School provided them with the opportunity to take the European Computer Driving License examination, which the local hospital trusts accepted as an entry qualification to access their computer systems.

37. The visiting team had opportunity to observe a meeting of the SSC Steering Committee, and was able to hear the evaluation reports from each SSC Year Group Lead, which were mainly positive. However, problems were reported about the varying standards of IT equipment and difficulty in gaining access to computers and networked resources for students undertaking SSCs in some district general hospitals.

### *Student Selection*

38. The visiting team reviewed the School's admissions policy and concluded that it was robust and fair.

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

### *Support*

39. The visiting team concluded that Leeds provided a comprehensive support system. There was a Personal Tutor Scheme led by a senior clinical academic, which provided pastoral support and brought together students from different years of the programme in small groups. Phase 1 students operated a 'buddy' system called (MUMS), where students in Year 2 provided support to new students. Students in Years 1 and 2 also received a mandatory personal 1:1 appraisal each year, where they discussed pastoral and academic issues. In addition, Year 3 students were given the option of a personal 1:1 appraisal. Students in Years 4 and 5 have access to their personal tutor and clinical tutors based at their clinical placements and could also seek advice from the Clinical Sub-Deans.

40. The visiting team notes that the handbooks and posters provide a range of information about the personal tutor system and other student support systems within the university. Year 5 students demonstrated an awareness of these and felt that student support systems generally have improved during their time at Leeds. In addition, the visiting team commended the School on the quality and comprehensiveness of the induction programme for new students.

41. Fifth year students reported that one of the senior members of the academic staff emailed the cohort every month to check if any students were having problems or have concerns of a professional or personal nature, and to ask for feedback on the course. The students reported to the visiting team that they are appreciative of

this channel of support and that staff at Leeds Medical School were friendly and approachable.

### *Guidance*

42. At present careers guidance (including guidance about surgical careers) is provided to students in Year 5. The School recently organised a careers day focusing on pathology specialties. Careers guidance in other specialties was less structured and students were advised to speak to consultants in specialties they were interested in.

43. As part of work connected to the introduction of Foundation Training, the School was working on the development of a structured careers guidance service with the Yorkshire Postgraduate Deanery, who has appointed a Regional Careers Manager. This service will be available to all Phase 3 students from the 2005/06 academic year.

44. The visiting team reviewed plans outlining the School's strategy for future developments in careers guidance for the undergraduate and Foundation Programme Trainees and looked forward to reviewing its progress in the future.

45. General guidance on the new Foundation Training Programmes had been given to Year 5 students by the School and would be up-dated as new information became available.

### *Feedback*

46. Educational feedback to students included timetabled feedback sessions linked into the appraisal system in Phase I. However, some students in Years 3 and 4 reported that the quality and timeliness of feedback was sometimes problematical.

47. Students who failed any part of the course were reported to an appropriate ICU manager. They received a breakdown of their performance and were offered pastoral support where appropriate. After taking an OSCE, all students were offered a feedback interview with the Head of the Clinical Skills Centre. Students who failed an OSCE were interviewed by the clinical lead of the relevant ICU Management Team. Feedback on SSCs was given by way of a structured feedback assessment sheet.

48. Students that met with the visiting team reported that they received a personal letter from the School congratulating them if they performed well. Prizes and distinctions were awarded for best work. Students appreciated this form of feedback, although some students raised concerns over the clarity of what particular grades meant in order to work out where they could make improvements. They would also like further clarification on how the honours system was structured.

49. Students praised the work of the Medical Students Representative Council, in ensuring that students' opinions were effectively communicated to various School committees. Student representation was present on all the School's primary

committees and the visiting team noted the well established two-way feedback process between the groups.

### **Assessing student performance and competence**

50. The School intended to pilot the Ebel standard setting model for MCQ and EMQ examinations for Year 4 in the current academic year and to carry out a more extensive pilot for the Year 5 examinations in 2005-06. Once refinements have been made and staff training has taken place, the School plans to roll this out across each of the year-end summative examinations by 2006-07.

51. As part of the internal quality assurance procedures relating to examinations, the School submitted its draft examination papers to the External Examiners for comment, prior to preparation of the final version. External examiners were appointed by the University and were required to submit an annual report, following the meeting of the School's Board of Examiners' meeting. The visiting team concluded that the Year 5 Examinations Board was run professionally and efficiently. Decisions were based on robust data and outcomes were fair and reasonable.

52. The visiting team concluded that the OSCEs were well run and organised and supporting information was thorough and clear. Briefings for students and examiners were satisfactory. The visiting team noted that most examiners took part in a mock examination and attended training in examining OSCEs. Training is not yet compulsory although the School aimed to use only trained examiners by 2006-07.

53. The feedback process between the team of examiners and the School had resulted in changes being made from last year. For example, the number of stations had been reduced in response to recent feedback. The School did not offer feedback to the examiners on their marking unless a problem arose. The visiting team has suggested that the School considers giving individual feedback to its OSCE examiners after each examination.

54. Assessments took place at the end of each placement in primary and secondary care. Students in Phases 2 and 3 are required to complete a Practical Skills Portfolio, which is signed off by academic and clinical staff involved in teaching Years 4 and 5.

55. Students are required to complete logbooks during clinical placements to demonstrate they have achieved the required competency levels of core clinical skills. Students must be able to complete the list of compulsory practical skills prior to graduation. Additional practical skills were also tested in clinical placements and in the OSCEs, where competency in the majority needed to be demonstrated.

56. The visiting team reviewed a selection of SSC projects from each strand of the curriculum and concluded that the reports were of a high standard and displayed the appropriate range of skills being learnt.

57. Students that met with the visiting team commended the wide range of SSCs available. Students enjoyed completing a shorter SSC prior to Christmas on a non-

medical subject that gave them an opportunity to explore other areas. The visiting team concluded that the method of allocating SSCs was fair.

58. In response to some student complaints to the SSC Steering Committee about the consistency of marking of SSCs, the Committee has responded by standardising and clarifying the criteria relating to SSCs projects, including training for supervisors.

59. The visiting team concluded that the School's assessment procedures are in accordance with the guidance contained in *Tomorrow's Doctors*<sup>1</sup>.

### *Appraisal*

60. The School organised a mandatory 1:1 appraisal for students in Years 1 and 2 and offered the option of a 1:1 appraisal for Year 3 students. Students in Years 1-3 were complimentary about the system and those in Phases 2 and 3 reported that they would like to see the system expanded to encompass all cohorts.

### *Student progress*

61. Teachers can report struggling students to an ICU Manager. The ICU Manager will interview the student and, if necessary, refer them to Progress Committee in conjunction with the student's Sub-Dean. Explicit records were kept to document student difficulties. Information about Progress Committee was clearly signposted in the student handbook. The visiting team concluded that this system was appropriate.

### **Student health and conduct**

62. Students were briefed that they should report any colleague who they believe was behaving inappropriately and may be putting patients at risk. Students thought that colleagues, who may have personal problems, would be picked up through the formative assessments or the appraisal system, or through their friends. Attendance was recorded and absences were reported to the School.

63. The School had disseminated its policy on plagiarism widely to the students and had a system in place for detection of plagiarised articles downloaded from the Internet.

64. Although the School discussed whistleblowing with students, the procedure for reporting concerns was implicit, not published and the visiting team has suggested that this information could be included in the Student Handbook and on Bodington Common.

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<sup>1</sup> GMC (London); *Tomorrow's Doctors*, February 2003

## **Reflecting modern society in medical education**

65. The School offers a Clinical Sciences Foundation programme, which is part of a joint collaboration between the Universities of Bradford and Leeds to widen participation in medicine. The scheme is aimed particularly at people from across West and South Yorkshire, from backgrounds not normally associated with higher education.

66. The one-year foundation course in Clinical Sciences has places for 120 students, which can either be extended by three years to complete a degree at BSc level, or to transfer to Year 1 of the Leeds MBChB, for which there are twenty places available each year. A further 20 students could transfer to Year 2, following completion of the first year at BSc level at Bradford. Other students completed the three-year B.Sc. course and then applied to Leeds as graduate students. Students needed to score at least 60% in their examinations, pass at interview and provide a personal statement in order to transfer. If there were vacancies on the MBChB programme at Leeds, additional places were offered to Bradford foundation students.

67. The visiting team observed a PBL teaching session at Bradford. The students fed back that they were encouraged to keep an open mind on their study and career path and felt that the programme was an excellent step between school and university. The visiting team commended the Bradford project and the enthusiasm of the staff and students and was highlighted as an area of good practice.

68. The visiting team commended the Medical Education Unit on the publication of the 'Community Newsletter', which was published each term. The newsletter was aimed at students and organisations, which contributed to the delivery of teaching in the community and provided both groups with an opportunity to provide feedback on the wide variety of community experiences, which the course delivered. Students, staff of the Medical Education Unit and community workers were all able to contribute articles.

69. The School has attained the status of Centre for Excellence in Teaching and Learning, for the work it has carried out in partnership with other local educational institutions on inter-professional learning for all health and social care graduates.

70. The visiting team observed a workshop focused on the 'Patient Voice', in which the process for developing roles for simulated patients involving 'real' (expert) patients was demonstrated.

## **Main findings of the report**

### *Requirements*

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

## *Recommendations*

72. The School is recommended to:

- a. Ensure that the teaching of all core skills are clearly signposted including those specialist services in the broader context of their clinical practice, within the integrated clinical curriculum (paragraph 13).
- b. Review the organisation of surgical sub-specialty teaching in year 4 ICU, in order to provide a more integrated programme (paragraph 27).
- c. Investigate the use of public health specialists working in primary health care trusts to deliver the curriculum in Years 1 and 2 and provide a progress report to the GMC on Public Health teaching and resourcing (paragraph 33).
- d. Investigate the issue of variation in standards of IT equipment and access to electronic resources for students undertaking SSCs at some district general hospitals (paragraph 37).
- e. Review the feedback system for Year 4 SSCs and clinical placements, for students in Years 3 and 4 (paragraph 46).
- f. Review the information disseminated on grading of work and the honours system, to ensure that any ambiguities are excluded (paragraph 48).
- g. Consider giving feedback to its OSCE examiners after each examination (paragraph 53).
- h. Ensure that the channels whereby students might be able to report on behaviour of peers or teachers causing them concern (i.e. 'whistleblow') are well signposted in Student Handbooks and Bodington Common (paragraph 64).

## *Areas of innovation and good practice*

73. The visiting team congratulates the school on:

- a. The efforts taken to improve the curriculum and for the steps they have taken to strengthen Teaching and Learning, particularly with regards to multi-professional teaching (paragraphs 4, 29 and 69).
- b. The integrated nature of teaching in the Year 3 Life Cycle ICU (paragraph 24).
- c. Its relationship with the student body, in terms of reacting to feedback and the inclusion of students and a PRHO on all its main committees. Students reported on excellent relationships with the School's management (paragraphs 23, 43, and 49).

- d. The comprehensive range of academic and pastoral support systems provided for students from all year groups (paragraphs 39 to 41).
- e. The quality and comprehensiveness of the induction programme for new students (paragraph 40).
- f. The work it has undertaken with the Yorkshire Deanery to improve its provision of careers guidance. Once all elements are in place and the system is working, this may be an example of good practice to other medical schools (paragraph 43).
- g. Its range of SSCs and on the quality of those viewed by the visiting team (paragraphs 56 and 57).
- h. Its student appraisal scheme for Phase I. The visiting team understands that the School would like to roll this out to other years of the programme, as resources become available (paragraph 60).
- i. Its work with the University of Bradford on Widening Participation in medicine (paragraph 67).
- j. Its 'Community Newsletter' publication (paragraph 68).

74. The School is commended on its involvement of expert patients in developing roles for simulated patients (paragraph 70).

**Acknowledgements**

75. We would like to thank the University of Leeds Medical School for co-operating with and aiding the Visiting Team and GMC staff during the course of the assessment.

Signed.....

Date.....

## **School response to the findings of the Education Committee**

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

25 November 2005

Dear Professor Rubin,

### **Report of the QABME visits to Leeds School of Medicine, 2004/05**

Thank you for your letter of 24 October 2005 to Professor Ed Hillhouse, Dean of the Faculty of Medicine & Health, inviting the School of Medicine to submit a formal response to the findings of the GMC's QABME report for the academic session 2004/05.

I would first like to start by stating that the School of Medicine is delighted with the favourable comments in the GMC's QABME Report and the acknowledgement of all the hard work that has gone into developing the current Leeds MBChB programme over the past 5 years. I am pleased that the Visiting GMC Team found so many areas to commend as areas of innovation and good practice, and we are already working on and implementing the Team's recommendations as indicated below:-

- (a) The School's MBChB Sub-Committee will ensure that the teaching of all core skills is clearly signposted in MBChB Study Guides distributed to students.
- (b) The School's Phase II Management Group will undertake a review of the surgical specialties teaching within the Year 4 Medical & Surgical Specialties ICU in order to provide a more integrated programme of teaching for this component of the curriculum, to implement with effect from the commencement of the academic session 2006/07.
- (c) The Institute of Health Sciences & Public Health Research, part of the School of Medicine, will be charged by the School's Learning & Teaching Committee to investigate the use of public health specialists working in primary care trusts to contribute to the delivery of Years 1 & 2 of the MBChB curriculum, and the School's Learning & Teaching Committee will provide the GMC with a progress report on Public Health teaching & resources in July 2006.

- (d) In relation to the issue of variation of standards of IT provision and access to electronic resources for students at some district general hospitals, the School's Learning & Teaching Committee is currently in the process of determining a series of minimum IT standards which will then be agreed and incorporated into the contract with each NHS Trust which is involved in the delivery of the MBChB curriculum.
- (e) The School's MBChB Sub-Committee will oversee a review of the provision of feedback to students undertaking Year 4 SSCs and Year 3 & 4 clinical placements with a view to implementing improvements for session 2006/07.
- (f) The School's Assessment & Standards Board is currently undertaking a review of the written information disseminated to students on grading of work and the honours system to ensure that any ambiguities are excluded from the documentation distributed to students in future.
- (g) The Years 3, 4 & 5 OSCE Planning Groups are currently exploring means by which OSCE examiners can be given feedback after each OSCE examination, for implementation in the 2006 Year 3-5 OSCEs.
- (h) A School policy on "whistle-blowing" was included in the School's Student Handbook which was made available to students for session 2005/06.

The staff of the School of Medicine would also like to thank the Visiting GMC Team for the effort, thoroughness and professional approach that they put into their 2004/05 QABME visits to Leeds.

With best wishes.

Yours sincerely,

***Professor David Cottrell***  
***Acting Head of the School of Medicine***

c.c. Professor Michael Arthur, Vice-Chancellor  
Professor Ed Hillhouse, Dean of the Faculty of Medicine & Health  
Professor Trudie Roberts, Head of the School of Medicine (with effect from 01 January 2006)  
Professor Peter Howdle, Chairman, MBChB Sub-Committee