
UK Medical Schools Annual Return 2007/08: QABME

The QABME Annual Return Process

Every year, each medical school must provide a return to the GMC that:

- a. Identifies significant changes to curricula, assessments or staffing.
- b. Highlights risks or issues of concern, proposed solutions and corrective actions taken.
- c. Identifies examples of innovation and good practice.
- d. Responds to issues of interest and debate in medical education, including promoting equality and valuing diversity.
- e. Identifies progress on any requirements or recommendations arising from the QABME visit process.

The GMC writes to each medical school towards the end of the calendar year to request the specific information required that year. School returns allow the GMC Education Committee to identify:

- a. Issues to explore with all medical schools.
- b. Examples of good practice that can be shared.
- c. Issues to be investigated with individual medical schools.

If we need to explore an issue, for example the introduction of a new curriculum or significant changes to the curriculum or facilities, the school may be requested to submit detailed information for analysis or may be selected for the QABME visit process.

Name of medical school:	Leicester
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QABME Annual Return Table Templates

Tables 1 to 5 below are part of the GMC's QABME Annual Return Process. They track:

- The steps the schools are taking to address specific requirements and/or recommendations arising out of their QABME review.
- The changes in provision of undergraduate degrees, including risks and innovations resulting from the school's own quality management systems.

What you need to do

Complete Tables 1 to 5 with brief notes. Instructions on what you need to include in each column of the tables are given below.

Tomorrow's doctors area	Requirement/ Recommendation/ Change/ Innovation/ Risk or challenge	Action	Contact	Supporting documents list	Timeline
Identify the most relevant area of Tomorrow's Doctors. This has been pre-populated for each table with general areas. Please amend, delete or duplicate the rows as appropriate.	Identify the areas under each category in the individual tables for: <ul style="list-style-type: none"> ▪ Requirements ▪ Recommendations ▪ Changes ▪ Innovations ▪ Risks or challenges 	List the key actions and steps the school plan to take in order to address each: <ul style="list-style-type: none"> ▪ Requirement ▪ Recommendation ▪ Change ▪ Innovation ▪ Risk or challenge 	State the working group/committee/ person that will be taking the lead on the action identified. Include details of the: <ul style="list-style-type: none"> ▪ Contact name ▪ Email address ▪ Telephone number 	List the document names of any committee decisions, management plans or other documents that evidence the actions. Please do not attach these documents.	State the timeline for each action stipulated. Include an estimate for the final deadline of when the school expects to be able to fully meet any requirements listed.

A fictional example response is provided in Table 1.

Please note that your responses may be published on the GMC's education website pages.

Please send your completed responses on this template by **Monday 17 December 2007** by email to QABME@gmc-uk.org.

Table 1 – Requirements

Please list the requirements from your school's last QABME report that have not yet been addressed.

If you do not have any requirements in your last report or have not yet been reviewed under the QABME process, check this box

Tomorrow's doctors area	Requirements	Action	Contact	Supporting documents list	Timeline
Curricular Outcomes	None				
Curricular content and structure	Leicester is required to: a. Improve the structure and organisation of phase 2 attachments so that: (i) the timetabling and organisation of attachments is enhanced to maximise the number of learning opportunities for students so that they may cover the core experience necessary to support them in preparation for their F1 posts. (ii) A clear management plan is produced for the	(a) Phase 2 of the curricula has been completely redesigned, and the new system is already fully implemented. At the time of the QABME visit the re-organisation was already well underway. It was the intention of the School to complete the reconfiguration through a developmental interaction with the QABME visitors, in order to ensure full compliance with GMC requirements. It is especially unfortunate, therefore, that an effective developmental process did not occur. Notwithstanding, this requirement has been met. The key features of the new curriculum are: (i) There are now twelve,	Professor Stewart Petersen. (sxp@leicester.ac.uk)	Curriculum Committee minutes from meetings held during 2006 and 2007. Fully detailed course document , containing a description of the curriculum for phase 2, and entries for all blocks which specify their outcomes and processes. Each block has a student workbook with much more detailed lists of tasks, experiences and requirements	Students who entered phase 2 in March 2007 will experience the new curriculum in its entirety. Those who entered Phase 2 in 2006 transferred to the new curriculum in March 2007 for the second rotation, with some special arrangements to manage the transition. The first graduates of the whole new system will appear in 2009

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	<p>preparation and support of staff development and training to ensure that the clinical curriculum is delivered as intended.</p> <p>(iii) There is transparency on what content contributes to the Phase 2 core curriculum and what is genuinely phase 2 SSC</p>	<p>themed, core blocks which cover systematically through structured experience all the outcomes defined by the school, and accepted by QABME as compliant with 'Tomorrow's Doctors'.</p> <p>(ii) Each block is led by a team of trained 'Education Leads', and student experience is highly structured through a programme of events coordinated through a 'Workbook'. This ensures:</p> <p>(a) Key material is provided through appropriate structured teaching with certification of student attendance</p> <p>(b) A large range of essential clinical experiences (eg Key clinical presentations, investigations, procedures and management protocols) is defined. Opportunities are provided for students to obtain those experiences, and recorded in the workbooks, which are scrutinised regularly</p> <p>(c) All blocks provide structured feedback to both the School and the student</p> <p>on: Attendance; completion of</p>			

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		<p>required tasks and course work (such as recording key experiences, and formative written tests and OSCEs); observed consultations judged in a consistent way according to the 'Leicester Assessment Package'; and comments on professionalism.</p> <p>Blocks are organised into two rotations of six, seven week attachments. The first rotation covers broadly, the systems of the body, and the second rotation broadly systems of care. Specifically:</p> <p>First rotation:</p> <ul style="list-style-type: none"> Clinical Method Cardio-respiratory care Musculoskeletal care Perioperative Care Gastrointestinal Care Mental health care <p>Second rotation</p> <ul style="list-style-type: none"> Acute care Chronic Care Cancer care Special senses & disability Reproductive Healthcare Child Health <p>This pattern allows us to be sure that there is as</p>			

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		<p>consistent a pattern of student experience as it is possible to obtain in a real, working clinical environment, and that all the outcomes necessary for F1 can be met.</p> <p>(b) The new curriculum has been implemented in tandem with staff development. Our Education Leads have:</p> <p>(i) Produced extensive documentation for each block to inform all teachers of the outcomes, the key experiences which students must have, and guidelines for assessment of student work.</p> <p>(ii) Participated in and led a range of training events, especially those targeted at the assessment of consultation skills and the provision of feedback to students.</p> <p>(iii) Taken part in regular, well attended development sessions to share good practice and develop new ideas.</p> <p>(iv) Engaged in personal development, such that a large fraction of the key curriculum leaders now either</p>			

Tomorrow's doctors area	Requirements	Action	Contact	Supporting documents list	Timeline
		<p>have or are working towards higher qualification in medical education, such as a masters Degree, and significant numbers of teachers on the ground have a teaching certificate.</p> <p>(c) The new curriculum has clearly defined SSC slots, including four, three-week periods, an elective period of seven weeks and a period of preparation for Foundation School. There are a range of options available for each SSC slot, ranging from student projects through to experiences to inform career choice. In addition, within blocks there are a range of optional opportunities for students to follow their interests.</p>			
Delivering the curriculum	Provide a learning resources strategy that improves the quality and increases facilities to cope with expansion in student numbers. The School is required to improve	At the time of the QABME visit it was planned that the Medical School would eventually move into new accommodation provided through a PFI scheme at the University Hospitals of Leicester NHS Trust. This scheme had already been	Professor Stewart Petersen (sxp@leicester.ac.uk)	Meetings of the University Project Implementation Groups for the Medical Sciences Building and Clinical Sciences Building. Plans of refurbished areas available on request.	The changes to the Medical Sciences Building are completed and in full use (from February 2007). Work on the Clinical Sciences Building has begun. The

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	<p>the clinical skills centre at Leicester Royal Infirmary or provide new clinical skills facilities.</p>	<p>heavily delayed, leaving the medical school in inadequate accommodation. Unfortunately the PFI scheme collapsed completely in mid 2007. The University has now, however put in place an alternative strategy, investing over £2.5M, which has:</p> <ul style="list-style-type: none"> (a) Already reconfigured the existing Medical Sciences Building to provide new group teaching space. There are 12 newly refurbished group teaching rooms, each able to accommodate up to 45 students comfortably, with full AV facilities (b) Already provided new computer facilities with increased access to wired and wireless networks (c) begun work on extensive modifications to the Clinical Sciences Building on the LRI site to provide: <ul style="list-style-type: none"> (i) A state of the art clinical sciences library with extensive electronic access to journals and well configured study space. (ii) A new Clinical Skills Facility of 550m² with five, 			<p>new library is scheduled to be available from March 2008. the new Clinical Skills facility is scheduled to be available from June 2008</p>

Tomorrow's doctors area	Requirements	Action	Contact	Supporting documents list	Timeline
		<p>four-bedded simulated wards, one set out for emergency simulations, a simulated GP surgery, simulated treatment room and facilities for the use of models for clinical skills, plus associated office and other space. This will be in addition to the current clinical skills facilities on the LRI site, and is supplemented by extensive facilities in most of our District General Hospital partners.</p>			
<p>Assessing student performance and competence</p>	<p>Redesign phase 2 assessments to ensure summative assessment of common practical procedures so that the school can be assured that graduates meet the requirements for entering F1</p>	<p>Phase 2 assessments have been redesigned to match the new phase 2 curriculum. All blocks have formative assessment which is structured, and all student progress is formally monitored by Student Progress meetings at regular intervals, which specify appropriate interventions for struggling students. Major summative assessments remain between the two rotations (in the penultimate year of the course), and after the second rotation, before graduation. Both have been changed in</p>	<p>Professor Stewart Petersen (sxp@leicester.ac.uk)</p>	<p>Minutes of meetings of the Curriculum Committee 206 and 2007. Full Code of Practice for Assessment in Phase 2 which spells out in detail the new systems. Clinical Skills Workbooks spell out the procedural skills requirements for graduation</p>	<p>The formative assessment schemes and progress monitoring are already in place. The new Intermediate Examination will take place for the first time at the end of February 2008. Regulations do not permit the introduction of the new Final Examination in 2008, but it will take place for the first time in 2009. the</p>

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		<p>line with the visiting team's recommendations. The new 'Intermediate Professional Examination' after the first rotation is a structured assessment with both written and clinical components. The clinical component consists of:</p> <ul style="list-style-type: none"> (i) two structured observations of consultations according to our established 'Leicester Assessment Package', using mainly real (with occasional use of simulated) patients drawn from defined categories so that the student experience is more consistent than previously (ii) a series of four stations testing the students' ability to interpret common investigations. (iii) two stations testing the students' ability to devise suitable management plans, communicate them to the clinical team, and explain them to the patient (iv) structured assessment of procedural skills <p>The new Final Professional Examination will have the</p>			<p>'Clinical Skills Passport' is largely in place and will be fully operational in early 2008.</p>

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		<p>same format, but with extra stations in the clinical part for the assessment of consultation skills, management of emergency situations and more complex procedures.</p> <p>All procedural skills are assessed in a three stage process during the course as well as being sampled in the main summative assessments. Students must:</p> <ul style="list-style-type: none"> (i) Complete the skill on a model (ii) Be assessed in a 'high fidelity simulation' (iii) be signed off completing the procedure an appropriate number of time with real patients. <p>These assessments are recorded in a 'clinical skills passport' available to the student's Foundation School at the end of the course.</p>			
Student health and conduct	No requirements				

Table 2 – Recommendations

Please list the recommendations from your school's last QABME report. If you have not taken any action on any recommendation(s), please explain why in the action column.

If you do not have any recommendations in your last report or have not yet been reviewed under the QABME process, please check this box

Tomorrow's doctors area	Recommendations	Action – If none taken, please provide your reason for this	Contact	Supporting documents list	Timeline
Curricular Outcomes	No recommendations				
Curricular content and structure	The visiting team recommends (a) that the school reviews the design, delivery and process of the phase 1 curriculum for the Graduate Entry Programme Students. This is to ensure that it is tailored more to the need and prior experience of these students and addresses issues of the sequencing of learning and assessments and of student workload (b) The School review SSCs across both Phase 1 and Phase 2 to ensure that they are branded consistently to	Phase 1 of the graduate entry curriculum has been significantly revised for students entering in 2007. The number of modules in each semester has been reduced to be comparable to that in the five year course by: (i) Introducing a 'Patient Centred Clinical Practice' stream over three semesters. This is specific to the four year course and designed to utilise the prior experience of our health professional graduate entrants. It incorporates both the development of consultation skills in a way that builds on prior experience and student-centred study of social and behavioural Medicine. (ii) Review and condensing of	Professor Stewart Petersen sxp@leicester.ac.uk	Curriculum Committee minutes for 2006 and 2007. New, detailed course document for the four year course.	New Phase 1 introduced for entrants to the graduate entry course in 2007.

Tomorrow's doctors area	Recommendations	Action – If none taken, please provide your reason for this	Contact	Supporting documents list	Timeline
	remove any confusion over what is core and what is student-selected choice. The School should increase the total amount of students time spent on true SSCs for both phases.	basic biological sciences in semester 1 to reduce the number of modules by introduction of a new module specific to the graduate entrants designed to meet their needs. (iii) minor changes to the scheduling of modules to improve the sequence of topics These changes have significantly reduced workload, and allowed for more effective use of prior experience. (b) SSCs in Phase 2 have been revised according to the requirements listed in the previous section (see above). Phase 1 SSCs have been extended.		Course documents	Changes introduced in 2007
Delivering the curriculum	The visiting team recommends: (a) The school should enhance and review where necessary its examiner training and take-up to ensure a more consistent approach is adopted to allay issues about variability in assessor performance. (b) While the visiting team was pleased to	(a) A very large fraction (over 70%) of our examiners in summative assessments had been through formal training at the time of the QABME visit. Since then examiner training courses have continued with increased frequency. There for example seven courses, each with up to 20 participants scheduled between November 2007 and February 2008 in preparation for new examiners taking part in summative	Professor Stewart Petersen sxp@leicester.ac.uk	Schedules of examiner training sessions. Briefing documents and presentations for specific assessments	Ongoing.

Tomorrow's doctors area	Recommendations	Action – If none taken, please provide your reason for this	Contact	Supporting documents list	Timeline
	<p>note that Leicester acknowledge the need for change they recommended that the School strengthen its supervisory and management structures to ensure that they are sufficiently robust, transparent and integrated in the period following separation from Warwick</p>	<p>assessments during February March and April 2008. Examiner tasks in the new clinical assessments (see above) are more structured and specific training is provided for these before assessments.</p> <p>(b) At the time of the QABME visit there were still formal links with Warwick in the Leicester Warwick Medical Schools. Curriculum management structures of necessity reflected that and the tensions in the separating schools limited the effectiveness of joint structures. It was of course clear at that time that Warwick would separate and, in anticipation throughout the time of the QABME visit there were shadow Leicester-only structures in place. These became substantive as soon as Warwick separated completely in August 2006. The course is overseen by a Curriculum Committee, with each phase the responsibility of a phase coordinator chairing a phase management committee. Each curriculum element is led by a module of block leader with</p>		<p>Curriculum Committee minutes 2006, 2007. Code of Practice for Management of the Curricula.</p>	<p>New structures fully operation in 2006-2007 academic year.</p>

Tomorrow's doctors area	Recommendations	Action – If none taken, please provide your reason for this	Contact	Supporting documents list	Timeline
		<p>a defined role description and reporting line. There are defined quality control arrangements for both the curriculum and for assessments with appropriate reporting lines. The whole is enshrined in a formal Code of Practice for Management of the Curriculum. It is unfortunate that the visiting team could not appreciate that the conversion of shadow to formal mechanisms had to await formal separation from Warwick</p>			
Assessing student performance and competence	No recommendations				
Student health and conduct	No recommendations				

Table 4 – Innovations

Please identify any innovations the school is piloting or planning to introduce.

If you do not have any innovations currently being piloted or planned, please check this box

Tomorrow's doctors area	Innovations	Action	Contact	Supporting documents list	Timeline
Curricular Outcomes	We await the new 'Tomorrows Doctors'				
Curricular content and structure	We continue to develop Inter-professional education according to a regional IPE strategy defining a '3 strand' model across several HEIs	Early IPE (strands 1 and 2) in place and positively evaluated. Later IPE based in the clinical environment under active development and several examples in pilot stages, especially: Patient Safety course based on innovative, prize winning DVD material Inter-professional care planning courses Student-led out of hours provision in innovative service environment	Dr Liz Anderson esa1@leicester.ac.uk	Course documentation	Strands 1 and 2 introduced 2005-2006, strmad 3 from 2007
Delivering the curriculum	We have worked in partnership with the NHS to put in place effective structures to deliver clinical education. We have 40 'Clinical Education Leads' who are consultants with up to 5 pas identified		Professor Stewart Petersen	Code of Practice for Management of Curriculum. UHL NHS Trust Educational Strategy.	All Educational Leads now in place

Tomorrow's doctors area	Innovations	Action	Contact	Supporting documents list	Timeline
	<p>specifically for education. They are part of an NHS 'Directorate of Clinical Education' as well as the Department of Medical Education in the Medical School. They play a full role in the curriculum management structures and act as leaders for elements of the phase 2 curriculum. Most are developing careers as clinician educators, and are following or have higher qualifications in medical education. The effect of such a significant number of highly motivated educators on the phase 2 curriculum has been astounding.</p>				
Assessing student performance and competence	<p>We have modified our phase 2 summative assessments to preserve the characteristics of the 'Leicester Assessment</p>		Prof Stewart Petersen	Code of practice for Assessment in Phase 2	First new style assessment end February 2008.

Tomorrow's doctors area	Innovations	Action	Contact	Supporting documents list	Timeline
	Package', which is designed to provided assessment by directly observed consultations with real patients, but to present this in a structured format closer to an OSCE, which also allows other aspects of performance to be assessed				
Student health and conduct	We have regular (monthly) 'concerns meeting' where struggling students are identified and monitored in a structured way.		Dr Judith West		In place