

# GENERAL MEDICAL COUNCIL

*Protecting patients,  
guiding doctors*

## FINAL

### **Annual Report of the Visitors to the University of Liverpool (Liverpool) Medical School for 2003/2004**

#### **Introduction**

1. This is the report to the Education Committee of the General Medical Council on the University of Liverpool Medical School.

2. The visiting team appointed by the Education Committee for this purpose is:

Professor Jim McKillop (Team Leader)

Dr Nick Bishop

Professor Ian Booth

Mr Philip Brown

Miss Jennie Ciechan

Mrs Sue Hobbs

Professor Peter McCrorie

Professor Philip Milner

Professor Gillian Needham

Professor Martin Rowan-Robinson

Professor Julius Weinberg

The team was supported by Cara Talbot.

*Our programme of visits in 2003/04*

3. The GMC Visiting Team has attended the School on eight occasions: 7 & 8 April 2004, 20 April 2004, 28 & 29 April 2004, 17 & 18 May 2004, 25 June 2004, 2 July 2004, 8 July 2004 and 15 July 2004. The Team have reported informally to the Education Committee on these visits.

#### **Summary of findings**

4. Overall, the Visiting Team are satisfied that that the Medical School is meeting appropriately the requirements set out in *Tomorrow's Doctors*<sup>1</sup>.

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<sup>1</sup> GMC, *Tomorrow's Doctors*, (2003), 2nd Ed, GMC, London

5. Although we have 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 Visiting Team are satisfied that the University of Liverpool Medical School has an innovative and effective curriculum, and recognise that many of the concerns raised in this report are a reflection of this innovation in curriculum development. The Visitors would like to commend Liverpool Medical School on this level of innovation, which reflects good educational practice and delivers a high quality of basic medical education.

### **Curricular outcomes**

6. The Visitors are satisfied that the Medical School is meeting appropriately the requirements set out in *Tomorrow's Doctors*<sup>2</sup> for curricular outcomes.

### **Curriculum content, structure and delivery**

#### *Content*

7. The content of the curriculum is comprehensive, with appropriate consideration of relevant knowledge, skills and attitudes. The one area of concern to emerge was in relation to mental health.

8. Visitors are concerned that although the expectation of student competence in the area of mental health was realistic, the representation in the curriculum is such that students might not be adequately prepared to deal appropriately with mental health problems when in their PRHO post. Students, those involved in delivering the mental health component of the undergraduate course, and Sub Deans voiced similar concerns. First there was concern that on beginning the year four clinical students were inadequately prepared to undertake a mental state examination, and second that during the clinical placements there was insufficient time to gain the appropriate level of understanding and competence. There was also concern that exposure to the range of mental health conditions in general practice might not adequately prepare the student for the problems that might present to them when they are a PRHO. Visitors felt that the exposure would be sufficient if students had had prior experience and practise taking a mental state examination but after review of the LOCAS and OSCE examinations, Visitors are not convinced that this is currently the case. We understand that the curriculum is being amended to include a Mind and Brain module in the third year. If this includes the mental state examination the issue will have been addressed.

9. Academic staff concerns' about examining the subject in the new LOCAS exam meant that mental health had not been included. The visitors, and the Psychiatry External Examiner felt that the inclusion of mental health issues in the OSCE alone was inadequate and note the School plan to add it to LOCAS in future.

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<sup>2</sup> GMC, *Tomorrow's Doctors*, (2003), 2nd Ed, GMC, London

## *Structure*

10. The Visitors requested clarification on the structure of the spiral curriculum. Upon reflection, Visitors felt that there were problems with dissemination of this information, rather than the complexities of the spiral design itself. Student feedback indicated that students, particularly in the later years, were aware of the spiral nature of the course and were supportive of the way that knowledge from the previous cycles was built upon. On the whole they felt that the teaching staff were aware of the course structure and used it effectively.

11. The document provided on the spiral delivery of the disability topic was satisfactory and indicated that obvious progression in the topic had been made. Visitors recommend that a high level view outlining the structure of the spiral curriculum would be highly beneficial for students, and a more detailed curriculum map for all major themes should be made available for staff.

## *Delivery*

12. Visitors found the organisation of clinical teaching in year 4 variable and that it was heavily dependent on student initiative in some clinical sites. Historically the School has been happy to leave the organisation of attachments to clinical sub deans, as long as students are happy. The School was unaware of the student feedback as highlighted by the Visitors, and agreed this was an area they would look into. The School has also recently appointed a Clinical Co-ordinator who takes up on the 1 August 2004. This should help to address these concerns and pick up these types of issues that can be missed in the established formal feedback systems.

13. Students also commented that in some units, senior staff did not take part in teaching. The School is aware of this issue, and is focusing more on building the capacity of existing good attachments, rather than to coerce teachers who have no interest into teaching.

## *Teaching and learning*

14. There was some concern that the students were not fully aware of the level of detail required in the problem based learning (PBL) sessions, though it is recognised that this is a frequent comment from students on a PBL course. This was especially evident once they moved into year 3 where some of the teachers had not received training, and there was inconsistency in delivery. The PBL sessions were not always well integrated with the clinical teaching offered by NHS staff. When NHS staff were aware of the PBL contents and used them in the ward-based teaching, or cross-referred to them, then the PBL sessions became more effective.

15. The School has agreed that year 3 has inconsistencies in teaching. Recent changes are now allowing the School to provide more training and they have plans to cover the remaining teachers.

16. The PBL sessions observed by the visitors were well delivered. There was variability consequent on the make up of the PBL group. The facilitators at Liverpool

have mentors that they have personally chosen from a selected list of experienced PBL teachers. Where PBL groups have been identified with a problem, the School sometimes put in an additional observer. The School can and does call in facilitators to discuss weaknesses.

17. There was some concern about inconsistencies in the student selected module (SSM) in terms of the input of the leads, the depth required and the marking. Specifically, Visitors had concerns about whether:

- a. The system ensured a student undertook a variety of style/content of SSMs (or whether all could be literature reviews). In response, the School agreed that a high proportion have a large library component, although they felt that many SSMs classified as library based held other components, even though the assessable material came from library based activity. The School therefore, saw this issue as more one of classification.
- b. The adequacy of the system to ensure consistency of marking.

18. To address the issue of consistency of marking the School has implemented several systems. SSMs are double marked (by the SSM supervisor and by a subject specialist); the marks are then sent to the Moderating Board where they are checked for trend spotting. Where required discussions are held with assessors where a trend may have been spotted. These discussions have proven effective where they often result in changes in patterns of marking. The School also occasionally drop module conveners where required.

19. The School recognises a problem in that students may spot 'easy' assessors. Where assessors (usually new assessors or those less directly linked to curriculum) mark harshly; students can appeal. As SSM marks determine the award of honours, this appeals process is heavily utilised.

20. Whilst the students do provide individual feedback on placements, the clinical teachers we spoke to had not received any specific feedback about their practice or unit and the students' views on their performance. They felt that this would be valuable.

21. Clinical teachers felt that there was no formal process for their views on a student performance on placement to be fed into to the assessment process. When they had concerns about a student's academic performance, health or attitude they tended to use informal contacts and networks. In practice these seemed to have worked reasonably well but they were heavily reliant on the individual. In addition students reported that the personal tutor system was variable in its effectiveness. Some students have regular meetings with their personal tutors but in other cases meetings were sporadic or did not occur. Visitors have recommended that there should be a clear process for reporting concerns to the Medical School and all involved in teaching should be aware of it.

22. Students commented that there was a variation in quality of community placements and this was also a concern raised by GP's. The School has implemented a proforma for new practices to complete, however they recognise that some of the existing core practices probably don't meet these requirements. The

School is addressing this by locality-based Clinical teachers actually conducting onsite visits and monitoring the quality aspects of these placements, therefore introducing a more formal quality assurance monitoring system.

23. If a problem occurred it was initially addressed by the Community Clinical Teacher and if this failed it would then be addressed by the GP Community Organiser. The vast majority of problems could be resolved at local level with sensitivity although on two occasions it has been necessary to withdraw practices from the scheme. Visitors recommend that clear quality measures, support and training for practices would be helpful. More feedback via the local teachers to inform the practices of updates to the curriculum will be conducted through this process, to ascertain what training and support the School can provide to encourage the practices to meet the revised requirements.

24. Staff Development – Most PBL facilitators have attended a training course. The GPs we spoke to had attended a two-day course which they had found very useful. Structure of the course is now changed to learner-led. This is intended as a basic training course for all, with more specific training offered outside of that. There are regular meetings for GPs in Liverpool to disseminate information. In addition, local meetings are held for more distant practices. There was also an annual meeting for tutors involved with fourth years and a similar event for those involved with the third years. Approximately 70% of practices had a member of staff who had attended such an event. Other opportunities for teacher development were the Teaching Fellowship Scheme. One of the clinical teachers we spoke to was involved in assessing the fourth year OSCE commented positively on the preparation he had had for this.

25. The Visitors wondered whether the new GMS and consultant contracts would change the current approach to teaching. This concern was shared by the School.

#### Student selection and support

26. The admissions process is good, and students commented that they found the process supportive and informative. Disabled students were also positive about this process.

27. The students reported negative attitudes to struggling students from some staff – they sometimes found it difficult to admit to difficulties, either academic or social. However, generally, students reported that they found staff supportive, and they knew the appropriate channels to use if they encountered problems. Visitors recommend that the School could look further into improving support for students with particular emphasis on students that are struggling with the programme and performing weakly on assessments.

28. Although the School has a formal process via the Progress Committee to deal with failing students, the School recognised that there is a problem where struggling students do not speak up. Students readmitted by the Progress Committee are required to keep in touch once a month with their mentor. The School will discuss student concerns prior to entering the Progress Committee process, however it is up to the student to approach staff for additional help. The School has no structured remedial programmes for students who fail examinations.

## **Assessing student performance and competence**

### *The principles of assessment*

29. The assessment principles are well established and appear consistent across the curriculum.

### The Balance of Assessments

30. Students reported that there was variable assessment of their progress during the clinical attachments. Students found it difficult to get detailed feedback about poor performance in the summative assessment, as University regulations do not allow them to see their examination scripts. Some students repeating a year felt that they were inadequately supported. Some also noted that the timetabling was inflexible if they were required to re-sit the fourth year exam.

31. Students were concerned that honours depended solely on the results of the SSMs, in which there seemed to be problems of consistency of assessments. The regulations regarding SSMs have been changed by the Medical School to tighten up concerns about the Honours system. Other changes are not planned until the effects of changes made have been assessed.

32. The Team noted that the external examiners were diametrically opposed in their views on record on in-training assessments (RITA) as assessment in year 5, and the assumption that, at the time of the final summative assessment at end of year 4, students have reached all the knowledge they required. The RITA and portfolio form the assessment in the final year of the course. It should be noted that the Visitors were impressed by the rigour and the comprehensiveness of the year 4 examinations.

33. The Visitors were left unclear as to the grading of the RITA portfolios. On reviewing random samples, in many cases no overall grade was completed, or the overall grade was hard to relate to the grading of the components.

34. To address the problems of standards setting the School has just completed a complete central review of all portfolios. Though continual monitoring of this new system the School feels that process is improving. The personal formulary remains unsatisfactory in their view, but the quality of the reflective components is improving.

35. In career selected options and shadowing there are problems of interpretation by supervising consultants of what is required. The School has brought in teachers to discuss content and variances of view. Currently the School has no solution and they feel this is a similar problem through all clinical assessment system. They will continue to work closely with the External Examiners and will conduct a sampling review of portfolios next year. The School also plans to work more closely with Post Graduate Deans in building generic components from RITA portfolios that will link into PRHO and subsequent appraisal.

36. Students and some Clinical Sub-Deans were concerned about consistency of the assessor's role. The requirement that the process was 'signed off' by a consultant (with the exception of the Acute/A&E block) seemed inappropriate on occasion as that may not be the individual with the best information on the student's performance. This was particularly true for the 'ward' block, the main purpose of which was to shadow a PRHO.

37. The RITA/portfolio system merges 'educational appraisal and feedback'. The 'supervisor' is required to fill roles of mentor/coach, confidante and assessor, which the Visitors felt could create conflicts. The School recognises this as a problem, but due to resource constraints they cannot offer a solution. However, the Visitors suggest the solution lies in the suggestions from some Clinical Sub-Deans, who describe a modification whereby a separate person/panel judge the portfolio and undertake the review of assessment – the Visitors commended this as good practice and suggest that it could be generalised.

38. Overall, the students enjoyed year 5, recognised that they were progressing and anticipated the RITA system would be helpful when they were PG trainees.

## Feedback

39. Visitors felt that there were several areas where communication channels had problems with feedback loops. Visitors felt there were areas of inconsistency, although it appeared to be due to certain key individuals rather than the communications systems as a whole.

40. Feed back on student performance, particularly poor performance was perceived by students as weak. Visitors also voiced concerns about feedback and counselling for those failing year 4 exams. Within RITA, the mid RITA feedback system was a good idea, but was applied inconsistently. The Medical School noted that these student concerns were not raised through available feedback channels (e.g. via Student reps in Student Parliament). The School feels that in their own discussions with students 'There is plenty feedback – but not everyone chooses to make use of it'.

41. No routine assessments were fed back to the Medical School from clinical placements. Exception reporting, via the hospital sub dean, occurs if a consultant identifies a student with problems. The School contact was also unclear, which Visitors felt was a concern over the effectiveness of support for major problems.

42. There was concern expressed by the clinical sub dean and General Practices that they received no information about a student's disability or any previous attitudinal or academic problems. They thought this information would be extremely helpful in enabling them to improve support to students and offer a more personalised and individual learning programme. Some students had some concerns about how much information about them should be passed on when they attended new placements, though others would welcome it. This is clearly a complex problem but we felt was one that would benefit from an open discussion and ultimately a clear policy. The justification for the policy should also be clearly explained.

43. The School has been developing a process to enable the passing on of student information to clinical sub deans in years 4 and 5, or when they enter into PRHO training. The system will allow formal reporting of issues from anyone, staff or student. When notified on an issue, the School will inform the student. A proforma report will then be agreed by the student and the School and put in the students file. The School feels they will be able to forward this information to the clinical sub deans where necessary. This system is in an early stage of development, and the School is working closely with the students who have agreed the basic principles.

44. Visitors held some concerns about flow of information from faculty to clinical sites, though the hospital sub deans indicated that the position had improved dramatically in the last two years.

45. Visitors recommendation that services increment for teaching (SIFT) reports could be fed back to clinical sub deans to aid with feedback. Visitors suggested that some regular positive feedback would be beneficial to teachers who were performing satisfactorily.

46. The Visitors would like to commend the process for dissemination of general information of curriculum matters to teachers. The clinical sub deans have been impressed on the significant improvements made in this area in recent years.

#### Quality assurance of assessments

47. The Deputy Director of Quality ensures that all issues fed through the various feedback systems are enacted upon and closed. He also represents the School at the University, on the Academic Practice Board, which ensures that the Schools comply with the Quality Assurance measures at the University.

#### **Student health and conduct (fitness to practise)**

48. There is a formal system in place at Liverpool for students to be evaluated for fitness to practise. The early stages of this have been used but it has not been necessary yet to invoke the later stages.

#### **Other issues**

49. SIFT support for students – most Trusts received placement fees but no facilities funding. The appropriateness of the use of SIFT funding was hard to demonstrate. This is a national problem, rather than one, which is specific to Liverpool. Sub deans had worked very hard to obtain additional funding from other sources and students often had extra facilities available as a result. Inevitably, however, such facilities are variable across sites. Although the shortfalls in facilities are more than compensated by the enthusiasm of the staff throughout the Trusts, the variability of facilities was an area of concern for the visitors. There was also room for greater sharing of resources e.g. when one hospital within a Trust has particular clinical skills equipment which another does not have.

### *Reflecting contemporary society*

50. The Visitors would like to commend the School on its widening access scheme, showing its success by its high levels of mature students at the College of West Anglia and the Manchester College of Arts and Technology (MANCAT). The Visitors also noted that the areas of diversity and equality were being looked at in the PBL sessions.

51. The Team were encouraged to see the high rate of students with a disability who had been accepted onto the course.

52. The Visitors commended the addition of a patient representative on the Board of Studies.

53. The School has arranged inter-professional learning but this has had variable success, often because of lack of involvement by students in other disciplines.

54. The four-year Graduate Entry Programme (GEP) is still in its first year, although the students spoken to appeared generally satisfied with the course. At the time of the visits the team had some concerns about the workload in the first year, during which GEP students have to cover the equivalent of the first two years of the five-year course, but the assessment results to date and the student views have not borne these out. The Medical School feels that because of their prior degrees (all of which are biomedical or health related) the students already have the prior learning which allows the School to design the course in this way. The School has subsequently informed us that 1 out of 32 students in the first GEP cohort failed the Year 2 summative exam.

### **Main recommendations of our report**

55. As noted above (paragraph 7) the exposure to and assessment in Mental Health gave the Team some concern. We recommend that content be reviewed in the context of the recent revision of Year 3 and that the assessment of Mental Health in the Year 4 exam be reconsidered.

56. The Team were impressed by the concept of the RITA and how it was developing, particularly given the rigorous assessment at the end of year 4. However, they thought that there were further issues to be explored by the School in reviewing the RITA process, including:

- a. Quality assurance of RITAs – further development is recommended for the school to ensure consistent standards across the programme.
- b. The Visitors remain unsure as to how the school has dealt with the issues identified by the external examiners. The School have submitted their responses to the external examiner reports. The Visitors would find it helpful to understand how these issues were processed and whether the course has been changed to improve it.
- c. On review the Visitors felt that the structure and delivery of RITA was still inconsistent in parts and have suggested that RITAs should be reviewed centrally towards the end of year 5.

d. The Visitors felt that further development could be made on the internal and external validity of the marking.

e. The separation of the mentor/appraiser and assessor role. Some of the clinical sub deans indicated that the portfolio was assessed by a person or panel other than the mentor at their site. It would be worthwhile examining whether this approach could be generalised.

#### *Areas for further consideration*

57. Visitors would like to commend the importance of the availability to staff and students of a curriculum map for all major themes.

58. The Visitors noted the dependence of the curriculum on a very small number of senior staff, and suggest the importance of identifying more staff to take on organisational roles to aid with good succession planning.

59. Further development on feedback is suggested, to improve the information flow between the School and the Trusts. Feedback and support should also be improved for students with particular emphasis on students that are struggling with the programme and performing weakly on assessments.

60. Year 4 students need to have enough formative assessments during attachments to ensure there are no surprises at the summative assessment.

#### **Areas of innovation and good practice**

61. The PBL sessions observed by the visitors were well delivered. There was variability consequent on the make up of the PBL group. The Visitors also felt that the system of facilitators being able to call on mentors as an area of good practice.

62. The Visitors would also commend the clinical skills area and teaching, and the Anatomy Centre (HARC) as examples of good practice.

63. Visitors felt that the community placements were of a high quality standard. In addition the team thought that the Community Handbooks were particularly well put together. They were written with an assumption that the GP reading them had no prior knowledge of the course.

64. At Liverpool Medical School one third of the students' clinical experience is in the community. The placements are well structured and the handbooks clearly specify the objectives and purpose of each placement. The final year placement in particular was highly rated by students.

65. In recruiting new practices and developing teachers the University has worked closely with the Primary Care Trust's (PCT's), and in particular the local teaching Trust. This has resulted in some innovative schemes, which both improve service delivery and generate high quality teaching placements. The PCT is working in partnership with the University to recruit salaried doctors to Practices in Central Liverpool. In addition to working in the Practice the doctors are also given protected

time to teach medical students which has made these posts far more attractive. In the longer term these doctors will develop into the teachers and academics of the future. The Community Studies Unit have also worked in partnership with the Postgraduate Deanery to develop Teaching Fellowships for GP Registrars who wish to extend their training for a further 6 or 12 months.

66. The Visitors commend the Teaching Fellowship and PCT schemes, where the objective is to increase the teaching capacity, particularly in resource-stretched areas.

67. The arrangements for shadowing and the fifth year placements were extremely highly rated by the students. The students interviewed spoke extremely highly of the fifth year placement when they are allowed to work with greater autonomy. The way this is organised, supported and reviewed provides an example of good practice, which may be of interest to other medical schools.

68. The Visitors would like to commend the role of the PRHO mentor as an example of good practice. Visitors were satisfied that the quality of teaching was generally high, that induction at clinical sites was good, and that generally IT and other support off campus was of a good standard.

69. The Critical Thinking Module, in which students develop a proposal for a research study, is an imaginative way of increasing students' analytical powers and assessing them.

70. RITA/portfolio system – although certain areas need further consideration the Visitors commend this as an area of innovation and good practice.

*Future working*

71. We would like to thank the Liverpool Medical School for participating in the piloting of the Quality Assuring of Basic Medical Education (QABME) programme in 2004. Visitors would like to congratulate the School on the enthusiasm of its staff, and for its innovation in the recent changes made in developing the curriculum.

72. The final draft of the annual report will be sent to Liverpool to check its factual accuracy, before being presented to the Education Committee.

Signed.....

Date.....

## Annex A: School Response

13 December 2004

Cara Talbot  
General Medical Council  
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LONDON  
NW1 3JN

Dear Cara

I attach my response to the QABME report on the visits to Liverpool.

I thought that the QABME process worked well – certainly the visitors were very thorough in their duties – although we did feel somewhat over-visited! However, at all times they were very professional and the process was carried out in a robust yet supportive way as I think the report bears out. I certainly have no regrets that we volunteered to be a pilot site.

There are two areas, however, that are represented in the report that I think should be considered for future visits.

- i. There should not be mention made in the report of things that have not been discussed with the School. The obvious example is the external examiners reports – what we do with them and what changes have been made as a result of them. We could have easily provided evidence about that – but were never asked.
- ii. Evidence should be available for comments made. Again the examples would be the comments about the variability of the clinical sites and the feedback to students. I have tried hard since the visits to find out the basis of these comments to no avail. This is unhelpful – it may be these things are true and no-one is brave enough to tell me to my face – in which case I will not be able to put it right and it will catch us again next time – or it may be that this was a single unhappy student or at worst a small group who are unhappy but not representative of the whole – in which case it probably should not have been in the report. When I did QAA (not that I am saying everything we did in those visits was exemplary) we were not permitted to put anything in the report that could not be ‘triangulated’ – we should apply the same rigour to our comments.

With these relatively minor provisos, I think the QABME process is robust and useful and I look forward to it improving with time

Best wishes

Professor Anne Garden  
Head of School

### **Response to report of QABME visits to University of Liverpool Medical School 2003/4.**

- Para 9. The year 3 programme had already been re-designed when the Visitors came and the details of the programme could have been shown to them had they asked. The Mental State examination is included in the new programme.
- Para 10. As identified in the report, we already have made plans to change the assessment of Psychiatry.
- Para 12. Consideration will be given to ascertain how to provide a high level view of the spiral nature of the curriculum to students in a manner that will support their learning. We will discuss with staff the best method of providing them with a detailed curriculum map.
- Para 13. The draft report was considered at a recent meeting of the Board of Studies. Representatives of the students and the Clinical Sub-Deans were present. None of them were able to identify the issues behind this paragraph.
- Para 22. We described to the Visitors the 'Yellow Card' system which was almost ready to be implemented at the time of the visits and which will constitute the clear process for reporting concerns to the Medical School. This process should be in place by the end of the academic year.
- Para 28. The School will look further into how support for struggling students can be provided. This, however, is not an issue that has been raised through the Student Parliament process.
- Para 31. Detailed feedback *is* given to students who fail exams – although as stated we are not permitted to show them their examination scripts. Feedback sessions are held after all written exams, communication skills exams and the OSCE. The School will consider how it can better support students who are required to resit a year.
- Para 34 We are continuing (and will continue) to work on the reliability of the RITA system. A recent analysis of eth system showed high generalizability and reliability ( $\alpha - 0.9$ ).
- Para 38. We will discuss with the Clinical Sub-Deans the possibility of separating the mentor/appraiser and assessor roles.
- Para 41. I would stand by the comments made by the students with whom I discussed this issue 'There is plenty of feedback – but not everyone chooses to make use of it'. A plenary session is held after all exams when the papers are discussed with the whole year. Thereafter, individuals who require more help are able to make an appointment with the Year Director or other appropriate member of staff for individual or small group feedback.
- Para 57b. External examiner reports are sent to the School by the central University. A response is made by the Deputy Director (Assessment) and the Director of Medical Studies which is considered by a Faculty level committee before being sent to the external examiners. This committee also ensures that all reports requiring a response are dealt with. The external examiners reports

– and the responses – are also included in the Annual Programme Monitoring report.

To my knowledge, we were never asked for examples of how the course had been modified in response to external examiners comments. Examples of improvements in recent years include

- a) development of the LOCAS exams
- b) plans to include Psychiatry in the LOCAS exams
- c) the central review of all Year 5 Portfolios.

- Para 59. The problem of small numbers of staff is a long-standing one with which we have been struggling for some years. We are grateful for the support of the Visitors in this area – and will try to continue to improve the situation.