EDUCATION COMMITTEE

REPORT OF THE VISIT TO GUY'S, KING'S AND ST THOMAS'S SCHOOL OF MEDICINE AND TO THE SOUTH THAMES DEANERY, UNIVERSITY OF LONDON

21-22 MARCH 2000

We should like to express our thanks to the Dean and senior staff at the School of Medicine, the Postgraduate Dean and the Dean Director of the South Thames Deanery and all those who spent time organising the visit programme and discussing the undergraduate curriculum and the pre-registration year with us.

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Foreword to the visit reports 1998-2001

The Education Committee is accountable for ensuring that its recommendations on basic medical education are implemented by every medical school in the UK.

When our latest guidance on undergraduate education, *Tomorrow's Doctors,* was

published in December 1993 we made it clear that we intended to monitor the progress of curricular change, through both written enquiries and on-site visits. We are taking a similar approach towards implementation of our recommendations about the pre-registration year, published in *The New Doctor* in April 1997.

The first round of visits, to 25 medical schools, took place between 1995 and the spring of 1998. A second round of visits began in the autumn of 1998. These are focusing on the rolling out of the 13 principal recommendations in *Tomorrow's Doctors* during the primarily clinical years of the undergraduate course, as well as the introduction of improved arrangements for the training of pre-registration house officers.

The Quality Assurance Agency also began its review of medicine in the autumn of 1998 and at the request of the medical schools concerned a number of our visits have been synchronised with those of the QAA. This has enabled both bodies to minimise the burden which would otherwise have been imposed on the schools as a result of two separate visits within a relatively short space of time. We have, for example, been able to share documentation, and hold some joint meetings with medical school staff, students and recent graduates. Where collaborative working with the QAA has taken place, we state this in our reports.

The purpose of the QAA reviews is described in detail in their own documentation, including the reports of visits their teams have undertaken. The visits we ourselves are presently making are informal and are designed to be facilitative and supportive of curricular change, rather than judgmental. For this reason they contain no graded assessments of the quality of the provision available, or the quality of the student experience. They do, however, point up areas which we believe to be in need of further consideration. We will be pursuing progress with regard to these issues through written enquiries of the medical schools 12 months after each report has been published.

As well as informing us in some detail about the extent to which each school has succeeded in introducing a curriculum consonant with our guidance, and in enhancing the clinical experience of its new graduates along the lines advocated in *The New Doctor*, the visits provide us with opportunities to identify examples of good practice which we can share with other medical schools. These too are detailed in our reports.

The reports of individual visits will normally be available on our website (www.gmc-uk.org) one month after these have been sent to the schools concerned. In addition, we will be publishing a summary of our findings at the conclusion of the current round of visits in 2001.

Introduction

1. Our visit had two purposes:

   To review progress made by the School towards implementing the recommendations in *Tomorrow's Doctors* since our last visit in 1998, with a focus on the predominantly clinical years of the course.

To monitor progress towards implementing our guidance on the pre-registration year, as set out in *The New Doctor*.

2. Our team was led by Professor Graeme Catto, Chairman of the Education Committee. The other members were Dr Christopher Bunch, Medical Director of the Oxford Radcliffe Hospitals NHS Trust, Professor Reg Jordan, Director of Medical Studies at the University of Newcastle upon Tyne, Professor Peter Rubin, Dean of Medicine at the University of Nottingham and a member of the Education Committee and Dr David Sinclair, Pro Dean of Medical Science at the University of St Andrew's.

3. Our visit lasted two days, with the first day devoted to the undergraduate curriculum and the second day to the arrangements for general clinical training. On both days we worked in collaboration with a team from the Quality Assurance Agency (QAA) which was simultaneously conducting a review of medicine at the School. We have provided information about the nature of this collaborative working where this is pertinent.

4. Our report is in two parts, reflecting the nature of our visit. In part one we look at the further progress made towards implementing the recommendations in *Tomorrow's Doctors* and discuss the School's plans for future development. In part two of our report we consider the arrangements for general clinical training in the light of our guidance in *The New Doctor*.

5. In both parts of our report we have identified areas of good practice and issues where further progress is required.

Part 1: The undergraduate curriculum

Background information

6. Prior to the visit the School provided us with helpful background material including the Self Assessment Document prepared for QAA reviewers. The School also made available to the QAA copies of the questionnaire it had compiled for us.

Form of the visit relating to undergraduate medicine

7. The day began with a meeting with the Dean and senior members of the School to gain an overview of the curriculum and to discuss developments since our last visit. We then had a series of meetings with key staff involved in the day-to-day delivery of the undergraduate programme, including those with particular responsibility for assessment, for overseeing the new core curriculum and for special study module (SSM) provision. In the afternoon we had discussions with a number of clinical teachers and with a group of students drawn from Years 1 to 4 of the new Guy's, King's and St Thomas's (GKT) course and from Year 5 of the existing United Medical and Dental Schools of Guy's and St Thomas's Hospitals (UMDS) and the King's College School of Medicine and Dentistry (KCSMD) programmes.

8. We were joined at many of these meetings by members of the QAA team, who wished to pursue issues relevant to their consideration of undergraduate medical education.

9. During the day we were also able to view some of the excellent clinical skills teaching facilities and learning resources available to students. Throughout the visit the team had access to all the materials prepared by the School for the QAA visitors.

The Guy's, King's and St Thomas's (GKT) undergraduate curriculum

Development of the new curriculum

10. When we last visited in March 1998 the United Medical and Dental Schools of Guy's and St Thomas's Hospitals (UMDS) and the King's College School of Medicine and Dentistry (KCSMD) were working closely together in order to devise a new joint curriculum prior to their amalgamation in August 1998 to form the Guy's, King's and St Thomas's School of Medicine (GKT).

11. On our return we were able to congratulate the new School on the rolling out of the first four years of its new curriculum, no mean achievement given the size and complexity of the task. This has proved possible because there was sufficient commonality between the previous UMDS and KCSMD curricula to allow the introduction of the GKT programme for Year 3 students in 1998 and for Year 2 students in 1999. The new GKT Year 4 also commenced in 1999. In August 2000 the Year 5 programme will be introduced, completing implementation of the new curriculum.

12. The new programme is based around a core curriculum and a wide range of Special Study Modules (SSMs). The first cohort of students to follow the new curriculum in its entirety entered the School in autumn 1999 and will graduate in summer 2004.

Structure and content of the curriculum

13. A diagram representing the structure and content of the curriculum is at **Annex A**.

14. In Years 1 and 2 the emphasis is predominantly on medical and behavioural science, closely linked with practical experience acquired mainly in general practices and the community. During this phase of the course:

an induction period in Year 1 introduces students to all five years of the course, and to methods of learning in higher education

the science modules contain clinical material offering a degree of vertical linkage to later years of the programme

the Cells and Molecules module in Year 1 includes cell biology, biochemistry and the principles of histology; systematic histology is delivered as part of the systems modules

the Science Basis of Disease module in Year 2 provides a bridge from cellular and molecular science to the pathological basis of disease

endocrinology relevant to an understanding of gastrointestinal and liver functions is included in the gastrointestinal/renal module

anatomy is taught using a variety of methods, including dissection

the Practice of Medicine course incorporates a general practice attachment, communication skills, ethics, sociology, psychology, public health medicine and epidemiology

the Skills module provides training in library, information technology, learning, presentational and personal management skills and an introduction to statistics

there is one SSM in Year 1; choice is restricted to an investigative or laboratory project. In Year 2 students choose two modules from a wide area of basic science, clinical and other fields of study, including the humanities (for example, modern languages)

timetabled teaching averages 22 hours per week, with 24 weeks' teaching per year. Students have at least two half-days set aside for self-directed study per week.

15. Year 3 commences with a three-week introductory course devoted to developing history-taking and clinical examination skills in preparation for the clinical rotations that follow. For each of the three thirteen-week clinical rotations students are attached in small groups to multi-disciplinary teaching firms. This firm-based clinical teaching is complemented by a series of half-day multidisciplinary symposia, the content of which is directly related to the clinical firms. For example, on the cardiovascular/respiratory and abdominal rotations the symposia are jointly organised by a pathologist and a clinician, and cover relevant pathology, revision of basic medical science, and pharmacology and public health sciences. Students also have the opportunity to develop their skills in problem-based learning (PBL) as each firm in the year has an identified PBL tutor. Students undertake three SSMs during the year.

16. In Year 4 students complete another three 13-week rotations designed to develop their core clinical knowledge, skills and attitudes. The Reproductive and Sexual Health attachment provides exposure to obstetrics, gynaecology, family planning, breast medicine, sexual health, genito-urinary medicine and liaison psychiatry. During the Child Health and Care of the Elderly module students complete 8 weeks in paediatrics and child psychiatry and four weeks of health care

of the elderly, old age psychiatry and palliative care. The Trauma, Emergency and Locomotion rotation allows students experience of orthopaedics, rheumatology, rehabilitation, neurology, accident and emergency medicine, anaesthetics, critical care and pain control. As in Year 3, weekly multidisciplinary symposia contribute to student learning, using patient presentations as their focus. Four SSMs are also completed during the year.

17. The School is developing Year 5 to enable students to consolidate their basic clinical skills and to refine their learning in preparation for the PRHO year and beyond. The clinical rotations will comprise 8-week attachments in medicine and surgery in district general hospitals and a further 8 weeks in the community and general practice. These are designed to be student house officer placements, allowing students to participate in everyday patient care, including clerking and planning their future management, under close supervision. Between each of their attachments students will return to the main School campus to engage in a variety of activities including reflection on their experience on the attachment, setting personal learning goals and gaining certification for key skills such as advanced resuscitation and radiation protection. Students will undertake two SSMs during Year 5 in addition to the traditional elective period at the start of the year which will be reconstituted as an SSM.

18. A number of themes extend vertically throughout the course. These include:

pathology
pharmacology and therapeutics
public health sciences
general practice
communication and professional skills
genetics
ethics
palliative medicine.

19. The new curriculum has been based around the recommendations in *Tomorrow's Doctors* and clear aims and objectives have been set for each component of the course.

The management of change (Principal Recommendation 13)

Supervisory structures

20. A diagram, outlining the way in which the undergraduate curriculum is managed, is at **Annex B**.

21. Overall responsibility for the management and development of the curriculum is vested in the Medical Education Committee (MEC) and its Executive. Their constitution and terms of reference are described in the documents at **Annex C**. Reporting to the MEC, the Year Management Committees and the SSM Committee are responsible for detailed planning, organisation and delivery of their particular area of the programme. The Core Monitoring Group has the task of

reviewing the appropriateness of the core curriculum and of ensuring that unauthorised expansion of the core does not take place.

22. We wondered whether there might be scope for some rationalisation of the large number of groups currently reporting to the MEC. In our view this would both simplify and strengthen the management framework for curricular development and implementation.

The contribution of students

23. One of the most interesting features of our visit was the time we spent with the students. They were an articulate and highly motivated group who were clearly enjoying their studies at GKT. We believe that the School has acted with great wisdom in seeking and taking account of student input in planning, implementing and managing change.

24. The Student Medical Education Committee (SMEC) is regarded by both staff and students as an effective mechanism for instigating change. It has a voice on all key committees of the School, including the MEC, each Year Management Committee and the Core Monitoring Group, and is thus able to influence curricular development. SMEC is also actively involved in reviewing and monitoring courses and teaching. Recently it conducted an audit of consultant teaching to identify any area of deficit and presented teachers with the results of its review.

25. Students spoke enthusiastically of the rapid and positive response of the School to their requests for curricular modification. Recent examples include an increase in the provision of small-group bedside teaching in Year 3 and the relocation of ENT teaching from the Head to Thorax rotation in the same year.

Staff development

26. We were impressed by the School's positive approach to furthering the professional development of both its university and NHS staff and by the steps it has taken to ensure that all teachers are kept fully up to date with the pace of curricular change.

27. In relation to the first of these objectives the Staff Development and Training Unit (SDTU) and the GKT Department of Medical and Dental Education (DMDE) both offer a wide range of staff training programmes, specially tailored to meet different needs. One of the courses organised by the SDTU is the New Lecturers programme mandatory for all new teachers. During the last year the DMDE has introduced a short course for NHS specialist registrars to promote the development of their teaching skills and to encourage their involvement in teaching. The Department has also produced an innovative three level programme of teacher development. The first level involves initial training and a programme of short courses covering specific aspects such as small group teaching or problem-based learning. The award of the GKT Certificate in Teaching follows successful completion of the second level which includes scrutiny of teaching in the workplace by a qualified observer who provides feedback on individual performance. The

third stage is a part-time two year course for the Diploma in Teacher Education in Medicine and Dentistry.

28. As the new curriculum has been rolled out, the School has exerted more pressure on its teachers to attend training courses and to consider what modifications to teaching methods may be necessary. This has resulted in large numbers of staff enrolling on training programmes, particularly the Certificate and Diploma courses.

29. Information about the curriculum is disseminated in the following ways:

the issue of regular Curriculum Bulletins to all teachers

frequent curriculum updates on the School website

Annual Curriculum conferences providing a forum for all teachers to meet and exchange information and ideas

the production of a regularly updated Staff Handbook providing an overview of the curriculum and of separate handbooks giving detailed information about each year of the course.

The promotion of teaching as a valuable activity

30. The School recognises the importance of encouraging and rewarding high quality teaching. This is clearly evident in the appraisal and promotions procedures it has put in place for staff.

31. The annual appraisal of all academic staff takes into account their contribution to teaching while this aspect is formally assessed as part of the appraisal of all NHS staff. The teaching commitments of NHS staff are listed in their job descriptions.

32. Teaching excellence, including expertise in curriculum development and organisation, is recognised as a basis for academic promotion. NHS medical staff can obtain honorary appointments in the School of Medicine while many NHS consultants are awarded honorary senior lecturer titles in acknowledgement of their commitment to teaching.

Aspects of the core curriculum (Principal Recommendations 1, 2, 5, and 7)

Defining the core curriculum

33. In 1996 a Core Curriculum Working Party, with representation from both former institutions, was established and charged with the task of identifying a core curriculum for basic and clinical sciences which would define the core attitudes, skills and knowledge required of the doctor on graduation. All teachers, including non-specialists and general practitioners, responsible for the delivery of the undergraduate curriculum were involved in this process. A list of 145 clinical

Clinical experience

problems was agreed which would form the basis of the core curriculum. For each clinical problem a 'problem matrix' was developed in which the basic science, pathophysiology, clinical science and the attitudes, skills and knowledge content of teaching and learning were specified.

34. The first definitive form of the new core curriculum was produced in October 1999 and circulated to teachers and students. An 'electronic' version can also be accessed through the Virtual Campus, a website for undergraduate and postgraduate students in medicine, dentistry and biomedical sciences. A Core Monitoring Group, including basic scientists, pathologists, clinicians and students, has been formed to oversee implementation of the core curriculum across all five years of the course.

35. As part of this process a questionnaire has been issued to all course organisers in Years 1-4 seeking their views on how they are relating their teaching to the core curriculum. The results of the survey confirm that the most clinical course organisers are specifically deriving the majority of teaching topics from the core curriculum although the challenge of communicating across teaching sites and ensuring uniform delivery of the core is acknowledged.

Reducing the factual burden on students

36. The School has provided the following information about the way in which teaching time is allocated for Years 1 to 4 of the new curriculum. Apart from SSM time, details of the allocation for the new GKT Year 5 were not available at the time of our visit.

	Year 1 (hours)	%	Year 2 (hours)	%
Lectures	232	41.5	218	41.9
Clinical demonstrations (lecture theatre based)	10	1.8	16	3.1
Tutorials/ seminars	87	15.6	66	12.7
Problem-solving workshops	21	3.8	6	1.2
Timetabled computer assisted learning	20	3.6	4	0.8
Practicals (basic medical sciences)	94	16.8	58	11.2
Practicals (clinical skills)	2	0.4	7	1.3

Clinical experience (patient contact)	12	2.1	13	2.5
First aid training	1	0.2	3	0.6
In-course tests (including student presentations)	18	3.2	9	1.7
Introductory tours	2	0.4	0	0.0
Core total	499		400	
Special study module time	60	10.7	120	23.1
Total for Year	559		520	
Average hours per week	22.4		20.8	

Year 3

Small group and tutorial based-firm teaching	66%
Symposia	11%
SSMs	22%

Year 4

Ward-based clinical teaching and clerking	50%
Symposia	11%
SSMs	22%
Seminars and tutorials	17%

37. Recent curricular changes have resulted in a reduction in the factual burden on students but the School recognises that there is scope for further rationalisation of didactic teaching, particularly in Years 1 and 2 where lectures predominate. We were interested to learn that the CMG will shortly be embarking on a detailed review of all courses in Years 1 and 2 following the introduction of the new core curriculum. This review will include surveys, 'teaching visits' and interviews with course organisers and take into account regular feedback from students and teachers. We support this initiative, taking the view that the need to constrain factual overload should be a key element of curricular review.

Integration

38. In developing its new curriculum the School has taken pains to promote the vertical integration of clinical teaching and basic sciences.

39. In Years 1 and 2 the teaching of the horizontally integrated systems courses is delivered by both basic scientists and clinicians, and may include clinical demonstrations, sometimes with patients in attendance. The Scientific Basis of Disease core course in Year 2 is taught entirely by clinicians or by scientists working in the clinical departments of pathology and genetics. Teaching of basic medical science is integrated with clinical contact in primary care and exploration of ethics and social sciences in the Practice of Medicine course extending throughout Years 1 and 2.

40. In Years 3 and 4 integrated systems-based clinical symposia allow basic scientists to teach on key aspects of science. We noted in particular significant contributions from pathology, epidemiology and medical ethics. Students revisit the major body systems in problem-based learning tutorials in Year 3 while the medical, surgical and psychological aspects of systems are explored in the clinical attachments in Years 3 and 4.

41. Having implemented the first four years of its new course the School is setting up a review system, through the Core Monitoring Group, to measure the degree of vertical integration achieved. We encourage the School in its work to enhance this aspect of the curriculum, which is deserving of further consideration.

Learning through curiosity

42. The School is committed to stimulating student enthusiasm and curiosity about medicine in GKT.

43. In addition to the extensive SSM programme, described in detail in the next section of the report, students are afforded a number of opportunities to explore areas of particular interest to them and are encouraged to take responsibility for directing their own learning.

44. Clearly stated learning objectives, consistent with the aims of the course, are prepared for each teaching session, spelling out for students what they are expected to achieve. This prompts them to plan their own learning activities. We were told that time for reflection has been built in to the new Year 5 to encourage students to consider their learning needs and how these can be best addressed. The introduction of problem-based learning sessions in Year 3 also allows students more control over the areas they particularly wish to investigate and the learning approaches which they can adopt.

45. The excellent learning resources described in paragraphs 60-67 offer students ample scope to develop their skills in self-directed learning.

46. All students are encouraged to consider intercalating a Bachelor of Science (BSc) degree during the MBBS programme, by spending an additional year studying a scientific subject in depth. Most BSc degrees include a research project. Many students have taken up this option, with 60% choosing to intercalate between Years 2 and 3, though intercalation is possible at any time after Year 2.

Special study modules (Principal Recommendation 6)

47. The SSM programme extends through all five years of the course and offers students great diversity and choice ranging from laboratory-based scientific projects, clinical projects, studies in the history and development of medicine, aspects of public health, sociology and medical ethical issues to the study of a modern European or other language. Students are also encouraged to propose their own SSMs subject to the agreement of their supervisor and the approval of the SSM Committee.

48. The overall amount of student time allocated to SSMs in the course is 24%. On a yearly basis this constitutes:

Year 1	11%
Year 2	22%
Year 3	22%
Year 4	22%
Year 5	37%

The table overleaf provides further detail:

GKT Medical Curriculum – Special Study Modules

Year	Day	Number of Study Days	Semester/ Trimester	Year Value SSM Units
One	Mon	12	2	1
Two	Tues	24	1+2	2
Three	Thurs	36	1+2+3	3
Four	Fri	36	1+2+3	3
Five	Block	40	1 Major Elective	3
	Two Sessions/ week	12 12	2 Minor Electives	1 1
	Total		14	

An SSM unit is defined as 12 days of study. Students must pass 11 out of the 14 SSM units in order to graduate MBBS.

49. In the new GKT Year 5, the traditional elective will be fully incorporated in the SSM programme and two minor electives will also take place during this year. Students will be required by February in Year 4 to produce a protocol and proposal for their major SSM-elective and this must be approved by their Clinical Adviser. On return from the elective they will each present a poster summarising their elective period. The protocol and the poster will contribute to the final mark for the SSM-major elective. The SSM-minor electives will consist of clinical projects carried out in the district general hospitals to which the students will be attached during Year 5. They will be assessed at the district general hospital by means of a written summary and an oral presentation.

50. The SSM Committee reviews each proposal for its academic content and rigour, as well as the appropriateness of the SSM for the proposed year of study. The Committee also considers whether the SSM is truly an extension of core, and the extent of and the criteria for assessment of the SSM. Modules which do not meet the required criteria are returned for re-submission. Those recommended by the SSM Committee are given final approval by the Medical Education Committee or its Executive.

51. The School has developed excellent SSM Student Handbooks for each year of the undergraduate programme. These contain guidance about selection of SSM topics and detailed information about the types of SSMs available, including their assessment schemes. Students may choose up to five modules in order of preference for each SSM period, but must undertake a laboratory-based SSM in Year 1 and a public health-based SSM in Years 3 and 4. In Years 2, 3 and 4 students are normally precluded from completing more than one language module or one library project each year. Exceptions to these ground rules can be made in certain circumstances, as in the case of graduate entrants or students joining the programme other than at the beginning of Year 1.

52. Students are steered away from over-specialisation in their SSM choices by

their Personal Tutors or Clinical Advisers who are also on hand to provide academic and pastoral support to students undertaking SSMs. Additionally, they may contact one of the three SSM Directors of Study for advice.

53. In order to progress through the course the students must satisfactorily complete:

Two SSM units by the end of Year 2
Four SSM units by the end of Year 3
Seven SSM units by the end of Year 4
Eleven SSM units by the end of Year 5

If students have not accumulated sufficient SSMs to progress at the end of a particular year, they may repeat the entire year at the discretion of the School Examination Board. There are no specific concessions or requirements for borderline students. Occasionally a student who is weak in a particular area or has missed some of the core clinical work due to illness is asked to complete certain SSMs to bolster their knowledge in that field.

54. Marking schemes and assessment criteria, approved by the SSM Committee, vary between SSMs. We were provided with the following examples by the School.

Taught course	
Unseen written exam 2 or 3 hours	60 to 70%
Course work, essays or poster	30 to 40%
Written project	
Dissertation up to 8000 words	80%
Oral examination	20%
Field/seminar course	
Seminar presentations	50%
Written portfolio or case study 4000 words	50%
Clinical SSM	
Written report up to 8000 words	80%
Presentation or oral examination	20%

55. Although the School seeks through its SSM Committee to ensure comparability between SSM content and assessments, students are aware that certain SSMs are more demanding than others, admitting to us that they chose those with less of an assessment burden. We recommend that a more uniform approach to the assessment of SSMs should be introduced by the School.

56. We thought that the School had mustered an impressive number of SSM options, a view shared by the students we met. However, students did express some concern at the scheduling of SSMs which, at times, interfered with the continuity of their clinical attachments. This appeared to be less of a difficulty when the SSM was linked to clinical practice; in fact, we received the clear message that

students would
welcome most positively an increase in the number and range of clinically based SSMs. This request may provide the School with an acceptable solution to the timetabling difficulties referred to above.

Delivery of the curriculum (Principal Recommendation 11)

Teaching methods

57. The School utilises a wide range of teaching and learning methods, including:

lectures
seminars
tutorials
computer-assisted learning (CAL) sessions
problem-based learning sessions
clinical demonstrations
laboratory practical classes (including dissection)
simulated clinical skills training
SSMs
clinical symposia
self-directed learning
clinical attachments in hospital and community settings.

58. The new curriculum contains a number of innovative features. In Years 1 and 2 medical and nursing students attend joint teaching sessions in clinical skills. A new CAL class on problem-based learning has been introduced in Year 2, organised jointly by the Information Services and Systems and Public Health departments. Teaching has been integrated during the rotations in Year 3, removing the distinction between 'medical' and 'surgical' firms. General practitioners now contribute to teaching on each firm. Communication skills symposia in Year 4 use video-recordings of clinical scenarios made by local hospital clinicians to prompt discussion and debate while actors are employed to role-play in facilitated small groups of students during practical sessions in the Clinical Skills Centre at Guy's Hospital.

59. Students welcomed these innovations and were generally appreciative of the various learning opportunities available to them throughout the curriculum.

Computing and computer-assisted learning (CAL) facilities

60. Details of the number and location of computer workstations on the main campuses of the School can be found in the table at **Annex D**. These public access workstations (PAWS) have full internet access and email capabilities. The students we consulted appeared satisfied with the number of PCs provided for their use.

61. The GKT CAL laboratory is the focal point for the procurement, development

and use of CAL material, and also provides support for staff wishing to develop their own packages and for students undertaking project work. Several short tutorial and self-assessment applications have been written in-house, and some large multimedia applications including the Cardiovascular and Respiratory Systems modules. These are all available on the PAWS but can also be provided to students on request on CD-ROM. At present there are approximately 50 CAL packages available on the PAWS under the heading of biomedical sciences or medicine.

62. The GKT CAL laboratory includes two staff dedicated to the Virtual Campus project. This website currently provides access to:

course information (including details of the core course, and SSM topics)

timetables

text-based learning aids (including lecture and study notes)

up to date news on the Message Board

information about district general hospitals (including maps and travel information).

63. Its potential to be an impressive teaching and learning resource is well recognised by the School. Plans for its future development include:

the installation of secure systems for students to feed back information to course organisers and tutors about teaching quality and other issues, both academic and pastoral,

the introduction of automated procedures enabling students to sign up for SSMs and electives

the provision of web-based CAL material

the incorporation of interactive links between the timetable, lecture resources, core courses, self-assessment and CAL material in order to integrate the whole medical course via one access point.

64. It is envisaged that the Virtual Campus will become a first point of contact for students during all parts of their course whether on or off campus. Since its inception in September 1999 it has registered 250,000 ‘hits’ by GKT students. We welcome the School’s plans to make greater use of this educational tool and encourage it to develop its links with other resources such as the Chantler Clinical Skills Centre and the Gordon Museum.

Other learning resources

65. Students are fortunate to have access to a range of other resources designed to assist their learning, including a large number of libraries and

information centres. The New Hunt House library on the Guy's Campus is a well-equipped facility, with eight well-appointed group study rooms for use by students undertaking projects.

66. The Chantler Clinical Skills Centre, shared with the School of Nursing and Midwifery, is an excellent and well-utilised resource, containing rooms designated for learning and developing practical skills such as venepuncture, catheterisation, resuscitation, eye and ear examination and suturing and for communication skills teaching. The Centre is open Monday to Friday and students can attend for set teaching sessions, arrange to come with tutors or book in for self-learning sessions in the student room which contains the basic models. It is also the site for the three-week introductory course in Year 3 and for many of the OSCE examinations.

67. We also visited the Gordon Museum on the Guy's Campus. Established in 1905, this is an independent institution which provides a range of services to GKT at both undergraduate and postgraduate levels. Students have access to the extensive collection of approximately 8,000 pathological specimens housed in the Museum which, in turn, are linked to an internal computer network. The Museum is also home to more than 20,000 clinical transparencies, which are available for loan. Its ground floor contains a lecture theatre, spaces where multiple tutorials and meetings are held, CAL and video areas and personal study places for students.

Changing patterns of health care (Principal Recommendation 10)

68. Students at GKT were appreciative of the experience they gained in primary care and of the opportunities they had to follow up patients in the community.

69. Students in Years 1 and 2 have regular sessions in primary care in the Practice of Medicine course and build on this experience in the later clinically-based years. Community care is included in the module "Exploring Medicine in the Community" in Year 1 as part of a course on "Chronic illness and the Health Care Team". Students are assigned in pairs to a patient with a chronic illness, and study how the patient is supported by a health care team. Awareness of community medical services is reinforced in the second year, where community-based modules are devoted to "Diversity" and "Clinical Skills and Problem based learning".

70. In Year 3 most of the psychiatry course is delivered in the community while students spend six half days with the general practitioners to whom they were allocated in Year 1, gaining experience clerking ambulatory patients in the surgery or at home.

71. In Year 4 students continue their Community Study which began in Year 3 when they were assigned a pregnant mother by their GP tutor, following the patient through pregnancy and the birth of her baby. Three further home visits are made to the mother and the baby in Year 4, focusing on family, community and primary care issues. Each visit is supported by a tutorial with the student's GP tutor, and a group seminar in which problem-based primary care presentations relevant to the block are discussed. To encourage an understanding of primary care issues, general

practitioners contribute to several symposia including Rheumatoid Arthritis, Multi-disciplinary practice, and the Management of Back pain. Community teaching features in each of the major clinical rotations in Year 4. In the Child Health block students attend three community sessions at child health clinics or at special schools for children with learning disabilities, and in Care of the Elderly they accompany doctors and non-medical members of the specialist teams on visits to new patients at home, in residential care or day centres. Students present these patients at multidisciplinary team meetings. In the Reproductive and Sexual Health block, students attend a 'mock' family planning clinic in the community where they meet staff and discuss community issues. During the Accident and Emergency attachment in the Emergency Medicine, Trauma and Locomotion Block, students observe patients who are triaged into the emergency primary care service which is orientated towards community care.

72. In the new GKT Year 5 students will undertake an 8-week General Practice and Community attachment, learning more about patients in general practice and in the community and following them through into secondary care. They will learn about the provision of healthcare in general practice and the community with particular focus on needs assessment in the community and the team management of patients with acute and chronic disease.

73. The School wishes to expand teaching in primary care and in the community, particularly in Years 3 and 4, and to this end is currently engaged in recruiting additional general practices to deliver this teaching. We strongly support this endeavour but recognise, as does the School, that this will only be successfully realised once the necessary resources are identified and the full support of local NHS management is obtained.

The goals of undergraduate education – attitudes, skills and knowledge

Attitudes (Principal Recommendation 3)

74. It was clear to us that the School has worked hard to inculcate in its students the appropriate attitudes and the professional behaviour required for medical practice. The core attitudes that are expected of students by the School as they progress through the undergraduate programme are described in the document at **Annex E**.

75. From the very start of the course students are encouraged to reflect on their attitudes and behaviour towards their peers, teachers and patients. Formal teaching occurs in the Practice of Medicine courses in Years 1 and 2 where students' personal views and experience are used to inform discussion, particularly when the course considers attitudes to the body (living or anatomised), to diversity (especially sexuality and ethnicity) and to certain tensions of interest to medical practice (for example cure and care in terminal illness, individual autonomy and public health, the claims of the mother against that of the foetus). These aspects are again explored in the symposia or discussion sessions in Years 3 and 4, supplementing the experience gained by students on their clinical rotations. In the new GKT Year 5 students will meet in small groups between their attachments to

reflect on and to appraise their attitudinal and professional development.

76. Copies of *Good Medical Practice* are given to students at the beginning of Year 1 and are issued to all clinicians. Its precepts form the ethical basis of the curriculum, underpinning teaching in the Practice of Medicine courses in Years 1 and 2 and providing a focus for informal clinical teaching, discussion and reflection in the later years of the undergraduate programme. Immediately before graduation students make a formal declaration based on *Duties of a Doctor*. The students we met were clearly aware of and had assimilated the principles of *Good Medical Practice*.

77. Students with attitudinal problems are quickly identified by their teachers and peers. The Years 1 and 2 Practice of Medicine course is formally assessed while teachers on clinical attachments are expected to evaluate their students' attitudinal orientation as part of the summative assessment at the end of each module. The School uses end of year Objective Structured Clinical Examinations (OSCEs) in Years 3, 4 and 5 to assess attitudes and behaviour.

78. Both the School and the students we consulted were aware of the desirability of having good role models as teachers and clinicians and both were confident of identifying those whom they considered were not adequately fulfilling this role. Feedback from students on clinical attachments (which includes information relating to teachers as role models) is systematically collected and acted upon. Teachers displaying inappropriate attitudes or behaviour are removed from the teaching programme.

Essential skills (Principal Recommendations 4 and 8)

IT skills

79. Competence in IT and information retrieval are core aims of Years 1 and 2. Students are introduced to the PAWS network, the Virtual Campus and the email system during the first week of the first term as part of the Professional Skills course, and provided with an IT Skills handbook containing user guides and tutorials for the major applications. The course, taught by academic and library staff, includes training in word-processing, data handling with spreadsheets, scientific graphing, and the use of bibliographic search applications and databases. Students are assessed at the end of the first term on the more important of these skills.

80. Helpdesks offering basic IT advice and support can be accessed directly by students on campus while out-of-hours queries can be made via email.

81. Health informatics teaching is integrated into the curriculum by linking it in with communication skills training and setting practical tasks during clinical attachments. In Year 3 a 'teaching electronic patient records' system provides practical experience in entering and searching for information obtained at patient interview. In Year 5, students will analyse current practice and reflect on how better information management could improve health care, especially referral and discharge.

82. The knowledge that they require IT skills for analysis and presentation of practical work and projects at various points of the programme provides students with a powerful incentive to become IT-proficient.

Communication skills

83. Communication skills teaching and learning is a developing thread which extends throughout all five years of the curriculum.

84. Specific topics such as doctor-patient communication, breaking bad news, and dealing with anger are taught and practised in the Practice of Medicine courses in Years 1 and 2. Most of this learning takes place in small groups but some general issues, for example, the concepts and theories that support effective communication skills, are covered in plenary sessions. Students are encouraged to reflect on the effect that their communication has on others, thus helping to develop self-awareness and responsibility for their own practice. General practitioners are particularly involved in the teaching and assessment of communication skills during the Practice of Medicine courses. In other parts of Years 1 and 2 basic medical scientists may be involved in this process while delivering core teaching.

85. In Years 3 to 5 communication skills are taught within the clinical attachments, under the direction of heads of clinical firms. Supervised clinical encounters and oral case presentations allow students ample opportunity to develop their expertise. Communication skills are assessed both in course and in the end of year OSCEs, where stations may, for example, require a student to explain a clinical procedure to a professional role player, or describe the significance of a particular test result or clinical finding.

86. Throughout the course all students attend the Clinical Skills Centre for practical communication skills training. Their performance in role play situations, often involving simulated patients, is observed by a tutor and peers and, with the student's agreement, may be videotaped for later review. Students spoke appreciatively of the constructive feedback afforded by these methods.

Clinical skills

87. The School has compiled a list of core skills and practical clinical procedures in which students must have demonstrated competency prior to graduation. This list is at **Annex F**.

88. Students are introduced gradually to clinical skills training as they progress through the programme. The Practice of Medicine courses in Years 1 and 2 provide initial exposure to basic clinical skills relating mainly to communication and history-taking whereas the three-week introductory course to Year 3 includes sessions dedicated to examination of the major body systems and basic practical skills such as venepuncture. For each of the clinical attachments in Years 3 to 5 a list of key clinical skills and the criteria for their assessment have been drawn up. Students must be certified as demonstrating proficiency in these key skills in order to

progress from the year. A skills logbook is used for this purpose. Clinical competence is also assessed during the senior years of the course by end of year OSCEs.

89. Students expressed confidence in the level of their practical skills and spoke positively of the opportunities for tutored and self-directed learning available to them in the Chantler Clinical Skills Centre.

Basic and advanced life support

90. Basic and advanced life support training is delivered in two phases. In Years 1 and 2 St John's Ambulance staff are contracted to provide teaching in basic cardio-pulmonary resuscitation (CPR) skills, while in Year 5 students undertake an advanced course in life support designed by the School. Students must successfully complete both in-house courses in order to graduate.

91. We were told that the School has no definite plans to introduce an accredited advanced life support (ALS) course in the undergraduate curriculum but is looking to develop a modified ALS course for the PRHO year.

Aspects of the knowledge base

Public health medicine (Principal Recommendation 9)

92. The School has sought to raise student awareness of the significant contribution which public health medicine will make to their professional development in each year of the undergraduate programme.

93. Two introductory lectures at the beginning of Year 1 are designed to underline the importance of public health sciences and a course in Biometry and Medical Statistics lays the foundation for a sound understanding of some of the epidemiological terms which students will encounter later in their training. The Practice of Medicine course in Years 1 and 2 provides students with knowledge of the main themes of health promotion, illness prevention, targeting of population needs and the social and environmental factors in health, concentrating in particular on differences in health status, access to and utilisation of health care services in relation to poverty and ethnicity. Aspects of epidemiology and preventive medicine are also included where appropriate in the Systems courses in these years.

94. In Years 3 and 4 public health teaching takes place in the clinical symposia and teachers are encouraged to discuss with students the public health aspects of their patients' illness during the clinical rotations. To reinforce the concepts and methodology of public health all students are required to take a public health-based SSM during either Year 3 or 4. Year 4 sees an increasing emphasis on the practical aspects of public health medicine as students visit community paediatric clinics for child development and immunisation and gain experience in the Breast Unit with the national screening programme. In both Years 3 and 4 public health medicine is represented in the end of year assessment which must be completed

successfully to ensure student progression.

95. The public health programme for the new GKT Year 5 is currently being developed but we understand that this will be based in the campus blocks, allowing students to apply their knowledge of public health in a practical context.

96. The School is keen to expand its teaching in the practical aspects of public health and to deliver this in a more integrated fashion throughout the undergraduate programme. We fully support this aspiration.

Legal and ethical issues

97. Students are given opportunities to explore legal and ethical issues at various points in the course.

98. In Years 1 and 2 ethics is taught within the Practice of Medicine course, with 4 two-hour sessions in Year 1 on 'Consent and Contract', 'Bodies, selves and persons', 'Autonomy, Truth Telling, Paternalism' and 'End of Life Decisions'. In Year 2 ethical considerations related to issues (for example abortion) arising out of other courses are discussed.

99. In the third year an introductory session reminds students of the key clinical concerns in doctor-patient interactions, in preparation for the range of challenging ethical and legal situations to which they will be exposed during their clinical attachments. In addition to the ethics teaching which occurs as part of the ward or clinical teaching in Year 4, there are two specific ethics and law symposia. One considers the legal aspects of medical intervention and the other, linked to teaching during the Child Health, Care of the Elderly rotation, invites students to compare and contrast various clinical topics as they relate to both young and old. Other symposia contain an ethical strand integrated into their themes (for example suicide and self harm).

100. Current plans for the new GKT Year 5 envisage students being involved in a series of discussion sessions during campus blocks considering their response to the following two important questions: 'how do my actual moral responses fit with the approach which I have learnt over the last four years', and 'how can I best prepare myself for the pressures of real life as a house officer so that I can deliver the best practice?'

Medicine in a multicultural society

101. The multicultural nature of the community which the School serves enables students to experience the medical needs of patients from many different races, religions and backgrounds. The general practice/community component of the Practice of Medicine course in the first semester of Year 2 is devoted to a module named "Diversity", which has four main components: social inequality and class, sexual orientation, ethnicity and cultural diversity, and physical disability. Students consider ethnic and cultural issues as part of their early experience of general practice. This work is related to and supported by classroom teaching on ethnic and

cultural issues in the sociology and psychology components of the Practice of Medicine course.

102. During the senior years of the course discussion about everyday issues such as the need for interpreters and examining in sensitive situations is an integral part of students' clinical teaching and experience. The Year 4 Handbook, used as a framework for teaching, contains a Code of Practice for Student Examination of Patients including a section specifically related to the examination of various ethnic, cultural and religious groups. Formal teaching about multiculturalism, including the role of ethnicity in health and disease, is delivered in some of the multidisciplinary symposia in Year 4. As they undertake supervised clinical practice in hospitals, general practices and the community in the new GKT Year 5, students will be expected to reflect on their experience of ethnic and cultural issues during their campus block sessions.

Complementary medicine

103. The School acknowledges that there are limited opportunities throughout the course for students to learn about alternative therapies, though reference is made to these in the symposium on back pain in Year 4. Students may undertake an SSM in complementary and alternative medicine and a symposium to consider non-conventional treatments is also planned for one of the new Year 5 campus blocks.

104. In the GKT course the emphasis is very much on evidence-based medicine in clinical teaching rather than on treatment methodologies whose clinical effectiveness is unproven. That said, students do have opportunities to discuss unconventional remedies with patients, midwives and community paediatricians during Years 3
and 4 – the Community Study proving a case in point.

Infectious diseases and antibiotics

105. Students learn about antibiotic resistance and infectious diseases through the teaching of pharmacology and therapeutics, one of the themes which extends vertically through the course.

106. In Year 1 cell biology in the Cells and Biology course provides essential material for an understanding of the way drugs can act. Integrated pharmacology teaching is included within the Systems courses in Years 1 and 2 and in the Neuroscience and Scientific Basis of Disease courses in Year 2.

107. Weekly multidisciplinary symposia in Years 3 and 4 make contributions to the pharmacological and therapeutic aspects of the theme under consideration, while these are reinforced and further developed in the clinical teaching delivered in the various rotations. The School expects that the supervised clinical attachments in Year 5, with their emphasis on patient care and management, will furnish students with considerable opportunities to learn about the practical aspects of prescribing, including the decision to use a drug, drug selection, monitoring treatment and drug interactions.

Assessment of the process and the product (Principal Recommendation 12)

The outcome of the course

108. The School has based the aims and objectives of the curriculum on the recommendations set out in *Tomorrow's Doctors* and its concept of the 'GKT Student and Doctor', giving due emphasis to the development of appropriate attitudes to patients and colleagues, a sound knowledge base and the necessary clinical skills to practise as a doctor.

109. The standard for graduation in medicine at GKT is satisfactory attainment of the defined objectives of the course, as tested through a rigorous programme of in-course and end of year summative assessment.

The scheme of assessment

110. A diagrammatic representation of the scheme of assessment for the undergraduate curriculum is at **Annex G**.

111. Performance in assessments and examinations is graded against defined criteria, which are published in handbooks made available to students and staff.

112. Whenever possible the standard required for a pass is criterion-referenced: that is, determined by the baseline competency appropriate to students at each stage of the course rather than related to the standard of performance of the candidates as a whole. This work is undertaken by a group of experienced teachers and senior clinicians.

113. In Years 1 and 2 where there are several distinct core courses, students must pass the assessment for each course; no compensation is permitted. In Years 3 to 5 a pass is required in each written paper and in the clinical examinations for students to progress.

114. The new assessment programme has seen an increased emphasis being placed on in-course assessment which now accounts for up to 30% of marks in any one year. The School believes that its introduction will assist in the early identification of the struggling student who may require additional teaching and support.

115. The School is working hard to ensure that its scheme of assessment reflects the greater degree of integration achieved in the new curriculum. The disappearance of separate examinations in biochemistry, physiology, medicine, surgery and pathology provides hard evidence of this commitment. We believe that this approach will reduce the overall burden of assessment on students which the School acknowledges is too high. We anticipate that the curricular review shortly to be undertaken by the Core Monitoring Group will result in appropriate changes being made to the examination system, including a reduction in the number of overall assessments and a movement away from written, knowledge-based

examinations which currently dominate the assessment programme.

116. Many of the students with whom we spoke did not fully understand the format and content of the new scheme of assessment, some having received conflicting information from their teachers. Particular concerns were expressed about the arrangements for the final examinations. We would ask the School to clarify as soon as possible, for both students and staff, its new assessment programme, including the arrangements for the Final Professional Examination.

Fitness to practise

117. The School is keenly aware of its responsibility to promote high standards of conduct and appropriate attitudes in its students. With this in mind it has developed within its Regulations a fitness to practise policy including an appeals mechanism. The relevant extract from the Regulations is at **Annex H**.

118. We were pleased to learn that effective communication channels had been established between the School and the Deanery for exchange of information about students and trainees who may be in difficulty.

Preparation for the pre-registration year

119. The School believes that the final year should provide the opportunity for students to consolidate the attitudes, knowledge and skills they have developed throughout the course in preparation for the pre-registration year.

120. Final year students at UMDS currently undertake a two-week PRHO shadowing period whereas Year 5 students at KCSMD have a one-week introduction to the PRHO year. In the new GKT Year 5, commencing in 2000, this will be replaced by two eight-week regional placements as a 'student house officer'. Attached singly or in pairs to individual consultant teams and under careful supervision, students will act as junior clinicians, looking after a small group of patients from admission through discharge and taking first responsibility for their care.

Other issues

Student support

121. The School is committed to providing a high standard of academic and pastoral support to its students. The diagram at **Annex I** outlines the various support and guidance systems available to students at GKT.

122. A three-day induction programme is arranged for new students, which includes a welcome from the Deans, a meeting with their Personal Tutor and an introduction to the Student Union and to the Student Health and Welfare Services. The first day of term is devoted to an introductory session on the MBBS course where students gather in small groups to discuss their view of the 'ideal' medical student and the 'ideal' curriculum. These perspectives are compared to the

School's own overview of the course and the principles set out in its Student and Doctor Handbook. The session ends with consideration of the main themes of *Duties of a Doctor*. Much of the remainder of the first two weeks is taken up with an introduction to library, museum and computing facilities and to some of the core modules in
Year 1.

123. Around thirty students from science courses at the universities of Oxford and Cambridge join the School in Year 3 as do a number of qualified dentists who have completed an accelerated basic science course. Before starting the introductory clinical course these students are given a three-day induction to orientate themselves to the School, including a preliminary session on history-taking and communicating with patients.

124. Currently the School's tutoring system, which provides both academic and personal support, is divided between the first two years of the course and the last three though we understand that the intention is to establish a fully integrated support system as soon as this is practicable.

125. In Years 1 and 2 a designated Personal Tutor provides pastoral care and is expected to meet with students at least once each semester for a confidential discussion. The personal tutorial system is monitored by the Senior Student Adviser; any student receiving inadequate support is encouraged to report this to a member of staff. In Years 3 to 5 Clinical Advisers have been assigned to provide pastoral support though students may still consult their former Personal Tutors if they wish.

126. Confidential counselling services are located in each of the main campuses. Students are required to register with a general practitioner or the Student Health Services at the Strand campus. Occupational health services are available to all students, providing advice, for example, on immunisation for clinical work and elective travel.

127. In addition to being allocated a Personal Tutor, each first and second year student comes under the care of a Student Adviser whose role is formally to review the student's academic progress through these years and to provide appropriate help and guidance. A further tier of academic support is available through the Academic Tutor system. We were told that Academic Tutors have responsibility for between six to twelve students in Years 1 and 2 whom they are expected to meet at least five times each year. In Years 3 to 5 Clinical Advisers have the duty of providing academic support to students, in conjunction with their pastoral role. Clinical Advisers are required to meet their charges individually three times a year to discuss their academic progress and, with Academic Tutors, will offer careers guidance, instigate remedial teaching programmes if necessary, and advise on SSM selection. The Clinical Adviser scheme is supervised by three Senior Clinical Advisers who meet monthly with the Deans to review students with significant problems.

128. The School ensures that there is no sudden exposure to clinical work by

introducing this gradually to new students in the Practice of Medicine courses in Years 1 and 2. In Year 3 an introductory course takes students through basic clinical technique before they undertake the core clinical programme.

129. Any student leaving medicine is offered assistance through the College Careers Advisory Service if they wish to transfer to another degree course within the College or at another institution. We were told that students who leave medicine after Year 2 can complete a biomedical degree in a year and many science-related degrees in two years.

130. As part of the School's plans for its new Year 5, students will principally be working away from the teaching hospitals in district general hospitals. To support students on these attachments the School intends to build a mini-campus at each district general hospital with well-developed IT links to the main School campuses. It has also undertaken to appoint a sub-dean at each district general hospital who will be responsible for the teaching programme and a named administrator who will provide a focus for student enquiries.

131. The student perception of the support system currently operated by the School is that it is capable of improvement. Though some were fortunate in having tutors and advisers who were approachable and supportive, other students told us that their tutors did not seem well prepared for their role or failed to appear for scheduled meetings. The School is aware of these difficulties, which are not unexpected in the wake of the recent merger, and is looking to review its support systems as soon as it can. We support the School in its wish to develop a fully integrated support system with staff who are trained to identify and to meet the needs of students, across different sites.

Feedback to students

132. The introduction of more in-course assessment has increased the opportunities for students to receive feedback on their performance throughout the course.

133. Students spoke appreciatively of the written comments they received on their essays and the verbal feedback made informally about group or class progress by tutors in Years 1 and 2.

134. Positive views were also expressed about the quality of feedback in Year 3 which is conducted on a one-to-one basis by a designated teacher at the end of each clinical block or sub-block. Students have a logbook containing a list of clinical competencies in which they must be certified as proficient during the course of the year. This provides a framework for regular summative assessment of their acquisition of clinical skills against which students can measure their progress.

135. In Year 4 the introductory session to each rotation when students and tutors meet to discuss the course and the scheme of assessment provides an opportunity for group feedback. In addition to end-of-block feedback sessions, teachers told us that they met students two or three times during each thirteen week attachment to

provide informal comments on their progress and to record skills competency in the student-held logbook. However, the students we consulted considered the quality and consistency of feedback in the current Years 4 and 5 to be variable.

136. Although plans for the new GKT Year 5 have not been finalised, the School expects that during the 'student house officer' attachments students will receive continuous informal feedback from the medical and non-medical colleagues with whom they will be working. Formally the School will require a report on the professional development of students from their supervising consultant, which takes into account the assessment of all members of the clinical team.

137. In summary, students were generally satisfied with the level of feedback they received in Years 1 to 3 but considered this to be variable in Years 4 and 5. We are sure that the School will wish to address this matter. We believe that the proposed review of student support systems will be instrumental in improving feedback to students on their overall performance as doctors-in-training, thus providing a useful link to the appraisal schemes developed for the PRHO year.

Quality control

138. The quality management structure of the School is represented in the diagram at **Annex J**.

139. Reporting to the Medical Education Committee, which has the responsibility for overall supervision of quality within the School, the Quality Group has a key role to play in quality enhancement and in encouraging, supporting and promoting good practice. Currently it is engaged in an analysis of the quality of symposium teaching. Additionally, the School of Medicine and Dentistry has established an independent Programme and Course Review Committee which undertakes a quinquennial review of the quality of all undergraduate and postgraduate taught courses. Its reports are forwarded to the GKT Management Board, the Medical Education Committee (MEC) and the College Teaching Committee.

140. Student concerns about the quality of their education and training are addressed through the Student Medical Education Committee (SMEC), which has representation on all key educational committees and organises questionnaire evaluations and reviews of courses. The resulting information is discussed with course organisers and considered by the MEC.

141. It seemed to us that the School had instituted sound mechanisms for ensuring the quality of teaching and learning.

Areas of good practice

142. *Student Medical Education Committee (SMEC)*: SMEC is undoubtedly an informed and well-motivated resource for the School, having a voice on all key committees. It is regarded by both staff and students as an effective mechanism for instigating change and influencing curricular development.

143. The School has acted wisely in seeking and taking account of student input in planning, implementing and managing change. Students spoke enthusiastically of the School's rapid and positive response to their requests for curricular modification.

144. *Staff development*: We were impressed by the School's positive approach to furthering the professional development of both its university and NHS staff and by the steps it has taken to ensure that all teachers are kept fully up to date with the pace of curricular change.

145. *Learning resources*: Students at GKT are fortunate to have access to a wide range of excellent resources designed to assist their learning. The facilities for teaching clinical and communication skills are particularly impressive. We believe that the Virtual Campus is an interesting concept which, with further development, has the potential to be an exciting and invaluable resource.

146. *Plans to expand teaching in primary care, the community and public health medicine*: The School is keen to extend teaching in primary care, the community and in the practical aspects of public health medicine. This is a laudable aim which the School recognises can only be achieved once the necessary resources are identified and the full support of local NHS management is obtained. We wish the School success in this enterprise.

147. *Attitudes*: It was clear to us that the School has worked hard to inculcate in its students the appropriate attitudes and the professional behaviour required for medical practice. The students we met were clearly aware of and had assimilated the principles of *Good Medical Practice*.

Areas for further consideration

148. *Supervisory structures*: It seemed to us that there were a large number of groups currently reporting to the Medical Education Committee. We wondered whether there might be scope for some streamlining and simplification of the management structure for curricular development and implementation. In our view this would increase its effectiveness.

149. *Reducing the burden of factual information*: We were pleased to note that recent curricular changes have resulted in a reduction in the factual burden on students. However, the School recognises that there is scope for further rationalisation of didactic teaching, particularly in Years 1 and 2 where lectures predominate. The Core Monitoring Group will shortly be embarking on a detailed review of all courses in Years 1 and 2 following the introduction of the new core curriculum. We support this initiative, taking the view that the need to constrain factual overload should be a key element of curricular review.

150. *Vertical integration*: In developing its new curriculum the School has taken pains to promote the vertical integration of clinical teaching and basic sciences. It is now setting up a review system, through the Core Monitoring Group, to measure the degree of vertical integration achieved. We encourage the School in its work to

enhance this aspect of the curriculum, which is deserving of further consideration.

151. *Special study modules*: We thought that the School had assembled an impressive number of SSM options, a view shared by the students we met. However, students did express some concern at the scheduling of SSMs which, at times, interfered with the continuity of their clinical attachments. This appeared to be less of a difficulty when the SSM was linked to clinical practice; in fact, we received the clear message that students would welcome most positively an increase in the number and range of clinically-based SSMs. This request may provide the School with an acceptable solution to the timetabling difficulties referred to above.

152. Although the School seeks through its SSM Committee to ensure comparability between SSM content and assessments, students are aware that certain SSMs are more demanding than others, admitting to us that they chose those with less of an assessment burden. We recommend that a more uniform approach to the assessment of SSMs should be introduced by the School.

153. *Assessment*: The School is working hard to ensure that its scheme of assessment reflects the greater degree of integration achieved in the new curriculum. We believe that this approach will reduce the overall burden of assessment on students which the School acknowledges is too high. We also anticipate that the curricular review shortly to be undertaken by the Core Monitoring Group will result in appropriate changes being made to the examination system, including a reduction in the number of overall assessments and a movement away from written, knowledge-based examinations which currently dominate the assessment programme.

154. Many of the students with whom we spoke did not fully understand the format and content of the new scheme of assessment, some having received conflicting information from their teachers. Particular concerns were expressed about the arrangements for the final examinations. We would ask the School to clarify as soon as possible, for both students and staff, its new assessment programme, including the arrangements for the Final Professional Examination.

155. *Student support*: The School is committed to providing a high standard of academic and pastoral support to its students. However, the student perception of the support system currently operated by the School is that it is capable of improvement. The School is aware of these difficulties, which are not unexpected in the wake of the recent merger, and is looking to review its support systems as soon as it can. We support the School in its wish to develop a fully integrated support system with staff who are trained to identify and to meet the needs of students, across different sites.

156. *Feedback to students*: Students were generally satisfied with the level of feedback they received in Years 1 to 3 but considered this to be variable in Years 4 and 5. We are sure that the School will wish to address this matter and believe that the proposed review of student support systems will be instrumental in improving feedback to students on their overall performance as doctors-in-training, thus

providing a useful link to the appraisal schemes developed for the PRHO year.

Conclusion

157. The establishment of GKT following the merger of KCSMD and UMDS, while sustaining the enthusiasm and commitment of staff and students, is a major achievement which deserves our congratulation.

158. Although we have identified a number of areas requiring further consideration, we are confident that these will be rapidly and effectively addressed. We encourage the School to press ahead with its plans for further curricular development and look forward to receiving a report on progress in a year's time.

Part 2: General Clinical Training

Background information

159. Prior to the visit we were issued with helpful background information about the arrangements for general clinical training in the region. This included a summary, reproduced at **Annex K**, showing the extent to which the recommendations in
The New Doctor have been implemented to date.

Form of the visit relating to general clinical training

160. The day began with an overview of general clinical training provision by senior staff from the South Thames Deanery. We then had discussions with the University of London Pre-Registration Committee and with GKT personnel who administer the PRHO matching schemes before meeting chief executives and medical directors from various trusts throughout the region. After lunch we talked with a group of clinical tutors and educational supervisors drawn from different hospitals and met a number of PRHOs from a variety of locations and specialties. We finished by reporting back to the Deanery on our impressions of the day.

Organisation and management of the PRHO year

161. There are 44 NHS trusts in the Deanery involved in the training of the PRHOs.

Supervisory structures

162. Overall responsibility for the organisation and co-ordination of general clinical training across the five London Medical Schools, including GKT, is vested in the
Pre-Registration Committee (PRC) of the University of London. At GKT the Postgraduate Dean takes control of the day-to-day management of the PRHO year.

163. The PRC meets two or three times a year, and includes among its membership representation from the University of London, the Postgraduate Deaneries of North and South Thames and the five London medical schools.

164. Co-ordinated by the Dean Director for Postgraduate Medical and Dental Education for the South Thames Deanery and by the Postgraduate Dean and the Assistant Postgraduate Dean of GKT, the various components of the pre-registration year are managed as follows:

South Thames Postgraduate Deanery

- Evaluation and approval of posts
- Induction guidance and monitoring
- Logbooks and formal frameworks
- Education programme guidance and monitoring

Appointment of clinical tutors
Appointment of educational supervisors
Training for education supervisors
Arrangements for flexible training

GKT

Graduation
Assistance with registration
Shadowing schemes in the final clinical year
Matching schemes for PRHO appointments
Advising graduates accepting placements outside the Thames Deaneries about the acceptability of their chosen post
Certification of satisfactory service

School and Deanery

Management of the transition from undergraduate to PRHO
Issues of welfare and performance
Remedial training
Careers information and guidance.

The approval of posts

165. The South Thames Deanery is responsible for monitoring the quality of all PRHO posts in the South London region and for recommending their approval to the University of London Pre-Registration Committee. Inspection visits are made on a two-year rolling programme. As the document at **Annex L** makes clear, the criteria for approval of PRHO posts are based on those set out in *The New Doctor*.

166. The School seeks the opinions of trainees by means of a confidential questionnaire completed annually. A copy of the questionnaire currently in use by both UMDS and KCSMD graduates is at **Annex M**. The completed forms are studied by the Postgraduate Dean who takes further action where necessary. In addition to interviewing PRHOs on each inspection visit it makes to trusts, the South Thames Deanery asks trainees to fill in a detailed inspection questionnaire, a copy of which is reproduced at **Annex N**. The Deanery uses the results of these enquiries to inform its conclusions about the educational value of posts and to identify improvements that need to be made.

Communicating the aims and objectives of the PRHO year

167. All trainees receive copies of *The New Doctor*. Additionally, the aims and objectives of the PRHO year are explicitly set out in the framework booklets for a Formal System of Education, Training Supervision and Training which are distributed to all PRHOs at the start of their training and to each educational supervisor every February and August. Modelled on *The New Doctor* and *Duties of a Doctor*, these booklets provide clear guidance on many aspects of general clinical training, including the particular responsibilities of educational supervisors

and the characteristics of satisfactory practice which will lead to the award of a certificate of satisfactory service.

168. Although we noted a reluctance on behalf of some trainees and educational supervisors to make full use of these framework booklets many PRHOs told us they found them helpful both as logbooks for recording the acquisition of key skills and as a basis for discussion with their educational supervisor. Clinical tutors are required to monitor the framework booklets and to advise the Deanery when difficulties occur. We were pleased to learn that the South Thames Deanery and its clinical tutors have established a close working relationship, meeting regularly throughout the year to discuss various issues relating to general clinical training.

169. On its regular inspection visits to trusts, the Deanery uses the aims and objectives of *The New Doctor* as a yardstick when assessing whether or not PRHO posts are delivering adequate training.

The selection of PRHOs

170. Since the merger of KCSMD and UMDS in August 1998, the two matching schemes in operation prior to amalgamation have continued. The reason that the schemes have not been combined to date is that both schemes are based (in total or in part) on student grades in in-course assessment and examinations. As the students at each medical school have been undertaking different programmes, any unified rank order allocation could have been deemed unfair.

171. From August 2001, when the first combined intake will qualify, a joint scheme will be implemented for all students, comprising the house officer posts on the original UMDS and KCSMD schemes. The document at **Annex O** gives a brief outline of the current selection process and describes the new system that will be operational in August 2001.

172. The Postgraduate Dean offers advice to trainees wishing to take up posts outside the region and the Registry provides details of vacant posts on request. PRHOs are asked to produce an official offer letter for any such post so that the Deanery can satisfy itself that the post in question is approved.

173. The PRHOs with whom we spoke were generally satisfied with the selection process although some knew of colleagues who were disappointed not to be allocated their first choice of post. To improve the quality of information about the various options available, the School encourages its Year 4 students to look at PRHO exit questionnaires on individual posts, which are kept in the library. The data are reproduced with the trainee's consent or are anonymised.

Monitoring the quality of PRHO posts

174. The quality of general clinical training is assessed by means of confidential exit questionnaires completed by PRHOs and during the rolling two-year programme of inspection visits conducted by the Deanery.

175. The Deanery team on these visits is led by Assistant Postgraduate Dean, or the Dean Director and/or the Postgraduate Dean and includes physicians and surgeons well versed in the requirements of the PRHO year. In advance of each visit PRHOs are asked to complete a confidential questionnaire and return this to the Deanery. This forms the basis for discussion during the half-hour interviews with trainees. The team also has discussions with educational supervisors, clinical tutors, trust chief executives, medical directors and other clinical and administrative hospital managers. Following the visit a formal report is sent to the trust. Where deficiencies in a particular post are identified, these are notified in writing to the trust chief executive with recommendations and a timescale for their resolution. In cases of severe difficulty we were told that revisits have been scheduled for periods as short as eight to ten weeks.

176. As a result of this policy of active intervention, very few posts have been removed in recent years though we learned that at least three trusts came perilously close to having approval withdrawn from all their general surgery posts. The Deanery has provided the following information in respect of PRHO posts withdrawn over the last three years:

Failure to provide appropriate supervision	4 posts
Inappropriate experience	4 posts
Reconfiguration of acute services	10 posts (all relocated)

177. It seemed to us that robust mechanisms had been put in place to ensure that all posts conform to an appropriate standard.

Components of a high quality PRHO post

Induction

178. All PRHOs attend an induction programme of at least one full day's duration in protected time which includes a formal handover session with the outgoing trainee. Some trusts conduct a rolling programme of daily induction at lunchtime for the first week to ten days of the post. The Deanery has produced guidance for all staff preparing induction programmes, setting out the broad principles agreed following discussion with trainees, clinical tutors, educational supervisors and postgraduate centre managers. This guidance is reproduced at **Annex P**.

179. In paragraph 120 of our report we describe the current arrangements for PRHO 'shadowing' and the form this might take in future. The concept of a shadowing attachment undertaken in the post which they will be taking up after graduation found favour with trainees and commanded support from the teachers, supervisors and managers we met during the day. We hope that future arrangements for the new GKT Year 5 will include a discrete period of PRHO 'shadowing', and, if practicable, that this experience will be gained in the actual post in which the trainee is to be employed.

Educational opportunities

180. PRHOs at GKT were appreciative of the educational opportunities that had been provided for them. In addition to a mandatory weekly programme of topic teaching organised on behalf of the Deanery by clinical tutors, each trust, through the postgraduate centre or individual departments, schedules a series of formal educational sessions for its trainees.

181. The format of this dual programme varies according to the topic but most sessions take place over lunchtime and comprise a talk and often a presentation. After canvassing the views of PRHOs in the region, the Deanery has issued guidance on the content and structure of the topic teaching programme. This is reproduced at **Annex Q**. Trainees are encouraged both to select subjects for discussion and to contribute to the learning experience themselves. For example, we learned that at one trust PRHOs regularly make case presentations in educational sessions on patients they have recently admitted, inviting senior colleagues to express a second opinion as to future management. We commend this practice which trainees perceive to be valuable experience in their professional development.

182. These formal educational sessions are well attended, assisted by the arrangements made to ensure that they are conducted on a 'bleep-free' basis. PRHOs are encouraged to hand over their bleeps, with the exception of the crash bleep, to postgraduate centre staff on entry to teaching sessions. Messages are taken where appropriate and trainees are disturbed only in a genuine emergency.

183. The Deanery is keenly aware of the need to ensure that the educational value of the PRHO year is not diminished by trainees being required to undertake inappropriate tasks. It has produced guidance for trusts on this issue, reproduced at **Annex R**, which has led to improvements in the level of support to PRHOs, particularly in the increased provision of IV, ECG and phlebotomy services. Some minor areas of difficulty were still apparent (for example, the phlebotomy service was variable across centres) but trainees had no issues of real concern to report to us. Rather, they were grateful for the progress which had undoubtedly been made in reducing the need for them to undertake routine tasks of no educational value.

Educational supervision

184. Each approved PRHO post in the region is assigned an educational supervisor whose major responsibilities are to monitor the education and training of PRHOs and to act as their mentors. The trainees with whom we spoke all knew and had met their educational supervisors.

185. There is no formal selection process for educational supervisors; their suitability is assessed by the Postgraduate Dean and the Assistant Postgraduate Dean. Upon agreeing to accept the role each educational supervisor is notified in writing of the obligations of the appointment and is given details of the name and date in post of each PRHO for whom they will be responsible. They are required to sign a formal undertaking to carry out these duties and return this to the Postgraduate Dean.

186. Educational supervisor and PRHO are required to meet regularly to review progress. The Dean has proposed a timescale for such meetings based on the length of the rotation. This is described in the extract from the framework booklet at **Annex S**. Educational supervisors admitted that due to intense pressure of work on many consultants providing acute services, the quality of appraisal was sometimes variable. However, the PRHOs we met were understanding of this difficulty which did not appear to be widespread in their experience. They expressed themselves generally satisfied with the level of educational supervision and feedback on their performance which they received.

187. The Deanery has developed a series of Teacher Education Programmes for its educational supervisors and clinical tutors which we understand have been well attended in recent years.

188. The Deanery is confident that it is quickly able to identify unsatisfactory performance by clinical tutors and educational supervisors. It has recently introduced annual appraisals for all clinical tutors. In turn, educational supervisors are subject to appraisal by their local trust; any problems are noted by clinical tutors and are reported to the Deanery. The enquiries which it makes on its inspection visits to trusts offer further reassurance that educational supervisors and clinical tutors are carrying out their prescribed roles appropriately.

Clinical training and supervision

189. The Deanery satisfies itself that 'core generic' training, as defined in *The New Doctor*, is being delivered through its inspection visits and feedback from the returned PRHO questionnaires.

190. Trainees spoke positively about their clinical training, particularly the high quality teaching which they had received. They were equally appreciative of the levels of clinical supervision to which they were subject, especially the additional level of support and experience provided by senior nurses. None of the PRHOs we asked had ever been placed in a position where they were unable to seek direct support or guidance from a senior colleague.

Monitoring the progress of PRHOs

191. The educational supervisor is responsible for assessing the development of pre-registration house officers by following the protocols described in the framework booklets. As we have mentioned earlier in our report the Deanery has indicated the regularity with which educational supervisors are required to meet formally with PRHOs in order to provide feedback on their performance. At the final interview of the rotation the overall progress of the trainee is discussed and reviewed against a checklist of competencies including clinical performance, professional behaviour, personal behaviour and organisational performance. This final review decides the award of the certificate of satisfactory service and must be agreed and signed by the PRHO, educational supervisor and clinical tutor.

192. The Deanery has issued the following guidance to educational supervisors

when the performance of PRHOs gives rise to concern:

> ‘The reason for poor performance must be identified early, documented and discussed with the house officer.
>
> Additional training should be offered to remedy the deficiencies within a prescribed timescale. This should be available locally, but there may be the rare occasion when a house officer may need to transfer to another training location.
>
> If there is no improvement within the prescribed timescale, the house officer must be warned in writing that the problems identified with his/her performance may result in the certificate of satisfactory service being withheld.
>
> The clinical tutor must be informed, and it will be his/her responsibility to consult with the Postgraduate Deanery and with the Postgraduate Sub Dean of the Medical School from which the house officer graduated.
>
> If it becomes necessary to withhold the certificate of satisfactory service, written notification must be sent to the house officer, the Postgraduate Deanery and the Medical School from which the house officer graduated. It is the University’s view that the last minute warnings, or refusals to sign certificates without the support of documented process, are unsound.’

193. In the event of a trainee missing a substantial amount of training through ill health the clinical tutor and the Postgraduate Dean would interview the PRHO and, after close consultation with the educational supervisor, would devise an appropriate plan of action which takes into account the nature of the health problem and the performance of the PRHO thus far.

194. We were impressed to learn of the ways through which the Deanery was able to identify and then meet the educational needs of individual PRHOs. The strong communication links developed for exchange of information between the School and the Deanery, which we have commended at paragraph 118 of our report, is a major factor in this success. Struggling students in the senior years of the undergraduate course are identified by Clinical Advisers, who inform the Postgraduate Dean. The Postgraduate Dean will then interview the students in question. The Postgraduate Dean also meets and offers advice to the small number (between three and five) of PRHOs who are not ‘signed up’ as suitable for full registration each year. This culture of care extends to the selection process for PRHO posts. Trainees with special needs (for example, those suffering from health problems or with family commitments) are proactively assigned to posts where they will receive additional support. This policy, which we thought was commendable, embraces approximately six trainees per year.

195. The Deanery is also currently engaged in producing review and appeal

procedures for PRHOs who fail to achieve certification at the end of a PRHO placement. A copy of this draft document is at **Annex T**. We thought that these procedures would be strengthened if linked to the fitness for practise procedures for undergraduates to which we refer in paragraph 117 of our report.

Professional development and personal well-being

Careers advice

196. The PRHOs with whom we spoke regarded themselves as generally self-reliant in terms of seeking careers advice, preferring to obtain this informally from other trainees and junior doctors or from publications such as *So You Want To Be A Brain Surgeon?*

197. We learned that a Careers room/service has recently been established for trainees in the postgraduate centres at the Guy's and St Thomas's Trust and King's Healthcare Trust. This includes a dedicated PC with Internet access, career advice publications, indexed copies of the British Medical Journal's *Career Focus*, and contact details of specialists willing to offer career guidance. We were told that the take-up and response to this facility has been excellent. The Postgraduate and the Associate Postgraduate Dean can also be approached by PRHOs requiring specific guidance or merely seeking general advice on interview skills or compilation of their curriculum vitae.

Support for PRHOs

198. For advice on the practical and educational aspects of the PRHO year, trainees can contact a range of key staff, including educational supervisors, clinical tutors and postgraduate centre managers. The Postgraduate Dean also plays a key role in providing support to PRHOs, especially those who find themselves in difficulty. Trainees were satisfied with the tiers of support available to them throughout the region.

199. Information about access to Trust-based occupational health services and to College welfare/counselling services is given to all PRHOs during the induction period.

200. We were interested to learn of two initiatives recently taken by the Deanery to improve the level of support to PRHOs. A clear policy statement on bullying and intimidation in the workplace has been sent to all trusts and teachers involved in the training of pre-registration house officers. We understand that this has elicited a positive response. Trainees told us they knew what to do when confronted by inappropriate behaviour from senior staff.

201. The second initiative is the development of an action plan to help trainees successfully make the change from student to PRHO. *Easing the Transition from Student to New Doctor* takes as its focus the first three months of general clinical training and makes specific suggestions as to how final year students and new PRHOs can prepare for and can quickly adjust to this very different experience.

Four key issues are discussed:

How to improve the level of support and reduce feelings of isolation.

How to ensure that house officers are able to make the most effective use of their time.

How to decide when to seek guidance or help from seniors.

What to do in what order when presented with a very sick patient, or several sick patients.

202. The document has been circulated to all trusts and the intention is to implement the guidance in August 2000 once it has been considered by the GKT Medical Education Committee. We thought that the action plan provided a practical and helpful approach to the PRHO year, and hope that the Deanery will continue its work with PRHOs to develop its use in practice.

Accommodation, catering and personal safety

203. The Deanery monitors the standard of accommodation and catering and ensures the safety of its PRHOs through:

PRHO inspection visits, including interviews with trainees at their place of work

feedback from confidential questionnaires

visits and reports from the New Deal Task Force.

204. Any unsatisfactory comments or findings are immediately brought to the attention of the trust concerned; the Deanery and the trust then work closely together until improvements are forthcoming. We were informed that if PRHOs were placed persistently and significantly at risk as a result of the failure of a trust to address the matter of security appropriately, then the Deanery would withdraw approval from that trust.

205. PRHOs were reasonably satisfied with the standard of their accommodation which they described as ‘variable but acceptable’. The new purpose-built accommodation at Lewisham drew praise but we were concerned to learn that 15 trainees at Kingston had only one shower at their disposal. We understand that this situation is slowly being resolved.

206. Catering was not perceived to be a major problem. Its quality and availability were good at sites such as St Thomas’s Hospital, and at Worthing where the canteen served hot food until 11.00 pm.

207. Personal security was a live issue for some trainees, particularly those in

residential blocks located outwith hospital grounds. In response some centres, such as Lewisham, have invested in new floodlighting or have made arrangements for porters to escort trainees in poorly-lit areas at night.

208. Each trust has established liaison groups with trainees so topics of mutual concern can be discussed. We hope that in conjunction with the Deanery both parties will continue to explore ways of improving the working conditions of PRHOs.

Contractual matters

209. The hours worked by all junior medical staff are monitored by the New Deal Task Force, working in close co-operation with the Deanery. This was not an area of major concern for the PRHOs with whom we spoke. We were told that trusts that fail to comply with the New Deal Hours requirements without good cause would lose University of London accreditation for PRHO training.

210. There was one contractual issue raised by trainees which caused us concern. We were told that many PRHOs had been asked to obtain consent from patients to carry our major procedures about which they had little or no prior knowledge. They therefore could not inform the patient about any potential risks involved in the treatment. This was in direct contravention of the explicit advice of the Pre-Registration Committee of the University of London and our own recently published guidance on consent. We urge the Deanery to take appropriate steps to ensure that all medical staff are fully informed about issues of consent, and conform with the recognised guidance on this matter.

General clinical training in general practice

211. In August 1998 the Deanery piloted four PRHO rotations, including four months in general practice, based at the Guy's and St Thomas's Trust. Each week general practice trainees undertook seven clinical sessions, one audit session and private study/evidence-based medicine session as well as attending the formal teaching programme for PRHOs at St Thomas's Hospital.

212. Following evaluation of the pilot, the rotation has been successfully established. The Deanery plans to expand the scheme further in August 2000 with the introduction of four additional primary care placements at King's Healthcare Trust.

Areas of good practice

213. *Monitoring the quality of PRHO posts*: It seemed to us that robust mechanisms had been put in place to ensure that all posts conform to an appropriate standard.

214. *Provision of educational sessions*: The Deanery is to be commended for ensuring that all trainees receive protected teaching sessions each week. PRHOs welcomed the educational opportunities that had been provided for them, particularly the interactive sessions.

215. *Inappropriate tasks*: We were impressed by the steps taken to improve the educational experience of the PRHO year. Although some areas of minor difficulty still remain, trainees were grateful for the progress which had undoubtedly been made in reducing the need for them to undertake routine tasks of no educational value.

216. *Educational supervision*: We support the aim of changing the culture from that in which all consultants have a house officer to one in which some consultants are recognised as PRHO trainers.

217. *Clinical training and supervision*: Trainees spoke positively about their clinical training, particularly the high quality teaching which they had received. They were equally appreciative of the levels of clinical supervision to which they were subject, especially the additional level of support and experience provided by senior nurses. None of the PRHOs we asked had ever been placed in a position where they were unable to seek direct support or guidance from a senior colleague.

218. *Monitoring the progress of individual PRHOs*: We were impressed to learn of the ways through which the Deanery was able to identify and then meet the educational needs of individual PRHOs. The strong communication links developed for exchange of information between the School and the Deanery, which we have commended at paragraph 118 of our report, is a major factor in this success.

219. *Easing the transition from Student to New Doctor*: We thought that this action plan provided a practical and helpful approach to the PRHO year, and hope that the Deanery will continue its work with PRHOs to develop its use in practice.

Areas for further consideration

220. *Preparation for the PRHO year*: The concept of a shadowing attachment undertaken in the post which they will be taking up after graduation found favour with trainees and commanded support from the teachers, supervisors and managers we met during the day. We hope that future arrangements for the new GKT Year 5 will include a discrete period of PRHO ‘shadowing’, and, if practicable, that this experience will be gained in the actual post in which the trainee is to be employed.

221. *Contractual matters*: We share PRHOs’ concern that they had been asked to obtain consent from patients to carry our major procedures about which they had little or no prior knowledge and were therefore unable to inform patients about any potential risks involved in the treatment. This was in direct contravention of the explicit advice of the Pre-Registration Committee of the University of London and our own recently published guidance on consent. We urge the Deanery to take appropriate steps to ensure that all medical staff are fully informed about issues of consent, and conform with the recognised guidance on this matter.

222. *Relationships with local NHS trusts*: Trust managers told us that, although a point of contact between local trusts and the new School existed which had facilitated some positive interaction, robust channels of communication had not yet been established. We encourage the School to forge close links with local trusts and to seek their feedback on both undergraduate and PRHO education.

223. *Fitness for practise*: Although we were encouraged to note the development of review and appeal procedures for PRHOs who fail to achieve certification at the end of a PRHO placement, we thought that these would be strengthened if linked to the fitness for practise procedures for undergraduates to which we refer in paragraph 117 of our report.

Conclusion

224. We thought that many positive steps had been taken since our last visit to make the PRHO year a more rewarding educational experience and to improve the quality of life for trainees. This is due in no small part to the energy and invention of both Deanery and GKT staff.

225. We wish the Deanery well with its future plans and look forward to hearing how these are developing in due course.