

---

## Undergraduate Board

8

*To consider*

QABME: Manchester Medical School, The University of Manchester Report for 2005/06

### Issue

1. Review of the assessment of Manchester Medical School in the academic year 2005 to 2006.

### Recommendations

2. The Undergraduate Board are invited to agree:
  - a. That Manchester Medical School, The University of Manchester, met appropriately for that stage the standards of *Tomorrow's Doctors*, subject to meeting the requirements in paragraph 15 a.

### Further information

3. 

Carole Keeling	07919 596744	ckeeling@gmc-uk.org
Cara Talbot	020 7189 5284	ctalbot@gmc-uk.org

## Introduction

4. This is the final report to the Education Committee of the General Medical Council on the quality assurance programme for the Manchester Medical School, The University of Manchester, for 2006. In conducting this review, the visiting team also visited the Bute Medical School, St. Andrew's University and the Medical School, Keele University, in recognition of the links between these two institutions and Manchester Medical School. In the main, this report refers to Manchester Medical School ('the School'). Where comments are specifically attributed to St. Andrew's or Keele, this is stated in the text.

5. The visiting team appointed by the Education Committee to undertake the quality assurance visits included the following individuals. Throughout the rest of this report the GMC visiting team is referred to as 'the team'.

Professor Jim McKillop (Team Leader)  
Dr. Mohammad Akhtar  
Professor Roger Barton  
Professor David Croisdale-Appleby  
Dr. Bill Kirkup  
Dr. Johann Malawana  
Professor Gillian Needham  
Dr. Mairi Scott  
Dr. David Taylor

6. Mrs. Carole Keeling supported the team.

### *Our programme of visits in 2005/06*

7. The team attended the School on 6 occasions: 17 February 2006, 22 March 2006, 16 May 2006, 26 May 2006, 14 June 2006 and 7 July 2006. The team visited St. Andrew's on 3 May 2006 and Keele on 14 June 2006.

8. The findings of the team have been reached by conducting a range of the following activities:

- a. Meetings with a variety of representatives from all three Schools.
- b. Observation of the examination of clinical skills.
- c. Observation of the final Examination Board meeting.
- d. Site assessments to various NHS Trusts.
- e. Site assessments to various GP practices.
- f. Discussions with students.

- g. Discussions with teachers.
- h. Discussions with the NHS.
- i. Discussions with F1 trainees and educational supervisors

### *History*

9. The last GMC review of Manchester Medical School was in March 2000, at which time the School had just completed the implementation of a new curriculum. The GMC report made a number of recommendations for change but the overall conclusion was that the School had successfully implemented a new and innovative course and commended the quality of undergraduate medical education available at Manchester.

10. A partnership between the Bute Medical School, St. Andrew's University and Manchester Medical School has been in existence for over 30 years. This arrangement enables approximately 80-120 students per year, who graduate from the three-year B. Med. Sci. course at St. Andrew's, to transfer to Year 3 of the Manchester MB. ChB programme to undertake their clinical training. They graduate with a primary medical qualification awarded by the University of Manchester.

11. The Medical School at Keele University acts as one of the five base units that delivers Manchester's clinical course to students in Years 3 to 5, which is referred to as the collaborative course. The last students on this programme will graduate at the end of the academic year 2007/08.

12. Keele Medical School also runs a five-year programme, which is validated by Manchester. Currently, students in Year 1 and 2 are undertaking the validated programme, of which the last graduation will occur at the end of the academic year 2010/11. Keele has applied for independence from Manchester, as from 2011 and have requested recognition for students entering their programme in the academic year 2007/08, with graduation at the end of the academic year 2011/12.

### **Summary of key findings**

13. In 2005 the Education Committee sought to clarify where a School was required to introduce mandatory changes (requirements) in order to meet the standards of *Tomorrow's Doctors*.

14. Although the team has suggested some areas requiring additional consideration by the School (recommendations), these suggestions are not mandatory and should be read in the context of our overall findings.

## *Requirements*

15. Manchester Medical School is required to:
  - a. Work with St. Andrew's to review the clinical component of the curriculum at St. Andrew's and investigate ways in which it could be increased, in order to better prepare students to transfer to Year 3 of the Manchester programme. (Paragraph 26)

## *Suggestions for quality enhancement*

16. The team have highlighted the following suggested areas for quality enhancement that should be considered by the School. The School is advised to:
  - a. Hold a joint review of their programme of interactions with St. Andrew's in relation to changes to clinical experience in the new curriculum and the continuing links between St. Andrew's and Manchester. (Paragraph 56)
  - b. Introduce mandatory training of all teachers and examiners and strengthen the monitoring of training uptake. (Paragraphs 70 and 133)
  - c. Review how the teaching of medico-legal issues could be strengthened throughout the curriculum. (Paragraph 80)
  - d. Continue to strengthen teaching in public health and raise its profile across all years of the curriculum, by ensuring adequate resources are available. (Paragraph 82)
  - e. Investigate how access to central support could be improved for students in Years 3-5, particularly in relation to the role of the Medical Students' Representative Council. (Paragraph 108)
  - f. Undertake a review of Problem Based Learning (PBL) skills of St. Andrew's students in order for any targeted training to take place to ease the transition to the Manchester course. (Paragraph 119)
  - g. Consider two alternative courses of action in relation to locating either students or examiners at a base unit other than their own, in connection with the OSCE/OSLER. (Paragraphs 136a and b)

## *Areas of innovation and good practice*

17. The visiting team would like to commend the School on the following areas of good practice:

- a. The School's European option programme, which enables students to acquire advanced language skills and experience placements in overseas institutions. (Paragraph 44)
- b. The School's base unit structure which is effective in managing the large cohorts and provides students in Years 3 to 5 with good local support. (Paragraph 50)
- c. The establishment of an effective working relationship with the North Western Postgraduate Deanery and Manchester SHA, which has led to increased funding for aspects of the programme. (Paragraph 61)
- d. The development of a Mini-CEX for students in Year 5, in preparation for Foundation Training. (Paragraph 142).
- e. The joint development between the School and the North Western Postgraduate Deanery of electronic Personal Development Portfolios based on the principles of *Good Medical Practice*. (Paragraph 147)
- f. The development of a range of Widening Participation initiatives. (Paragraph 162)
- g. The School's leadership of the Universities Medical Assessment Partnership (UMAP), which is improving the quality of assessments. (Paragraph 165).
- h. The School's activities in medical education research, which has influenced curriculum development. (Paragraph 167)

## **Main body of the report**

### *2005/06 update*

18. There were no significant issues arising from the previous review of Manchester Medical School. The key developments that occurred at the School since the last visit in 2000 were:

- a. The School revised the structure of the programme by bringing forward the life cycle programme and introducing the Essential Skills Programme, to help students adapt to university and to PBL.
- b. The implementation of the Early Experience Programme to prepare students in Years 1 and 2 to enter the clinical phase of their training.
- c. Changes to the SSC programme in Phases 1 and 2.

- d. The merger in October 2004 of the University of Manchester and UMIST. This has not had resulted in a major impact on the School's operational management.

### **Curricular outcomes**

19. Following the work undertaken in the visiting programme for 2005/06, the team has concluded that the curricular outcomes for the School's MB ChB programme meet the requirements of *Tomorrow's Doctors* (Sections 1 through 10) in accordance with Section 5(3) of the Medical Act 1983.

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

20. The team has concluded that the curriculum content of the School's MB ChB programme does meet the requirements of *Tomorrow's Doctors* (Sections 11 through 53) in accordance with Section 5(3) of the Medical Act 1983.

#### *Content*

21. The School could evidence where the curriculum was mapped against all areas of *Tomorrow's Doctors*. The curriculum is described by the School as being student-centred and predominantly delivered by way of small groups working in a Problem-Based Learning (PBL) setting. The design of the curriculum has evolved to reflect the results of research, which the School has undertaken since 1994 in order to reflect the changing needs of the NHS. The School is currently working with the North Western Postgraduate Deanery in reviewing the content of Phase 3, with respect to the Modernising Medical Careers agenda.

22. The School has developed 206 index clinical situations, which are used in PBL teaching to develop students' abilities in communication, practical skills and clinical knowledge.

23. The programme is divided into three phases:

- a. In Phase 1 (Years 1-2), students undertake two main modules in each year. In order to prepare students for working in a clinical environment, the School have introduced the Early Experience Programme, consisting of hospital and community visits, clinical skills sessions, communication skills training and the introduction of the portfolio of learning experiences, which is tutored in Phase 1. Students spend four half-days in the community per year and four half-day hospital visits.

- b. In Phase 2 (Years 3-4), the emphasis is on students gaining clinical experience. A three-week basic skills course is held at the beginning of Year 3 to prepare students for the clinical environment. Students spend one day per week in general practice, where they see cases relevant to their current PBL

teaching and have opportunities to practise clinical skills, examination techniques and history taking.

c. In Phase 3 (Year 5) students can choose topics they wish to study in more depth, related to either primary or secondary care. They also undertake an eight-week community placement, working on a 1:1 basis with a GP.

#### St. Andrew's

24. St. Andrew's have introduced a new honours curriculum, which has been implemented for students currently in Years 1 and 2. Students in the current Year 3 will be the last cohort to complete the previous curriculum.

25. The new curriculum had been devised to strengthen students communication and clinical skills, through an increase inpatient contact and to provide a suitable preparation for students who were to transfer to Manchester. The scientific basis of medicine has been retained as the focus of the course.

26. The team recognise the efforts made by St. Andrew's in the changes made so far to make the new curriculum more in line with other medical schools and the support given by Manchester, particularly in relation to the resources it has secured to fund clinical learning through Greater Manchester Strategic Health Authority. However, the team do not consider that exposure to clinical learning in the new curriculum is sufficient and require that St. Andrew's and Manchester work together to identify additional clinical components that can be integrated into the new curriculum, in order to better prepare students prior to transfer to Manchester.

#### Keele University

27. Students in Years 1 and 2 of the validated programme undertake the Early Experience (EE) programme. The aim of this is to enhance and enrich the students experience in the rest of the programme. Principles of *Good Medical Practice* are embedded in the EE, which, in common with the Manchester programme, consists of three vertical themes: Body and Disease, People, Health and Illness and Doctors and Society. Its main objectives are to develop communication skills, ease the transition into the clinical environment and develop professional identity and ethical awareness.

28. The programme consists of integrated activities, visits and placements. Students split into small groups and rotate through the activities, spending one morning or afternoon per week on the EE. Specific objectives are set according to the EE session, with assessment by way of a summative OSCE and a formative reflective Record of Professional Development.

29. Students in Years 3-5 follow the Manchester collaborative programme but this programme will cease to operate when the last cohort has graduated in 2008.

## Structure

30. The School calculates that the core curriculum and Student Selected Components (SSCs) make up 67% and 33% of the total programme respectively.

31. In the final year, 16 weeks of the course is identified as being student selected. This reflects the flexibility within the curriculum of enabling students to identify areas of experience they feel they are lacking and to secure placements in those specialties to develop confidence.

32. The School is currently reviewing how Phase 3 is implemented, in relation to the Foundation programme. The final examination will move to an earlier date in the period January to March, to enable any student who needs to re-sit to be able to do so before the August start date for Foundation Year 1 (F1) posts.

33. The School is developing a model for the organisation of primary care, which links to the Postgraduate Deanery's foundation model, based on geographic health economies.

## St. Andrew's

34. The new curriculum is modular in structure and was designed to meet the outcomes of *Tomorrow's Doctors* in relation to knowledge, skills and attitudes. It awards an honours degree of BSc. in Medicine.

## Student Selected Components

35. The School has a working group that reviews the SSC programme throughout the course. Major changes in the last five years have been the renewal of the Phase 1 programme and changes made to the Project Option in Phase 2. This was originally restricted to research projects, but students could now undertake a wide range of activities, such as critical appraisal, NHS audits or systematic reviews.

36. The team reviewed a selection of Year 2 SSC poster presentations and SSC reports from across all year groups and commended the quality of the work.

37. Arrangements to secure ethical approval for research projects have been established and these were working well.

38. The School reported that the majority of students were able to undertake their first choice of project, or could devise their own SSC project and approach outside supervisors, once it had been approved by the School. It was possible for SSCs to be taken outside of Manchester if students developed a special interest warranting this need. The team commended this approach.

39. The School agreed that it could be possible for a student to minimise the exposure they received in a particular specialty, by choice of SSC projects. However, all the main specialties were covered in Years 3-4, as part of the core curriculum.

The School also monitored choice to ensure that students covered a spread of specialties in their SSCs.

40. Students were able to choose SSCs related to core topics that they had not yet covered, or chose topics in an area of weakness or interest. The only stipulations attached to SSCs were that students in Phase 2 must complete one SSC in the community and one in a District General Hospital setting.

41. Students in Years 3-5 confirmed that they were happy with the choice of SSCs available to them and that there were opportunities to set up their own topics if they were prepared to be proactive in arranging these for themselves.

#### European option

42. The School devised the European option for students who joined the programme with good language skills in French, German or Spanish. Such students must continue to develop their skills and obtain a formal qualification in the language of their choice, which they do through the Faculty of Humanities, in order to graduate with the European option.

43. European option students can undertake two SSCs specifically linked to their course. In Phase 3, students undertake a sixteen-week placement in a partner university abroad. The School visits all its partner institutions in order to quality assure aspects of the exchange programme.

44. The School felt that this option was helpful in attracting strong candidates to study at Manchester. The team commended the European option programme as an example of good practice.

#### *Delivering the curriculum*

#### Supervisory structures

45. The School's main committee strategic planning and programme management is the Undergraduate Medical Education Committee (UMEC). Membership includes student and lay representation, staff from Keele and St. Andrew's and representation from the North Western Postgraduate Deanery and Greater Manchester Strategic Health Authority (SHA).

46. The following committees report to UMEC:

- a. Student/Staff Liaison Committee
- b. Admissions committee
- c. Progress Committee

- d. Curriculum Committee
- e. Assessment Committee

47. The team commended the School on its inclusion of student representation on all its main committees, lay representation on UMEC, and on its effective working relationship with the North Western Deanery and the SHA.

48. Delivery of Phase 1 of the programme was largely by staff from the Faculty of Life Sciences, however students also received some exposure to clinical teaching through the EE.

49. In Phases 2 and 3, clinical placements are provided throughout the North West, organised through the five teaching sectors of Central Manchester, South Manchester, Salford, Lancashire Teaching Hospitals NHS Foundation Trust (LTHFTr) and Keele University. The School has appointed a network of Hospital Deans based at the teaching hospital in each sector ('the base unit'), who lead the delivery of the curriculum within their sector. Students are assigned to a particular sector and would normally remain within that sector for the duration of Phases 2 and 3.

50. The team commends the School on the base unit model it has created to assist with the management of its large cohort. Links between the centre and the base units work very well. The organisation of this management structure was considered an example of good practice by the team.

51. The team met with students in Year 3 at the new LTHFTr base unit, Preston, and at Keele University. Some of the students reported that they felt remote from the student experience in Manchester. Those who had not chosen LTHFTr or Keele University as their first choice had been unhappy at being placed in a peripheral location, as they felt this went against their initial expectations when applying to Manchester Medical School. Most of the students now regarded themselves as 'Preston' or 'Keele' students rather than being part of Manchester Medical School. In spite of initial concerns, the majority of the students at both locations were happy at their placements and appreciated the quality of teaching and the advantages of being part of a relatively small cohort.

52. The School reported that they would be increasing the numbers of students based at LTHFTr from 45 to 60 in 2006/07 and to 80 in 2007/08 for Year 3 and subsequent yearly totals. The School recognised the anxieties of the Year 1 and Year 2 students about perceived views on the quality of the academic and social experiences related to peripheral units. The School attempted to alleviate these by arranging for students to travel to Preston to undertake a tour of the facilities and student accommodation prior to their placements. There was also a presentation in Manchester to answer questions on all matters relating to base units, including a talk from the hospital Dean. A presentation on the LTHFTr base unit will be made to students at St. Andrew's in the 2006/07 academic year.

53. The School has devised undergraduate training programme in General Practice with support and input from the North Western Deanery. Greater

Manchester SHA has provided capital to help fund the expansion of teaching facilities at teaching practices.

#### St. Andrew's

54. A series of meetings was held each year at Manchester and St. Andrew's, whereby representatives of the senior teams from both schools met to discuss partnership and curricular developments.

55. The team suggested that the management teams from both Schools could hold a joint review of their programme of interactions, in order to ensure that the report requirement to increase clinical activity was introduced to ensure students were adequately prepared for the transfer to Year 3 at Manchester; and that proposals to transfer 100 St. Andrew's students to Scottish Medical Schools for clinical training was managed appropriately between St. Andrew's, Manchester and the Scottish Schools.

#### Keele University

56. Keele University was represented on the majority of Manchester committees and were actively consulted on changes to the curriculum. Administrative arrangements, Fitness to Practise issues and internal quality assurance of the collaborative programme were managed by Manchester Medical School.

57. Manchester Medical School was responsible for the quality assurance of the validated programme and a number of mechanisms are in place to ensure this. The Academic Panel, comprising senior staff from both Manchester and Keele, is responsible for approving any substantial changes to the curriculum, receiving the annual review and discussing any matters relating to the partnership. Academic Advisers provide advice on all aspects of the programme and carry out a formal visit to Keele University annually. A Validation Manager was also in place, providing an essential liaison role between the two Schools and ensuring correct application of quality assurance arrangements.

#### Internal quality assurance

58. Manchester Medical School had recently undergone a five-year review (including an external subject expert review). The team received a copy of the report, which included a number of commendations and areas of good practice, as well as a number of recommendations for improvement; none of which indicated any major areas of concern. The review produced an action plan, which the School is required to report back on at the end of 2006. This is scrutinised by the Faculty Undergraduate Academic Standards Quality Committee.

59. The School reported that they have devised and implemented an annual review to assess the quality of medical education within the base hospitals; this was a joint review with the SHA. Three cycles have been undertaken to date, however

the School was reviewing the process to determine if these can be streamlined to reduce the work on the base sectors.

60. The School has developed a dialogue with two major local mental health trust in order to discuss how the quality of mental health placements will be managed.

61. The School has built an effective working partnership with the Postgraduate Deanery and Greater Manchester SHA, which was considered important for the future strategic direction of the programme. Placements in secondary care, social care and voluntary organisations are likely to be based on the health economies model used by the SHA and the Postgraduate Deanery. Quality assurance would be built in to the learning outcomes related to such placements. The team commended the School's working relationships with the Deanery and Greater Manchester SHA as an area of good practice.

62. The standard of teaching in general practice was considered generally good, however the School acknowledged that improvements in some areas was needed and plans were being developed to tackle this. A network of GP education facilitators had been introduced across the Primary Care Trusts in the region. Their main function was to recruit and mentor GP teachers and to monitor the delivery of teaching in primary care.

63. The School is aiming to improve its quality assurance procedures in primary care by introducing an electronic system of submission of student evaluation and by re-visiting practices every three years, to ensure that standards have been maintained.

64. The team was satisfied that the School had developed robust quality assurance mechanisms.

St. Andrew's

65. Students provided feedback on teaching after each module and also evaluated staff performance using a ratings scale. Students were represented on the Teaching Committee and Staff/Student Council.

66. The Chair of the GMC's Education Committee made an informal visit to St. Andrew's in 2000/01 regarding the previous undergraduate B.Med.Sci. curriculum.

67. In addition to this the Quality Assurance Agency (QAA) have undertaken an Enhancement-Led Institutional Review (ELIR) of the University of St. Andrew's. This is the equivalent of an Institutional Audit in England. All disciplines (including the new undergraduate B.Sc. (Hons) in Medicine degree programme) submitted an evaluation of their educational provision as part of this process. The ELIR took place in February/March 2006, the report of which will be published by the QAA later this year. It has expressed 'broad confidence' in the procedures at St. Andrew's.

## Teaching and learning

68. Manchester Medical School organised staff development workshops for all its teachers with approximately 400 people attending annually.
69. Workshop attendance was not mandatory for teachers in secondary care, however GP teachers were required to attend two workshops per year and there was an annual conference on the theme of teaching in primary care.
70. The team suggest that training should be made mandatory for all teachers and that monitoring of training should be strengthened.
71. The team observed a range of clinical teaching during the course of its visits to the school in 2006. These included visits to the University Hospital of South Manchester (Wythenshawe) and District General Hospitals at Wigan and Tameside. The team observed teaching in primary care at GP practices in Rusholme, Wythenshawe and Blackburn. The team observed a variety of activities, including observation of the EE in the community, in-practice teaching and feedback with students in Years 4 and 5 and a Year 5 student presentation on community attachment cases. The team observed good quality teaching sessions and thought that some were exemplary.
72. GP teachers reported that they received good support from the School, though some thought that clarification of learning objectives for individual teaching sessions could be improved and the dissemination of this information earlier would enable them to better plan the year's work in advance. The School commented that such sessions are student-led and that students were expected to discuss their learning needs and set their own objectives with their GP teacher.
73. The team met with students in all year groups. Students in Years 1 and 2 reported that they had received good general induction to the School and to PBL. They appreciated the training they received in communication skills which had enabled them to maximise the benefits of the EE. Student opinions on teaching in biosciences were mixed: some students thought that this component needed more time in the curriculum, while others thought that the level of coverage was appropriate.
74. Students reported some variability of PBL facilitator expertise. The School is advised to monitor this and use feedback to inform the training of tutors and to address any problems which emerge as a result of student feedback.
75. Teaching in the biosciences was integrated into the PBL cases in Phase 2, although there was some student choice as to how deeply each of them studied these aspects. The School's 'late science' initiative also strengthens students learning of the biosciences in a clinical context. Overall, students felt that they did acquire sufficient knowledge. Students from St. Andrew's felt it was a great advantage to have received structured teaching in biosciences.
76. The School had increased the content of questions relating to the biosciences in the Progress Test assessments, which enabled the School to monitor each

cohort's knowledge of biosciences. The School is aware that improvements are needed in this area and are planning to begin the integration of bioscience knowledge into PBL cases in Phases 2 and 3 of the curriculum.

77. Students in Years 3-5 had checklists of core conditions within their handbooks which acted as prompts to ensure students covered these at some point during the latter part of the course. Year 5 was described by students as being extremely flexible, enabling them to arrange placements in areas they wanted to strengthen. There was a list of procedures that students in Year 5 had to either observe or carry out, which had to be signed off before they could graduate.

78. Students in Years 3-5 reported that teaching in communications and ethics was very strong and that part of every PBL case included ethical aspects. In addition, there were some lectures and debates provided on ethical topics in Years 1-2. Some students in those years had been unhappy about the approach some teachers took to presenting ethical issues. This feedback resulted in raising the profile of the subjects – there was an increase on these discussions and it made the students think about their actions in particular situations. Students found the 'communication days' to be very useful in respect of managing relationships with difficult patients, communicating with other professionals and in dealing with aspects of patient confidentiality.

79. The students commented that they felt they had not received sufficient teaching in medico-legal aspects of practice and this would be useful. This observation was echoed by a selection of F1 trainees (Manchester graduates) who also met with the team on a separate occasion.

80. The team suggest that the School consider how it could increase teaching and heighten awareness in the medico-legal aspects of practice.

81. The School acknowledged that they needed to give public health a higher profile across the curriculum and had commenced a review on how to do this. Teaching in public health had been integrated into Phase 1 and revisions to the teaching in public health in Phases 2 and 3 were planned, particularly in relation to strengthening the presence of public health issues within PBL cases.

82. The team suggested that the School continue to strengthen its teaching in public health and ensure that it had a higher profile in the curriculum made apparent to students, by ensuring that there are adequate staff and other resources available in this area.

83. Students described their teaching in basic clinical skills as a strength of the course. Students received small group teaching and could practice procedures in the skills labs at the base units. There was also encouragement to carry out supervised procedures on patients, if they received consent to do so. The students praised the teaching they received from the Foundation trainees and SHOs.

84. Preston has recently been developed as a new base unit. Students at LTHFT reported that they received good exposure to a wide variety of diverse healthcare problems and felt the standard of teaching was of a high standard.

## St. Andrew's

85. The team commended the extensive teaching the students received in the biomedical sciences, which would underpin the clinical teaching they would receive when transferring to Manchester. The team had some issues about the clinical component of the curriculum. The new curriculum was designed to improve student exposure to patients and clinical teaching, however the team felt that what had been implemented to date, and what was planned for the future, still gave students a restricted experience and could be further improved upon.

86. At present, patient contact was largely generated through various primary care placements. Placements remain somewhat limited. The opportunities to expand this remain limited, due in part to St. Andrew's lack of proximity to any hospitals, but also through timetabling restrictions and the need to satisfy the University's requirements for a traditional B.Sc. honours course.

87. Students who had transferred from St. Andrew's reported that the Applied Medical Knowledge course had been useful in preparing them for the increased clinical work at Manchester, however the most difficult aspect of the transfer was in communicating with patients. The team acknowledge that students on the new curriculum would benefit from the programme of communication skills.

## Keele University

88. Keele University had established clinical placements at Shrewsbury and Stafford for DGH experience and at the City General Hospital (North Staffordshire Teaching Hospital) for additional specialty and sub-specialty experience.

89. There was currently an excess of Year 5 placements for students, providing an excellent choice of experiences which students could access through the sign-up system. At the time of the review, there were some problems in securing sufficient placements in general practice, due to a local shortage of involved GP teachers. Keele have tackled this issue by arranging group learning sessions in the community. There was also scope for expansion into surrounding areas and negotiations were ongoing with Birmingham Medical School to acquire additional placements in the Shropshire and Staffordshire areas.

90. The team observed two teaching sessions, in statistics and career planning. The team considered the teaching to be of a high standard and that students appeared fully engaged in the process.

## Learning resources and facilities

91. The team concluded that the learning resources and facilities for the School's MB ChB programme meets the requirements of *Tomorrow's Doctors* (Sections 54 and 55) in accordance with Section 5(3) of the Medical Act 1983.

## St. Andrew's

92. The seminar rooms, laboratories and clinical skills areas observed within the Bute Medical School were adequate, but appeared somewhat dated. A new medical school building was planned for completion within the next three years, although financing for this project was yet to be confirmed. Students reported that library resources for the current curriculum were poor, although investment in books to support the new curriculum had been made to rectify this and all recommended text books were available in electronic format.

93. Substantial investment in IT facilities had been made and the team commended the provision of wireless internet access which was available throughout the building. The virtual learning environment, which had been developed recently, was highly praised by students and staff.

## Keele University

94. The team viewed the teaching resources available at the Clinical Education Centre, University Hospital of North Staffordshire. This purpose-built education centre offered a multi-professional user base with excellent facilities for small group teaching and lectures. The skills labs, library and IT provision were considered excellent.

### **Student selection**

95. The team concluded that the student selection process for the School's MB ChB programme meets the requirements of *Tomorrow's Doctors* (Sections 56 and 57) in accordance with Section 5(3) of the Medical Act 1983.

96. The selection panels included clinical and academic teacher representation. All members of the panels received training. Selection of students was based on a robust scoring system involving their UCAS form and an interview. Each student is set a scenario to discuss with the panel, and are asked to sum up at the end of the discussion. The School finds this approach very helpful in identifying strong applicants. The School uses BMAT as part of its selection procedures and plans to introduce UKCAT from 2006 onwards. The School is considering the introduction of lay representation on its selection panels.

97. The School interviewed 1200 applicants for the current academic year, which was a rise of 2% on 2004/05. Similar numbers of applications have been received this year. The School provided feedback to unsuccessful applicants.

## St. Andrew's

98. St. Andrew's took advice from Manchester in developing its selection policy. Most applicants were interviewed, and the interview panel made their selections based on the qualities to succeed on the St. Andrew's course and ability to progress

to become doctors. Sixty per-cent of applicants were domiciled in Scotland and the remainder were mainly from the north west of England. Students reported that they had made a positive choice to come to St. Andrew's, irrespective of whether they were to transfer to Manchester or to another medical school.

Keele University

99. There is no discernible difference in the standard of applicants between students who applied for the validated programme and those who applied for the programme at Manchester. Keele University tended to attract more students local to Staffordshire and there was a good ethnic mix.

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

100. The team concluded that student support, guidance and feedback for the School's MB ChB programme meets the requirements of *Tomorrow's Doctors* (Sections 58 through 61) in accordance with Section 5(3) of the Medical Act 1983.

#### *Support*

101. The team was satisfied with the range of support networks available for both pastoral and academic issues. The two areas were not separated, so there was potential for conflict, since tutors had a dual role at the base units. The School had experimented with a personal tutor system but had found it difficult to run effectively. This had been replaced by a network of student support, both at base unit level and the central university support services.

102. Students sought advice from:

- a. Administrative staff in the central offices (who had received appropriate training)
- b. Tutors
- c. Their hospital dean

103. All of these staff were viewed as approachable. Examples were given by students of how problems were quickly and sensitively handled by the hospital deans. PBL tutors provided both pastoral and academic support.

104. Students in Years 1 and 2 reported that they received good support from the School, however students in Years 3-5 thought that the School could do more to support them centrally.

105. The School acknowledged that they were aware of this issue, which had also been highlighted in the recent Five Year Review. Students in the clinical years, particularly Year 4, moved between placements on a regular basis and this

contributed to the students feeling of remoteness from the School. The School saw the relationship between students in Year 3 and their base units as key in establishing close links for the remainder of the course, in the expectation that students who developed problems in Years 4 or 5 would feel comfortable in accessing support from their base unit, or seeking information on central support services if they preferred.

106. Students could also seek advice from the Medical Students Representative Council (MSRC), which has representatives from all base units and all year groups.

107. The School had taken steps to strengthen communication from the centre and support to all year groups by introducing an electronic newsletter. The School had also made a new senior appointment that was to lead on student support, which would come into effect from September 2006. The School also intends to utilise MedLea to further develop its communications strategy.

108. The team suggest that the School should investigate how access to central support could be improved for students in Years 3-5, particularly in relation to the role of the MSRC in helping students to access central support.

109. Students undertaking the European Option were particularly concerned about the lack of support they had received from the School with the organisation of logistical details for their placements abroad. In response, the School appointed a Liaison Officer to take responsibility for the administrative arrangements of the programme. This person was now in post and improvements had been made. When on placement abroad, students were encouraged to remain in email contact with their base units and to notify them if they encountered any difficulties.

110. Approximately 3% of the current student intake had a disability, mostly dyslexia. There is a pre-assessment prior to arrival for all students who declare a disability and support was designed to assist individual students' needs.

111. At the start of Year 1, the School provided an intensive course, Essential Skills, with an introduction to PBL, study and communication skills and time management.

112. Students confirmed that they were aware of various routes by which they could make a complaint or whistle-blow. Information about student hardship funds was well publicised through multiple sources.

### *Guidance*

113. Advice on Foundation Training and careers was reported as being restricted to two one-day events hosted by the Postgraduate Deanery for students in Years 4 and 5. Students were also advised to approach their hospital dean for careers advice.

114. The School was working with the Postgraduate Deanery and the University's careers service in developing a comprehensive careers structure for each phase of

the programme. Agreement had been reached in principle on the main content and how this would operate, however final detail and an implementation date had yet to be agreed. The team commended the School on steps taken so far and would be interested to see how this develops.

### *Feedback to students*

115. Students reported that they were given feedback at the end of each of their rotations through consultant teacher evaluation forms. Students found the frequent informal verbal feedback they received to be useful in gauging their progress. All students who met with the team commented that they would like more frequent formal feedback, particularly from PBL tutors.

### Support, guidance and feedback – St. Andrew's

116. Clinical teachers acted as personal tutors, supervising eight students per year (to a maximum of 24 students per tutor), however students could contact other members of staff for support if they wished to. All personal tutors received training in their role.

117. Students in all year groups praised the support they received from tutors and from the staff in general, on both pastoral and academic matters. Staff knew the students well and responded quickly to emails or meeting requests.

118. Students in Year 3 (who were the last cohort to learn under the 'old' curriculum) felt confident that the programme of visits and talks on the transfer to Manchester had prepared them appropriately for this, although they did have reservations about their preparation for PBL which was practised at Manchester to a greater extent than at St. Andrew's. On arrival at Manchester, St. Andrew's students joined new PBL groups and were mixed in with Manchester students. All students received a PBL refresher session.

119. The team suggests that Manchester undertake a review of PBL skills for St. Andrew's students on their transfer arrival, in order to ascertain whether any targeted training was required. This should take account of the skills of the students from the 'new' St. Andrew's curriculum, which had features designed to address the concerns of the students on the previous curriculum. This could also help to overcome any anxieties of the St. Andrew's students prior to the transfer and help them adapt to the course more quickly.

120. St. Andrew's did not have a formal system for providing careers advice, however it would facilitate meetings on career paths, which the students had arranged through the Bute Medical Society and the Scottish Students' BMA Group. The School had responded to individual areas of interest by setting up attachments, although these were voluntary and had impacted on uptake.

## Support, guidance and feedback – Keele University

121. The students were appreciative of the various student support systems, especially the ease of access to module and year leaders and the friendly and helpful administrative staff. They had received information about the range of support services available through Keele University. The students gave examples of how the system worked well in resolving difficult and sensitive problems.

122. Students had access to the study skills support unit at Keele; the development of an enhanced service for medical students is under discussion.

123. Each student was allocated a mentor, although contact was optional and not all students had met with their mentors.

124. Students were satisfied with the provision of feedback. They received regular verbal feedback from consultant and GP teachers, including issues relating to attitude and professional behaviour, which students found very useful. PBL tutors held individual and group feedback sessions. In Year 5, students received detailed feedback from consultant teachers at intervals throughout their final year.

125. The Modernising Medical Careers F1 Roadshow had visited Keele University in 2005 and students in Year 4 had organised an event where consultants had talked about careers in their specialties. Students have requested additional events on careers.

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

126. The team has concluded that assessing student performance and competence for the School's MB ChB programme broadly meet the requirements of *Tomorrow's Doctors* (Sections 62 through 73) in accordance with Section 5(3) of the Medical Act 1983.

127. The team observed the final year OSCE/OSLER examinations at Manchester Royal Infirmary and Royal Preston Hospital and concluded that these were managed satisfactorily and were a fair examination of skills for final year students. The external examiners were present at the assessment at both sites.

128. Simulated patients and real patients were used in the assessment at both sites, and the visitors agreed they performed excellently. Training was provided for all simulated patients.

129. The team noted variable performance of examiners at both sites. Some examiners were observed giving minor prompting to students to produce the desired answers, and there was variation in how and when the examiners filled in their score sheets. The team suggested that some of these variations could be due to the provision of examiner training, which appeared to be patchy.

130. The team noted a lack of a standardised approach by examiners on how individual stations were conducted, which was noticeable at those stations which were re-visited a number of times, although scripts had been provided.

131. The School acknowledged that uptake of examiner training at established sites was not as comprehensive as at the new sites of Preston and Keele, which the School had targeted this year and achieved almost a 100% uptake. Between 50% - 60% of examiners at the three Manchester teaching hospitals had undertaken training. The School had contacted examiners at these sites to offer refresher training and had received an 80% response rate. The refresher programme will commence in September 2006 and roll through to May 2007.

132. The School intends to pilot a 'Registered Associate Practitioner of the Higher Education Academy' scheme, in the expectation that it would encourage examiners to undergo training. This will cover all aspects of teaching, learning and assessment.

133. The School is advised to make examiner training mandatory. Attendance at training should be monitored and targeted training introduced. The team commended the School on the approach they had taken at Preston and Keele and wished to encourage the School to roll out their refresher training programme as quickly as possible.

134. The team expressed some reservations about the design of the marking schedule and at what point these are completed by the examiners. The School acknowledged this issue and agreed to change the design of the sheet, prior to the next run of the assessments in September 2006.

135. The team had reservations as to whether the OSCE, particularly at Preston, could be defended as a fair assessment because of the examiners' familiarity with the small group of students based there. The School reported that they had moved students away from their home base in the past to be examined at other base units but had not found any difference in the results. Logistically, it was easier to ask examiners to attend a different base unit to their own. The Final Year Examination results did not show any better performance at Preston.

136. The team suggest that the School considers two alternative courses of action:

- a. That a significant proportion of OSCE/OSLER examiners at each examination site are located from a different base unit.
- b. Students' undertake the OSCE/OSLER at a base unit other than their own.

137. The team observed the meeting of the Final Year Examination Board. This was managed appropriately.

138. The team were concerned that the School's policy of allowing students who failed one component of the final examination to sit that component only at all subsequent attempts. The School acknowledged that they had a very small number

of students in the final year who, due to exceptional circumstances, were re-sitting one component either for the third or fourth time.

139. The team has noted that the School amended this policy during the course of the review. Students who are allowed subsequent attempts at the final examination are now required to take all components of the examination at one sitting. The team is content with this change of policy.

140. The School used double marking of SSCs in the fail category and those on the pass/fail and pass/honours borderlines. In Phase 2, attendance is a category on the mark sheet, non-attending students are referred to Progress Committee and have to re-take the SSC. Any student receiving a 'cause for concern' mark is seen by their hospital dean.

141. The School has designed a Progress Test based on the Maastricht model, which demonstrates the progression of the individual and the cohort as they progress through the course. This has helped the School to identify students who require remedial help and reliability was reported as being very high. It also allowed the School to monitor whether topics were being covered adequately in the course. The School was satisfied that the Progress Test was working appropriately and data was proving incremental scores were rising year on year.

142. The School has piloted Mini-CEX for students in Year 5, in preparation for Foundation Training. This may replace the OSLER after 2008, once the Foundation Training curriculum and assessment programme for F1 has stabilised. The team commended this as an area of good practice.

143. Students reported that the OSCEs were of a good standard generally but they thought they were under-tested in terms of knowledge and would like more structured written answer assessments, particularly relating to the systems they had covered in the previous semester. Access to clinical skills labs for revision prior to the OSCEs was reported as being good.

#### St. Andrew's

144. The clinical teachers had some concerns about the reliability of the current five-station Objective Structured Practical Examination (OSPE). This is to be replaced in the new curriculum with a 10 station OSPE, which will be held formatively and summatively during every semester.

145. Assessment blueprinting has been introduced for the new curriculum and the assessment programme has also been revised to consist of Multiple Choice Question papers, Short Written Answer papers and the extended OSPE, which will test clinical and communication skills.

Keele University

146. The students reported that the assessment workload was manageable and found the OSCEs and Progress Tests to be straightforward and fair.

### *Appraisal*

147. At the time of the review, the School was working with the Postgraduate Deanery on the development of electronic portfolios (PDPs), aligned to *Good Medical Practice*. PDPs are currently in use in Phase 1, linked to reflective practice during EE. Appraisal has been piloted in Phase 2 in the South, Hope and LTHFT sectors. Phase 1 students received support from their portfolio tutors, independent from their PBL tutors and met with their hospital dean twice a year for an appraisal interview, based on their portfolio. The team commended this as an area of good practice.

148. With the revision of Year 5, the School is proposing to align assessment of competencies following finals to those in F1. Recording of the assessment of competencies could form part of the students' Portfolio. The School has yet to design the format of reflective learning for Year 5, however the prompts used in F1 are already in place for the Year 3 Portfolio, to be implemented in 2006/07.

St. Andrew's

149. PDPs had been introduced in years 1 and 2, however students commented that they needed further guidance on how to complete the portfolio and how it fit into the curriculum.

Keele University

150. Students' met with their appraiser for both individual and occasional group sessions. Meetings focussed on professional development, issues arising from placements and progress made on their reflective Record of Professional Development (RPD), which was used formatively.

151. Appraisers were allocated 8-10 students and training was provided to ensure that the marking of the RPD was consistent. Grades were taken into account if a student was referred to Progress Committee. Feedback from students on the appraisal system had been very positive.

### *Student progress*

152. The team met with representatives of the School's Fitness to Practise Committee and were satisfied that robust procedures were in place to deal with serious concerns. Low-level concerns were dealt with by the hospital deans and their teams at the base units. This appeared to be managed through local systems, which raised the possibility of some variation risks.

153. Students reported that colleagues who struggled with academic aspects of the course had to be proactive in seeking help, as there was no system in place for picking up difficulties of this sort. The School relied on early meetings with tutors and other teachers to raise the profile of progression appraisal.

#### St. Andrew's

154. St. Andrew's had its own Fitness to Practise procedures and had established a committee and appeals procedure, which involved the Dean from another medical school. Any cases would be reported to Manchester Medical School, to keep them informed. To date, no cases had gone forward to committee.

#### Keele University

155. Students on the collaborative programme at Keele University are subject to the Manchester Medical School's Fitness to Practise procedures. Keele Medical School has developed its own Fitness to Practise Committee and procedures for students on its validated programme will adhere to these, as from 2006/07.

### **Student health and conduct**

156. The team concluded that the School's arrangements for student health and conduct meets the requirements of *Tomorrow's Doctors* (Sections 74 through 85) in accordance with Section 5(3) of the Medical Act 1983.

157. The School had developed an effective link with the university's occupational health service. This was particularly useful in managing any health assessment related to a student's progress on the course.

158. Information was given to students about recognising and seeking help on stress-related issues.

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

#### *Widening participation*

159. The School has been engaged in developing a range of widening participation activities, which have the potential to develop into excellent schemes.

160. A scheme had been established in partnership with a local inner city college to provide a science-based foundation course for students from deprived, non-traditional higher education backgrounds. Students are guaranteed a place on the five-year programme, provided they were successful in completing the foundation programme. The School planned to admit a significant number of students through this route.

161. A current Year 2 student had developed a primary school teaching programme, delivered by medical students, to stimulate interest in medicine in younger pupils from deprived backgrounds in the Greater Manchester area. The visiting team was very impressed with this initiative from this young student, who gave an excellent presentation on the programme's aims and objectives.

162. The team commended the School on its range of widening participation initiatives.

#### *Universities medical assessment partnership (UMAP)*

163. The School is the leading partner in the UMAP initiative, membership of which is expanding. Work on this assessment research tool is based in Manchester and currently involves 12 full partner institutions.

164. UMAP is developing a sustainable question bank for extended matching and multiple choice question papers. The questions are mapped to *Tomorrow's Doctors* and related to outcomes, enabling schools to create assessments that can be blueprinted to their curriculum. There were plans to develop OSCE and OSLER assessments, including instructions to examiners, so that stations would be uniform across all participating schools.

165. The team commended the School on the leading role it takes in UMAP in improving the quality of assessments. This was an area of innovation and good practice.

#### *Research and development*

166. The team were informed of on-going research in a number of areas including learning in the clinical workplace, linkage to PBL, communication and assessment. Students are significantly involved in a number of research projects, the outcome of which leading to further changes and improvements in the programme.

167. The team commended the School on their commitment to medical education and the level of activity they had achieved to date in undertaking important research in these areas and commended this as an area of good practice.

**Recommendation:** In the academic year 2005/06, Manchester Medical School, The University of Manchester, met appropriately for that stage the requirements set out in *Tomorrow's Doctors*, subject to meeting the requirements in paragraph 15 a.

Acknowledgement

168. The GMC and the team would like to thank Manchester Medical School for their co-operation and from all those they came into contact with during the course of the review.

Signed.....

Dated.....

## **Response of Manchester Medical School to the QABME report for 2005/06**

Many thanks for the final report on the Education Committee's findings following the visit of the QABME team to Manchester during the academic year 2005-2006. We wish to thank all members of the team, under Jim McKillop's excellent leadership, for the fairness, thoroughness and expertise with which they carried out their remit.

The report was formally considered by the Undergraduate Medical Education Committee at its meeting on 21<sup>st</sup> November 2006. We were very pleased that the basic medical education programme is meeting the requirements set out in 'Tomorrow's Doctors' and that we were commended for many areas of good practice. We will continue to work to support these and develop other aspects of education excellence through research and development.

In making this formal response to the report, we thought that it would be helpful to deal in brief with the single requirement as well as the several suggestions for quality enhancement:

### **Requirement 15a: Clinical Component of St Andrews programme**

It should be noted that the QABME team visited St Andrews at a time that a new curriculum was being introduced, which will considerably enhance the clinical component of the BSc honours programme once this is fully in place. We have conducted a detailed review of these plans with senior representatives from St Andrews and are confident that the new programme will meet the requirement set by the GMC. A detailed report of this review is available, which documents that clinical experience is offered in the form of patient contact through 14 half-day experiences (plus preparation and debrief sessions) in primary care initiatives, hospital attachments and family interviews. These in-depth experiences will be supplemented by a strand of customised patient cases running through the curriculum (providing clinical content and context for learning), clinically focussed honours projects and appropriate clinical and communication skills learning.

### **Recommendation 16a: Review of Manchester/St Andrews Interactions**

As indicated above, the Medical School has already held a meeting to discuss the clinical component of the curriculum at St Andrews. In addition to this formal meeting, contact between staff involved in Early Experience and communication skills teaching at Manchester and their counterparts at St Andrews is ongoing, with detailed information on the Manchester programme being supplied to St Andrews. We will review our formal interactions with St Andrews at our annual Manchester/St Andrews meeting in February 2007.

### **Recommendation 16b: Mandatory training for all teachers and examiners:**

All new examiners undergo training, with close to 100% uptake at the Keele and Lancashire Teaching Hospitals sites. At the established Teaching Sectors (Salford, Central and South Manchester sites), refresher training sessions will be run during this academic year. We will require all existing examiners to undergo training. This will be monitored with attendance registers and we will provide additional courses where necessary.

### **Recommendation 16c: Medico-legal issues in the curriculum**

During the academic year 2005-06 a review of the ethics and medico-legal component of the programme was undertaken. We are now considering the report and will implement the recommended changes.

#### Recommendation 16d: Teaching in Public Health

An external review of teaching in Public Health is being commissioned with the aim of strengthening both the content and students' exposure to public health. We aim to capitalise on the strong links between academic and NHS Public Health consultants delivering care within the region.

#### Recommendation 16e: Central support for students

For the 2007/08 handbooks, we will review the Information currently provided to students about access to central University of Manchester support services including the student intranet. The appointment of Dr Jon Shaffer as academic lead for student support ensures that student support is high on the School's agenda and a University of Manchester review has recently been undertaken with several recommendations.

#### Recommendation 16f: Review and support of PBL skills of St Andrews students:

Our new 'Introduction to Clinical Learning (ICL) course' includes a specially designed case to introduce "clinical" PBL. St Andrews students are integrated with Manchester students in these groups. Starting from this academic year, we have provided advanced group work skills training to approximately 15% of our students (Manchester and St Andrews) allowing them to become "student facilitators" to help other students with PBL and portfolio issues. We have also introduced "clinical mentors (staff)" who will each relate to a group of 12 students and provide support for portfolio learning and PBL.

We have provided additional communication skills training during ICL for the St Andrews students and have also had small group meetings with them to discuss issues such as clinical PBL and portfolio learning.

From 2007, all St Andrews students will have graduated from the new programme, and we are working with St Andrews to ensure that the new curriculum will prepare students for transition to PBL in Phase 2 at Manchester. We have planned an in-depth evaluation of the preparedness of the St Andrews graduates from the new programme

#### Recommendation 16g: Location of students for assessment

In the short term, we will relocate a proportion of examiners to different Teaching Sectors for the clinical assessments. In the light of planned changes to Years 4 and 5, we have agreed that from 2008-09 all students in Year 5 OSCEs will be examined away from their Teaching Sector. In preparation for this, students will undertake one of the two Year 4 OSCEs away from their Teaching Sector.

We trust that this response meets with the Education Committee's approval and we will be happy to provide updates on progress as part of our annual report to the GMC on changes to the programme.

Kind regards,

Yours sincerely

Professor Paul O'Neill

**Head of the Manchester Medical School and**

**Deputy Dean for the Faculty of Medical and Human Sciences**