

## FINAL

### Report of the Visiting Team for the University of Newcastle upon Tyne Medical School for 2004/05

#### Introduction

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

Professor Sam Leinster (Team Leader)  
Dr Roger Bloor  
Professor David Croisdale-Appleby  
Mrs Susan Hobbs  
Mr Johann Malawana  
Dr Philip Milner  
Dr Bruno Rushforth  
Professor Maurice Savage  
Dr Martin Talbot

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

3. The GMC visiting team has attended the School on six occasions: 20 January 2005, 22 April 2005, 29 April 2005, 3 June 2005, 15 June 2005 and 16 June 2005. The findings of the visiting team have been reached by conducting a range of the following activities:
  - a. Meetings with a variety of members of the school.
  - b. Observation of the examination of clinical skills.
  - c. Module and/or Phase Examination or other Board meeting observation.
  - d. Site assessment(s): NHS Trusts\*<sup>1</sup>.

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

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

4. Students at Newcastle spent the first two years (Phase 1) of their course based at the Medical School; after this they are dispersed throughout the North East region to the clinical base units of Northumbria, Tyne, Tees and Wear. In order to facilitate expansion of medical student numbers, a partnership between the University of Newcastle Medical School and The School for Health, University of Durham Queen's Campus (UDQC), was established in 2001 to teach Phase 1 medicine.

5. After successful completion of Year 2, students at UDQC joined the Phase 2 cohort at Newcastle and graduated at the end of Year 5 with an MBBS degree from the University of Newcastle. An agreement regulated the partnership between the two universities, which was due to be renegotiated in 2006-07. The visiting team visited UDQC as part of the QABME visiting schedule for the University of Newcastle.

6. The majority of the assessment and teaching methods are common. Both institutions aimed to create a seamless transition from Phase I at UDQC to Phase 2 at Newcastle, however, local variations and innovations were encouraged and added value to the student experience.

7. This report is primarily concerned with findings of the quality assurance of basic medical education at the University of Newcastle Medical School. However, the contribution to Phase 1, made by UDQC, is an important element of this and therefore the Visiting Team undertook an inspection visit to The School for Health, at UDQC, as part of the schedule of visits to Newcastle. In the main, this report refers to the University of Newcastle Medical School ('the School'). Where comments are specifically attributed to UDQC, this is stated in the text.

## **Summary of findings**

8. Overall the visiting team are satisfied that the University of Newcastle upon Tyne Medical School meets the requirements set out in *Tomorrow's Doctors*<sup>4</sup>. The findings of requirements for change, recommendations and areas of good practice are in paragraphs 103 to 108 of this report.

9. The visiting team has suggested some areas requiring additional consideration by the School later in this report, however, those suggestions should be read in the context of our overall findings. The visiting team reported that the

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

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

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

University of Newcastle upon Tyne Medical School and the University of Durham Queen's Campus have an innovative and effective curriculum.

### **Curricular outcomes**

10. The School rolled out a new integrated curriculum in 2001. This process will be completed in September 2005 with the implementation of the new Year 5 curriculum. A sub-group of the Board of Medical Studies (Newcastle) worked with teams of teachers to define the content of the new curriculum, making reference to both *Tomorrow's Doctors*<sup>1</sup> and *The New Doctor*<sup>2</sup> to ensure that students were exposed to the correct level of teaching in clinical procedures.

11. The curriculum is organised into eight subject strands that consist of seven core and one Student Selected Component (SSC). Various elements of the course combine to deliver the outcomes, all of which have been mapped to the headings contained within *Tomorrow's Doctors*<sup>1</sup>.

12. The School aimed to ensure that outcomes from SSCs contributed to the breadth of skills students required. The programme has been designed to derive maximum benefit from transferable skills, including presentation and communication skills.

13. Phase Handbooks and Study Guides clearly detailed the learning outcomes to both students and teachers.

14. The Phase 1 curriculum at UDQC shares the same learning outcomes as the Newcastle course.

15. The visiting team is satisfied that the School was meeting the requirements for curriculum outcomes, as set out in *Tomorrow's Doctors*<sup>1</sup>.

### **Curricular content, structure and delivery**

#### *Content*

16. The content of the curriculum is comprehensive, with appropriate consideration being dedicated to the knowledge, skills and attitudes outlined in *Tomorrow's Doctors*<sup>1</sup>.

17. The visiting team reviewed the casebooks and study guides and concluded that the programme and workload to be appropriate, without overburdening students with factual knowledge. Whilst students on the five-year course did not make adverse comments about the workload, students on the four-year Accelerated Programme commented about the lack of time for reflection, particularly in the first year.

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

<sup>2</sup> GMC (London); *The New Doctor*, April 1997

18. The teaching of public health was integrated throughout the curriculum, which included a two-week public health rotation. Epidemiology was studied in Phase 1 and public health aspects would be reinforced in the revised Year 5 curriculum. Students in Year 3 spent one half-day each week in General Practice and public health issues were incorporated into teaching in primary care. The visiting team was satisfied that students were receiving adequate exposure to teaching in public health.

19. The visiting team was pleased to note that the teaching of alternative medicine and complementary therapies was integrated into the new Year 5 curriculum and took the form of linking alternative medicine to evidence-based practice, within the four-week Preparation for Practice block. These subjects were also included in the SSC choices for Year 4.

20. At the time of the previous assessment of Newcastle (1998), SSCs did not appear in the programme until Year 4. The visiting team commended the School in the progress they have made since that visit, by introducing SSCs in Years 1 and 2 as well as in Years 4 and 5 of the curriculum.

21. In Year 4, at least two out of the three seven-week blocks of SSCs were required to be clinical, which the School defined as hospital, community or laboratory-based. Non-clinical SSCs included humanities subjects. The visiting team regarded this provision as being sufficient for requirements.

22. The visiting team wished to learn how the School raised awareness of multi-cultural issues in general, not just those prevalent to the North East. The School incorporated multi-cultural themes in its Phase 1 Medicine in the Community strand, which covered primary care, public health, epidemiology, medical sociology and psychology. It was also covered in the broader Phase 2 curriculum.

23. Newcastle, and especially the UDQC, sought to use their local populations as a tool for enabling students to experience working with differing ethnic communities. This was so that they may learn how to communicate with patients and their families in an appropriate manner, sensitive to cultures other than their own.

24. The visiting team wished to explore how the School taught students to interact with patients with learning difficulties. Information was interwoven into various aspects of the curriculum, and the School had won the BUPA Communications Award in 2000 for its work on communicating with patients with learning difficulties. Respect for patients and their families was embedded in all aspects of the students' learning experience. The visiting team commended the School on their approach to this issue and in attaining an award of national significance.

25. The visiting team recognised the high level of curricular innovation at both Newcastle and UDQC and commended the difficult task of revising existing curricular at Newcastle. The visiting team commended the overall design of the UDQC curriculum, which they described as being 'ambitious, organic and dynamic'.

## Structure

### Student Choice

26. Approximately 25% of the curriculum involved an element of student choice, which meets the requirements stipulated in *Tomorrow's Doctors*<sup>1</sup>. Student choice was integrated throughout the course. There was an enabling assignment in Year 1, with outcomes designed to develop skills required for Year 2. There was a wider choice of SSCs in Year 2, which linked back to a patient study or case the student has studied in Year 1. Year 4 offers an extensive programme of SSCs, including a student elective placement. In Year 5 the final SSC related to the ethical dimensions of a case the student had encountered.

### Year 5 Curriculum

27. The visiting team received a presentation on the revised Year 5 curriculum. The School decided to revise this in order to make its delivery more manageable to an expanding cohort, and more relevant to preparation for practice for a Foundation Programme Trainee.

28. The main features of the new curriculum are:

- a. Commencing in August, the 12-week rotational clinical placements, undertaken in four three-week blocks (Primary Care, Womens Health, Child Health, and Mental Health)
- b. The four-week block, Preparing for Practice, covering three key areas for final year students, clinical decision-making, advanced communication skills, and working in the NHS
- c. Starting in January, a final structured sixteen-week block of Hospital Based Practice.

29. The School has integrated the clinical placements (which all include a rotation in acute medicine), the shadowing period and the assessments to produce a robust preparation for F1. The School felt that this approach would enable graduates to be better prepared, confident to look after ill patients and function as part of a team.

30. The School encouraged both home and external students who were to undertake F1 posts in the area, to attend the shadowing period. The take up was high and as from 2006, participation in shadowing will be considered a condition of entry to the Northern Foundation School. Where possible, the School will seek to give financial support to those students who would otherwise suffer financial hardship during the period of shadowing.

31. The visiting team concluded the structure of the new Year 5 curriculum to be well thought out and capable of delivering the improvements sought.

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

## *Delivery*

32. In Phase 2 of the course, students undertook placements at hospitals assigned to the four base units (Northumbria, Tyne, Tees and Wear). Placements at GP teaching practices, Mental Health Trusts and Primary Care Trusts are attached to each of the base units. Students who had transferred from UDQC could be allocated to any of the base units.

33. Students had commented about some unfairness in the allocation process to base units, although the visiting team acknowledged that the School were aware of this and that a new computerised system, using a preferential sorting algorithm, had been introduced to help address this issue.

34. The School offered a four-year Accelerated Programme (AP) with the same subject strands and outcomes as the five-year programme. The visiting team did not encounter any resource issues connected to the delivery of the AP, and integration with the five-year course appeared to be working well.

35. Students on the AP commented on the heavy workload, particularly in the first year. The School reported that the AP was still in its early stage of development and reductions to the curriculum had been made where possible. However, it would remain a demanding programme and the School was careful to communicate this to prospective students. In fact, few students on the AP dropped out, and in retrospect it was reported that many appreciated the skills in self-directed learning and time management that they developed.

## Supervisory Structures

36. Curricular management was overseen by the Board of Medical Studies (Newcastle) and the Management Board (UDQC). There was a reciprocal arrangement whereby representatives of each School sat on both committees.

37. The Memorandum of Agreement between Newcastle and UDQC was due to expire in 2006 and would be re-negotiated. As part of the negotiations, the balance of resources will be considered in order to ensure that UDQC can sustain its contribution to the MBBS programme.

38. The visiting team concluded there was an effective partnership between the Management Boards of Newcastle Medical School and UDQC.

## **Teaching and Learning**

39. The visiting team met with secondary care teachers from differing healthcare backgrounds, evidencing the design of the integrated curriculum at Newcastle. Support for clinical teachers from the Trusts was sometimes variable. However there were examples of very good working relationships between teachers and Trusts, especially in the new base units. Examples of financial support for student teaching facilities and staffing were provided.

40. The visiting team particularly wished to gauge the depth of understanding between the School and its clinical teachers on all aspects of their involvement with the programme. Teachers at Newcastle felt that they had a strong working relationship with the School, irrespective of being based within secondary or primary care, and all had a good knowledge of the curricular learning outcomes. The visiting team concluded the feedback system between the School and its teachers was effective and all had good access to the School's staff development programme.

41. A comprehensive staff development programme had been established, which attracted over 3400 individual attendances since its inception in 1998. The programme is continually evolving, responding to requests for training made by the staff, or the demands of the curriculum. A cascade strategy has been implemented, whereby staff were encouraged to share with their colleagues the knowledge and learning materials they had obtained through attendance on a particular course.

42. All teachers at UDQC were invited to attend a 'Teaching the Teachers' course, the take-up of which was reported as being high.

43. At Newcastle, the School had created a number of teaching fellowship posts, designed as a one-year contract in a number of different disciplines. Post-holders are primarily teachers, with some clinical activity and were studying for either a certificate or diploma in medical education. New teachers were able to shadow experienced colleagues and the support and assessment of junior teaching staff was appropriate. Research Fellowship posts, which included a significant element of teaching, had also been created with a two-year contract.

44. The School provided workshops on summative and formative appraisal for clinicians who acted as appraisers. One of the main challenges for Newcastle was to ensure consistency in standards of teaching across the base units. Regular feedback from students was helping the School to identify committed teachers. All clinical teachers involved in the delivery of the new Year 5 curriculum had also been involved in its design, to ensure that students would receive similar teaching and opportunities to gain clinical skills, irrespective of which rotation to which they were assigned.

45. The School monitored the assessment results from each of the base units in order to be able to compare them to one another.

46. GP teachers reported that they felt well supported by the School in delivering teaching in primary care. There was a good take up of GPs at training sessions arranged by the School. The visiting team felt that teaching in general practice was of high quality and delivered by enthusiastic teachers.

47. In talking to students, a number of issues arose related to their experience whilst in general practice. There appeared to be some discrepancies in the amount of exposure students received in direct patient contact and in working with other members of the primary health care team. This appeared to be related to an increase in the numbers of students at any particular placement. Requests for more frequent GP seminar sessions were made.

48. At UDQC, the School had integrated some of the principles of PBL into the curriculum, but did not want to introduce a significantly different style of teaching and learning to that of Newcastle. SSCs and assessments had been designed in conjunction with Newcastle, so ensuring a smooth transition to Phase 2.

49. Newcastle reviewed the results data produced by UDQC in order to ensure that students were achieving in line with a successful transfer to Phase 2. The results indicated no differences between the two groups. Both Newcastle and UDQC shared the same external examiners (although not concurrently) to ensure consistency across assessments. Upon review, the visiting team concluded that students from UDQC have integrated successfully into Phase 2 of the Newcastle programme.

50. At UDQC, students reported that they worked a four five-day week, from 9.00-5.00, with twenty-two teaching weeks to an academic year, two weeks shorter than Newcastle. Feedback from the students suggested a shorter working day would allow them more time for self-directed learning, and an extended academic year would reduce the pressure of covering the syllabus in a shorter time than their peers at Newcastle.

51. In addition, University of Durham had a three-week examination period with medicine timetabled for the first week. This meant that students missed out on a two-week reading period. The shorter course puts additional pressures on the students and also leads to a reduction in their involvement in extra-curricular activities.

52. The visiting team heard that the students and staff wished to renegotiate the length of the academic year for medicine at UDQC.

### **Learning resources and facilities**

53. The School reported that students in Phase 1 had access to a clinical skills laboratory, in order to begin to learn basic practical skills. In Phase 2, students undertook the Foundations of Clinical Practice course to build on their basic practical skills.

54. Students were generally happy with access to learning resources, however it was reported that Newcastle students who were at the Tees base unit found it difficult to access the library at Newcastle because of the distance involved (approximately 45 miles). This was also a concern for the students at UDQC who were to be based at Tees for Phase 2, as resources in the UDQC library were reported as being primarily aimed at Phase 1 subjects.

55. At UDQC, the visiting team was given a tour of the teaching facilities. The visiting team received a presentation from the head of the IT section on the School's online learning environment and from the medical librarian.

56. Clinical teachers at Newcastle reported examples of strong support from Trusts. GP teachers reported that the School assisted them in providing learning resources, such as library and IT equipment.

57. Of the range of learning resources and facilities observed, the visiting team concluded that learning resources and facilities were appropriate.

### **Student selection**

58. The visiting team met with the School's Admissions Team to discuss a range of issues relating to student selection. Applications for both the five-year and Accelerated Programme were high, with the School currently holding 800 entrance interviews per year across all routes of entry.

59. The selection panel had a broad membership, made up of health professionals and lay members. Selectors received training each year and the School held a feedback session in order to disseminate good practice and discuss issues that may have arisen during the course of the selection period.

60. The School's admission policy was reviewed and revised each year, after taking advice from its selection panel. The visiting team received a copy of the current policy and was satisfied that it was appropriate.

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

#### *Student support*

61. Students praised the School's disability support and the system for identifying and assisting struggling students, however they reported that University-wide support services were inconsistent.

62. Students were complimentary of the School's mentoring system for Year 1 students but reported that the personal tutorial system was inconsistent. The School recognised this and had introduced a student 'surgery' system. This has recently been improved by extending the access hours and by appointing a Senior Tutor for Student Support, who lead the service. 'Surgery' sessions were increased to three half-days per week and students could make an appointment to talk in confidence about personal or work-related issues. The School supplied the visiting team with an evaluation report of this service, which illustrated that the majority of users had found it easy to access and the advice given had been helpful.

63. Students who did not self-report were picked up by monitoring of assessment results, attendance data, or change in patterns of behaviour reported by staff or friends of the students. Computerised access to results had enabled the base units to share information and it helped Course Leaders and Sub-Deans to detect evidence of possible problems.

64. The School tracked the progress of its students who had entered via its Widening Participation route (PARTNERS Scheme) and reported that they were progressing as well as the rest of their cohort; no special assistance was given to these students, but help was available if requested (see paragraph 100 below).

65. The visiting team met with staff at UDQC involved in student support. The School has an evolving collegiate system (John Snow College and George

Stephenson College). Students were assigned to a non-medical College Tutor in Year 1 and retained the same Tutor in Year 2, unless they request a change. UDQC offered a range of student support services, which worked closely with the collegiate tutor system, including disability support (which was highly commended by the students), counseling, study skills and welfare issues.

66. UDQC felt that the collegiate system enabled them to pick up students who were experiencing problems and who may not self-report. However, students expressed an interest in having access to a personal academic tutor which they felt could be more useful than the college tutor system in helping them with problems linked to their work.

### *Guidance*

67. In discussions with students, they reported that careers guidance was provided too late to be of assistance in helping them choose their first post. The School recognised this and planned to provide careers guidance in Year 4, to help students in their selection of F1/F2 applications and in Year 5, in terms of career path following Foundation Training.

### *Feedback on the course*

68. Students are represented on the Board of Medical Studies and other School committees and were actively involved in giving feedback on the course. They also provided feedback through the tutorial system and through feedback collected on completion of course modules and clinical placements.

69. Generally, students felt that the School did respond to feedback, however some felt that the School could improve by notifying students when changes had been made as a result of feedback.

70. In talking to students, it was reported that the quality of teaching was generally excellent, irrespective of at which base unit they received their training.

71. Students undertaking primary care placements were unsure of the process for providing feedback on their experience in general practice and were not aware of how their comments were fed back to the GP teachers, or used to initiate change.

72. At UDQC, students were able to attend curriculum workshops organised by the Subject Management Board and could provide input to curriculum review. Their feedback was reported to the Board of Medical Studies at Newcastle. Feedback was collected from all students at the end of each teaching module.

### *Feedback on assessments*

73. Students undertaking OSCEs were invited to feedback on their experience as a group and were also offered the opportunity to meet on a 1:1 basis with a teacher, if they had any concerns about the examination.

74. At UDQC, students praised the feedback they received on their performance in Year 1 and felt that they had been well prepared for their assessments.

75. The visiting team was satisfied that the School was meeting the requirements set out in *Tomorrow's Doctors*<sup>4</sup> for provision of feedback on assessments.

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

76. Within the revised Year 5 curriculum, the School planned to assess skills competencies based on the national model of competences for F1, with the aim of bringing every student to that level by the end of the course.

77. Assessment in Year 5 will include OSLERs, OSCEs, two workplace assessments within each four-week rotation and a final examination. The School had decided to retain the OSLER because they felt that it tested similar knowledge and skills to those which the new graduate would need to demonstrate in an F1 post.

78. The School has an experienced group of examiners and provided a briefing session and documentation to assist them each year. Most examiners delivered the curriculum and were therefore conversant with the curriculum outcomes. The visiting team received copies of the OSCE documentation issued to examiners and were satisfied that this was appropriate and in accordance with the requirements set out in *Tomorrow's Doctors*<sup>1</sup>.

79. Students reported that guidance given by SSC supervisors was sometimes given once the project was underway and could be difficult to incorporate into work already carried out. In discussions with students, some of them commented that the time spent on preparing SSCs was disproportionate to the marks that could be achieved.

80. Criterion referenced statements existed for each part of the SSC to determine marking standards. The criteria were: content of presentation, analysis of findings, formulation of hypothesis and outcome of tested hypothesis.

81. Training for SSC supervisors was provided as part of the staff development programme. Training was linked to the learning outcomes of SSCs, to ensure that students were taught the required core skills and supervisors were canvassed to ensure that identified training needs were covered. Recruitment of new SSC supervisors is ongoing.

82. An information pack was provided for SSC assessors, which includes clear criteria to guide them in marking projects.

83. The visiting team observed the Year 5 OSCE at three locations. All circuits tested a range of skills including history taking, clinical examination, communication, completion of documentation and recognition of medical equipment and symptoms using visual aids. The visiting team concluded that simulated patients were used

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

extensively, their performance was excellent and they and the external examiners had been well briefed.

84. The visiting team commended the School for the innovative way in which they tested students' knowledge of child health. Their approach was to use an audio-visual presentation at an unmanned station, in testing recognition of signs using pictorial evidence and in testing students' knowledge of hospital documentation.

85. The visiting team was satisfied with the evidence provided by the School, showing that they responded to comments from their external examiners.

86. The visiting team was satisfied that the School met the requirements for assessment procedures, as set out in *Tomorrow's Doctors*<sup>1</sup>.

### *Appraisal*

87. At present, students have appraisals during Year 3, which used their portfolio as a basis for interview. This was repeated at the end of each Essential Junior Rotation. The School provided workshops on summative and formative appraisal for clinicians who acted as appraisers.

88. The School wished to strengthen its approach to appraisal and was currently investigating the most effective method of achieving this. Under review was a process in which Year 3 students completed a self-appraisal, linked to their portfolio, at the end of each clinical rotation. The results of their formative assessment also contributed to this. The School intended to roll out the use of portfolios from Year 1 and throughout the rest of the course.

89. In addition to this, the School planned to introduce a 'Follett'<sup>1</sup> style of appraisal for medical students and was reviewing the work done by Leeds Medical School in this area. If adopted, the School would implement an appraisal interview for every student at the end of Year 2 and at some point in Year 4.

90. The visiting team was impressed with the School's plans to improve student appraisal and will be interested to learn how these develop.

91. At UDQC, Personal and Professional Development (PPD) took place within tutor groups (ratio of 10:1). Tutors lead their groups through a series of curricular-related activities, linked to their learning portfolio and feed back on any areas of student concern. Tutors receive training in PPD facilitation, prior to the start of each academic year and the School is currently investigating the most effective way to give individual feedback to tutors on their performance.

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

<sup>1</sup> Based on the process for appraisal of clinicians, as detailed in the Follett Review, DES, Sept 2001

### *Student progress*

92. The visiting team reviewed the School's Fitness to Practice procedures and concluded they are appropriate. UDQC students are referred to the Fitness to Practise Committee at Newcastle.

### **Student health and conduct**

93. The School required all successful applicants to provide basic information relating to their immunisation history, either before or at registration.

94. The students' induction programme in Year 1 included a lecture delivered by an Occupational Health nurse that emphasised the importance of self-care, from the perspective of both the student and the patient. The University was in the early stages of investigating the provision of a full independent Occupational Health Service for medical students.

95. Enhanced Criminal Records Board clearance was undertaken prior to registration and again prior to the beginning of Year 5.

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

#### Inter-Professional Learning

96. The School established its Inter-professional Learning Team (IPLT) in order to strengthen areas of the integrated curriculum. The IPLT has been engaged in a number of pilot schemes to extend common learning experiences for Year 3 students. Medical students have been working in teams with teachers and students of other health and social care professions across the North East, in clinical placements for between 4-6 weeks. The pilots have involved 110 medical students and the School was aiming to extend the opportunity for all its Year 3 students to take part by 2006-07.

97. The School had undertaken an extensive evaluation of the pilot schemes, which had proven to be very successful. Now that pilot funding was coming to an end, the School was working with its partners within the Universities of Northumbria and Teesside, to explore sources of funding and how the project could be developed further. All the institutions involved gave high-level support for the initiative.

98. At UDQC, there was strong involvement with all aspects of primary care provision, particularly in relation to multi-disciplinary teamwork in the community.

#### Widening Participation

99. The School's Admissions Team managed its involvement in the University's widening participation programme, the PARTNERS Scheme, set up in 2000. The Scheme involved state schools in the region that had a high proportion of pupils in social classes 3 and 4, or had a record of low examination pass attainment. Pupils from such backgrounds who had the potential to progress to higher education, or

pupils who had been affected by personal or family illness or disability, which impacted on their examination results, were able to apply for courses at Newcastle (including Medicine) with reduced 'A' level grades through the PARTNERS Scheme (paragraph 65).

100. The School had admitted 9 students via the PARTNERS Scheme in 2003, 14 in 2004 and had issued 22 offers to attend the summer school in 2005. From 2006 bursaries will be available for the first year of study. Almost 70 schools within Tyne and Wear were participating in the Scheme, with more set to join as the School expanded its clinical placements into Cumbria and North Yorkshire.

101. UDQC had initiated widening access to medicine through an outreach programme to the local area. Five students had come through its Widening Access to Medicine foundation course during the academic year 2004-05. The Newcastle PARTNERS Scheme was to be extended to state schools in the Teesside area, which was expected to boost applications to UDQC in the future.

## **Main findings of the report**

### *Requirements*

102. There are no requirements resulting from this report.

### *Recommendations*

103. The School should ensure that consistency of opportunity exists across all its placements in general practice (paragraph 47).

104. Reciprocal members of the management boards at both schools should work together to explore what changes might be made to the teaching schedule for UDQC and discuss this with the University of Durham (paragraph 50).

105. The School is encouraged to provide careers guidance in preparation for Foundation Training to students in Year 4 (paragraph 67).

106. The School should ensure that the feedback process for students undertaking placements in general practice is clearly communicated (paragraph 71).

107. The School should review the process by which its SSC supervisors provide guidance and ensure that this is carried out in a timely manner (paragraph 79).

### *Areas of innovation and good practice*

108. The visiting team commended the school on the following:

- a. The School's BUPA Communications Award for work undertaken in communicating with patients with learning difficulties (paragraph 24).
- b. Curricular improvements and innovations (paragraph 25).

- c. The School's provision of support and training for academic and NHS teaching staff (paragraphs 40 to 43).
- d. The School's plans to improve student appraisal (paragraph 88).
- e. The School's initiatives in Inter-Professional learning and wished it success in developing the scheme beyond the pilot stage (paragraph 96).
- f. The School's expansion of its successful widening participation PARTNERS Scheme (paragraph 99).
- g. UDQC forging strong links with its local community. This has also encouraged local students from ethnic minority backgrounds to apply through its outreach programme (paragraphs 23 and 101).

**Acknowledgements**

109. We would like to thank the Newcastle upon Tyne Medical School and University of Durham Queen's Campus for co-operating with and aiding the Visiting Team and General Medical Council staff during the course of the assessment.

110. The final draft of the report was sent to Newcastle Medical School to check its factual accuracy, before being presented to the Undergraduate Board and Education Committee.

Signed.....

Date.....

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

KW/

18 November 2005

Professor P Rubin  
General Medical Council  
St James Building  
79 Oxford Street  
Manchester  
M1 6FQ

Dear Peter,

### **Education Committee Findings for Newcastle Medical School 2004/05 Quality Assurance of Basic Medical Education (QABME)**

Thank you for your e.mail of 21 October 2005 to Professor James, that contained the 'Final Report' of the Education Committee's findings in respect of the QABME visits for 2004/05. The School welcomes the opportunity to comment on the Report.

The Board of Medical Studies formerly considered the report on 9 November 2005, and was very pleased that the Education Committee found that the school 'currently meets the requirements set out in Tomorrow's Doctors in accordance with Section 5(3) of the Medical Act 1983'.

In respect of the recommendations included in the report, these are currently being addressed, or will be when the new curriculum has been implemented fully in the next six months.

The Board was delighted that a number of areas were commended by the Committee as being 'good practice', but felt that in one or two instances the examples cited were quite broad, and encompassed a number of separate examples. Therefore, the Board requested that the Education Committee take into consideration the following comments:

- a. That during the 'wrap up' meeting of 16 June the team stated that they had been 'impressed' with the interaction between the School and the Base Units, and had 'picked up' the idea that the local NHS was firmly behind the Base Unit concept. This was not particularly clear in the report, and would have recognised formally the important contribution made by the NHS personnel to the MBBS programme, and as such the experience of the students and so help to further strengthen the relationship between the School and its NHS partners.
- b. That a number of areas of innovation and good practice were bracketed together e.g paragraphs 40-43. It would be helpful if these paragraphs could

be listed separately so as to recognise all the individuals who have contributed to the staff development programme, and who have worked to create the teaching fellowship posts etc.

In all other respects the Board was happy with the Report, and wishes to convey it's thanks to the visiting team for the way in which the visits were conducted.

Yours sincerely

Reg.

Professor RK Jordan  
Dean of Undergraduate Studies

c.c.  
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