

Quality Assurance of Basic Medical Education

Report on Peninsula Medical School

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice

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The GMC's role in medical education

1. The Education Committee of the General Medical Council (GMC) sets and monitors standards in medical education. The standards for undergraduate medical education are set out in the publication *Tomorrow's Doctors*.
2. In order to ensure that UK medical schools maintain these standards the GMC runs a quality assurance programme, which involves regular assessments and visits to schools. This programme is called Quality Assurance of Basic Medical Education (QABME) and is carried out on behalf of the GMC Education Committee by a team of medical and educational professionals, student representatives and lay members.
3. The team makes determinations as to whether these schools are meeting the standards in *Tomorrow's Doctors* after analysing extensive school documentation and completing a range of quality assurance activities at the School and partner institutions. The determinations in this report have been endorsed by the GMC Education Committee.

Introduction

4. This is the 2006/07 quality assurance report to the GMC Education Committee on Peninsula Medical School (the School).
5. The School was added to the Medical Act in May 2007 to enable the first cohort of students, graduating in July 2007, to be awarded Medical Degrees from the Universities of Exeter and Plymouth. As it was not possible to observe the multiple final year assessments prior to making the recommendation to add the School to the Medical Act, the Education Committee directed follow up quality assurance activities focused on Year 5 assessment for 2006/07. This report focuses only on the 2006/07 review and is not a summary report on the whole process.

The QABME team

6. The visiting team members appointed by the GMC Education Committee to undertake the quality assurance visits were:

Professor Stephen Tomlinson (Team leader)
Dr Susan Burge
Professor Timothy Cooke
Professor David Cottrell
Professor Anne Garden
Professor Sean Hilton
Professor Judy McKimm
Dr Matthew Shale
Dr Fiona Sim

7. Miss My Phan (GMC Education Quality Officer) supported the team.

Our programme of visits in 2006/07

8. The team conducted four quality assurance visits on: 2 March; 22 May; 3 July; and 5 July 2007.
9. The findings of the team have been reached by reviewing evidence submitted by the School and undertaking the following activities:
 - a. Meetings with a variety of members of the School.
 - b. Discussions with students.
 - c. Observation of the components of the Year 5 assessment, including the Patient Oriented Integrated Skills Examinations and the case based presentations.
 - d. Observation of the clinical skills simulated session.
 - e. Observation of the Progress and Award Board meeting.

The report

Summary of our key findings

10. We found that the School's BMBS programme meets the requirements of *Tomorrow's Doctors* in accordance with Section 5(3) of the Medical Act 1983.

11. The key developments that occurred at the School since the last visit in 2005/06 were:

a. The School reported a 14% increase in applications from 2005/06 compared with the national average of minus 7% for the 2006/07 intake.

b. The School is scoping an Access Foundation Course as an alternative to A-levels, giving an introduction to medical science and medical thinking.

c. The School reviewed its policy on awarding exit degrees and concluded that it is more appropriate to award a Bachelors degree at the completion of Year 3 instead of Year 4. This is consistent with the approach taken by other medical schools.

d. The development of the Dental School is continuing to progress well. The Dean has been in post since September 2006 and has been working with the local dental community on development of the Year 1 core cases. The School report that the Dental School has no direct impact on the delivery of the medical programme as it was fully costed to include all staffing requirements. The majority of the teaching will be delivered by core dental staff and local dental professionals who are being recruited. There are no major clashes with the medical curriculum.

e. The borderline grade has been introduced in assessments. This is in addition to the existing unsatisfactory, satisfactory and excellent grades.

12. In 2007/08 we will meet with F1 trainees and educational supervisors to review their undergraduate experience at the School.

Requirements

13. There are no requirements in the findings of this report.

Recommendations

14. We recommend that the School continue to review mechanisms for ensuring consistency of the Patient Oriented Integrated Skills Examinations, POISE (paragraph 52).

Areas of innovation and good practice

15. We commend the School on the following areas of good practice:
- a. The clinical skills simulated session (paragraphs 24 and 25).
 - b. The way in which the Progress and Award Board was conducted (paragraph 33).
 - c. The way in which the School monitors and evaluates its own assessment processes and the rigorous approach to standard setting (paragraph 35).

Curricular outcomes, content, structure and delivery

The scientific basis of practice

16. As a result of student feedback, the content of the curriculum for Year 1 has been amended to include a new approach to science teaching and clinical facilitators in Year 2 problem based learning.

The individual in society

17. The School is aware of the limited exposure to ethnic minorities in the course as reported by students, primarily due to the demographics of the Peninsula area. We encourage the School to continue to explore how PMS students might gain an appropriate understanding of the needs of patients from diverse social, cultural and religious communities.

Intercalated degrees

18. There are currently seven students who will be rejoining the course in September 2007. The School has developed a two-week refresher course for returning intercalating students to be taken in July 2007. The aim of the programme is to prepare students for Year 5 and the objectives are to practise and refresh clinical skills, identify student specific knowledge based learning needs and meet these through self directed learning, to build confidence from patient centred encounters and to receive structured feedback on performance in clinical skills.

19. The refresher course will comprise clinical placements, patient presentation, case discussions and supported sessions in the clinical skills resource centre. In the third week, students will take the 'resit' Year 4 Integrated Structured Clinical Examination (ISCE) as a formative assessment and the final Year 4 Applied Medical Knowledge progress test to compare their results with the cohort that they will be joining for Year 5.

20. Students advised that the timing of the intercalated year currently falls between Years 4 and 5 and that this affected some students' decision to intercalate. Students felt that it was important to keep their clinical skills up-to-date during this time and that having a break to intercalate would disadvantage them. We suggested that consideration might be given to offering intercalation opportunities earlier in the course.

21. We are content with the arrangements in place for returning intercalating students.

Delivering the curriculum

22. We are content that the School is making appropriate plans for increasing student numbers. The School has modelled student distribution based on the

curriculum plans and has concluded that there is sufficient capacity. The Torbay site has capacity for increasing student placements and is willing to take on more students.

Supervisory structures

23. Students commended the work of the Student Parliament. Students reported that they were able to effect change through the Student Parliament and gave examples of changes made by the School from their feedback. We noted the development of the Student Parliament which the School has attributed to good leadership.

Teaching and learning

24. We commended the clinical skills simulated session as an excellent teaching and learning opportunity for students to work under pressure as part of a team in a real-time simulated environment.

Learning resources and facilities

25. We commended the sophisticated facilities used to deliver the real-time clinical skills simulated session. The responses from students are tracked on a monitor and saved to facilitate debriefing afterwards.

26. Students reported that previous technical problems with the telematics equipment have now largely been resolved and there are no further concerns with this. The School reported that there have been seven faults in a 24 month period. The School has contingency plans in place in the event of a technical problem occurring where lectures from previous years are available to view on EMILY, the School's virtual learning environment.

Student selection

27. The School's policy on widening participation involves targeting Year 12 students and mentoring them through the admissions process through its e-mentoring scheme. The School report that currently 43 students are being mentored this year.

28. The School is currently focusing its attention on schools where the conversion of medical schools applications to offers of places is disproportionately low.

Student support, guidance and feedback

29. Students reported that they were generally pleased with the academic and pastoral support systems available to them at all sites. A minority of students commented on the varied experience between clinical tutors and suggested that there should be more impartial pastoral tutors who were not clinical skills tutors, and there should be female pastoral tutors at all sites.

30. Students reported that the leave of absence policy has now improved and at a local level there is a greater degree of flexibility in interpretation.

31. Students in Year 5 commended the clinical placements as being a good learning opportunity where they are given real responsibilities and feel part of a team. Very good feedback from students was given about the flexibility of the School to choose placements across the sites.

32. Students continued to express concern about not being quarantined between the morning and afternoon sessions of the ISCE assessments in Year 4. The School is aware of this problem and has repeatedly advised students that educational research demonstrates that quarantining students does not affect pass rates. In the 2005/06 QABME report we suggested that the School make the research literature and previous years' ISCE results available on EMILY. As a result, the School has made previous ISCE results available on EMILY. The School reported that it will continue to produce an annual report on assessment, and for the 2006/07 report it will include statistical analysis of the ISCE results.

Assessing student performance and competence

The principles of assessment

33. We observed the meeting of the Progress and Award Board for Year 5 to review the results of the cohort and determine the final pass list, taking into consideration any extenuating circumstances, health and conduct and fitness to practise issues. We commended the professional manner in which the Board was conducted which included instant access to a student's full assessment history.

34. We noted that the Board was run well and that appropriate judgements were made taking into consideration feedback from the award external examiner.

Assessment procedures

35. Apart from the minor concerns in paragraph 52, we commended the School on the way in which it monitors and evaluates its own assessment processes. External examiners are used appropriately and there is clear evidence that their feedback is welcomed and valued and that the School implement assessment change based on their feedback. We also commend the School on the rigorous approach to standard setting and its thorough monitoring and analysis of student performance in assessment.

36. The School ranks students for the Foundation Programme using assessment data from Years 3 and 4 from the Applied Medical Knowledge progress tests, Special Studies Unit and the Year 4 ISCE results. The School keeps the process under review in light of national guidelines.

37. Students must demonstrate currency of knowledge and skills, normally by passing all modules in the same academic year in order to progress. The academic

requirements for progression from each year are clearly defined in the School's BMBS Assessment Code of Practice 2006/07.

38. To graduate with a BMBS, students in Year 5 must obtain a satisfactory grade in three equally weighted modules in Applied Medical Knowledge III, Clinical Capability and Professional Practice in the same academic year. If a student fails any module, they will need to repeat the year.

39. The Applied Medical Knowledge module consists of four progress tests throughout each academic year set at the level of a newly qualified doctor.

40. The Clinical Capability module consists of assessments during four clinical placement blocks in two case based presentations (a modification of a long case), POISE (a modification of a mini-clinical evaluation exercise) and a range of relevant practical skills to include resuscitation skills.

41. In the Professional Practice module assessments are made of the student's elective report, report from the elective placement supervisor, five professionalism judgments based on multi-source feedback at the end of each clinical placement block and a portfolio assessment by the Academic Tutor after the fourth block.

42. Students are awarded distinctions if they have achieved an excellent grade in both the Applied Medical Knowledge and Clinical Capability modules. The Progress and Award Board has absolute discretion in the consideration of individual academic progression and can consider awarding distinctions to students who do not meet these criteria.

Applied Medical Knowledge Progress Tests

43. Students reported that they were now familiar with the progress tests and the rationale for them. Students are reassured of their initial low scores by the publishing of results for previous cohorts on EMILY. Year 5 students in particular were reassured that they were obtaining the average score for foundation year 1 doctors.

44. We are content that the progress test is continuing to work well and that the School's analysis of test results shows consistent trends for each cohort where mean scores increase each year. We are satisfied with the systems in place to determine the pass mark, which was set after analysis of results from a sample of F1 doctors and Maastricht data. The results are then further categorised into the global grades of unsatisfactory, borderline, satisfactory and excellent using standard deviations from the mean.

Case based presentation

45. Students have the opportunity to do up to 12 case-based presentations throughout the year. Four are summatively assessed and up to eight are formatively assessed.

46. We observed the Year 5 case based presentation assessments at the Exeter, Torbay and Truro sites. We noted that the students were clearly briefed at the

beginning of the assessment and were observed to be fully engaged in the process and comfortable with it.

47. Students are assessed by the teacher taking into account peer assessment where the same marking criteria are used by both. Students are graded as unsatisfactory, borderline, satisfactory or excellent using defined descriptors for the competencies in: history and examination, clinical reasoning, management plan, identification of uncertainty and professionalism. We are satisfied with the marking criteria for the case based presentations.

48. We were satisfied that the learning outcomes were appropriately met through the range of assessment techniques. We noted that the teacher feedback to the student was appropriate, but varied in depth across sites. Tutors should be encouraged to facilitate the appropriate participation of all students present during the session.

POISE

49. Students have the opportunity to do eight POISE assessments during four clinical placement blocks. Seven are summatively marked and one formative. There are four compulsory cases covering cardiovascular medicine, gastrointestinal medicine, respiratory medicine and neurological medicine. The remaining three summative cases are taken from a choice of seven.

50. We observed the Year 5 POISE assessments at the Exeter, Torbay and Truro sites and noted that the students were adequately briefed and had a good understanding of the process.

51. Descriptors for performance are supplied to the assessors in order to make a global judgement for the assessment outcomes of history taking, examination, clinical reasoning and communication skills. Students are graded as either unsatisfactory, borderline, satisfactory or excellent.

52. We noted some variability in POISE assessment whilst staff members familiarise themselves with the process. We recognise that this is the first time the School has run this assessment and recommend that the School continue to explore ways of ensuring greater consistency of these assessments where all assessors should be trained in the procedure.

Appraisal

53. Appraisal is built into the assessment structure where formative assessments precede summative assessment.

Student progress

54. The School had previously finalised details of the exit degrees to be awarded to students. After a review of their policies, the School concluded that instead of

awarding a Bachelors Degree at the end of Year 4, it would be more appropriate to award it after the completion of Year 3. We supported this conclusion as it would be compatible with common practice in UK Medical Schools.

55. There is currently no provision for awarding an award at certificate or diploma level for students leaving the BMBS course before completing Year 3. The School will be able to award credits at the end of each year to non-continuing students who have satisfactorily completed a course of study.

56. Students that have failed any module in any academic year will be required to repeat the year. Students must complete the BMBS programme in seven years and are only allowed to repeat two different years in exceptional circumstances.

Student health and conduct

57. The School reported that health and conduct and fitness to practise issues would have been dealt with before the Progress and Award Board met.

Acknowledgement

58. We commended the School on its progress following the QABME 2005/06 report.

59. The GMC would like to thank Peninsula Medical School for its cooperation and for the cooperation they received from all those they came into contact with during the course of the review.



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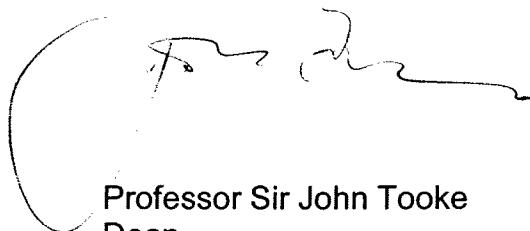
Dear Professor Rubin

Final Report of QABME Visits to Peninsula Medical School for 2006/07

The School welcomes the final report on the Quality Assurance of Basic Medical Education from the GMC Visiting Team. We would like to thank Professor Tomlinson and his team for their professional and supportive approach to the review of the Peninsula BMBS programme over the past 6 years. We note that the GMC is intending to meet with F1 trainees and educational supervisors in 2007/08 and would welcome feedback from these meetings.

We can confirm that the School's commitment to staff development and quality assurance of clinical assessments continues and that further benchmarking in relation to the Year 5 POISE assessments has been developed.

Yours sincerely



Professor Sir John Tooke
Dean

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