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FINAL

Report of the Visiting Team to the Royal Free and University College Medical School for 2004/05

Introduction

1. This is the report to the Education Committee of the General Medical Council on the Royal Free and University College Medical School.

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

Professor Jim McKillop (Team Leader)
Dr Nick Bishop
Dr Bill Kirkup
Professor Peter McCrorie
Dr Martin Rowan-Robinson
Professor Julius Weinberg
Dr Jenny Ciechan
Dr Mohammad Akhtar
Professor Roger Green
Mr Niten Vig

The team was supported by Cara Talbot.

Our programme of visits in 2004/05

3. The visiting team attended the School on six occasions:
24 February 2005, 22 March 2005, 21 April 2005, 14 June 2005, 23 June 2005 and 5 July 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*[1].

e. Site assessment(s): GP Practices[2].

f. Discussions with Students.

g. Discussions with Teachers[3].

h. Discussions with the NHS and other service providers.

Summary of findings

4. To satisfy the Education Committee that it fully meets the requirements set out in Tomorrow's Doctors, the Royal Free and University College Medical School will need to fulfil the requirements summarised in paragraphs 75 to 77.

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

Curricular outcomes

6. The visiting team was satisfied that the Medical School overall meets the requirements set out in *Tomorrow's Doctors*[4] for curricular outcomes. Areas for possible improvement are set out below.

Curricular content, structure and delivery

Content

7. The visiting team was not convinced that the course is sufficiently integrated, although there are components that do run across the whole course. There appeared to be a clear division in style and management between Phase 1 and the remainder of the course. This view was reflected from the student interview sessions across all cohorts and from staff in Phases 2 and 3. The visiting team recognised that different schools will have different emphasises and see this diversity between medical schools as valuable. At UCL there is strong emphasis on academic achievement and traditional science. Whilst at one level this is a definite strength the visiting team felt how the components of the course interrelate and integrate needs to be made much more explicit.

8. The visiting team believe that full integration of the course is required urgently. A prelude to this will be a clear definition of core content for the whole course and a

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[1] This visit could be done by inviting members of the Trusts, Practices or out at Placements to a meeting at the school, the visiting team does not necessarily have to attend different NHS Trusts in different regions unless inspecting the facilities is one of the objectives of the assessment.
[2] As for footnote 1.
[3] As for footnote 1.
[4] GMC, *Tomorrow's Doctors,* (2003), 2nd Ed, GMC, London

clear definition of how material links to and builds on what has preceded it. The integration of the course has been hampered by the structures of the School in which Phase 1 is managed by a separate Faculty from that responsible for Phases 2 and 3. The visiting team was encouraged to hear that a strategic review of medicine and biomedicine is underway within the University that will consider full integration of the medical course as one of its topics. The visiting team will wish to have information about the outcome of the review when it is completed late in 2005.

9. The visiting team noted that the Phase 1 curriculum is very didactic and have concluded that it suffers from factual overload. Many students commented on an excessive number of lectures and the lack of small group teaching. There is little self-directed learning in Phase 1; some of the Phase 1 students whom the visiting team met appeared antagonistic to this style of learning.

10. The School reported that it has struggled to find service based public health teachers, and that this had a significant impact on teaching. However, the course is strong in Epidemiology (a lot of the Epidemiology looking at the underlying determinance of health), Psychology and Sociology. Public health content is present from the beginning of the course and is a theme regularly revisited throughout the course. The visiting team was satisfied that the curricular content related to the Health of the Public is appropriate.

11. The visiting team noted that teaching about alternative therapies is available through some of the SSMs. In addition, other students might be exposed to this with GP placements by talking to patients. The visiting team concluded that further development could be made in this area to ensure that all graduates are aware of the existence and range of such therapies, why some patients use them, and how these might affect other types of treatment that patients are receiving.

Inter-professional learning

12. The visiting team was impressed with the CliP project, both in terms of its content and delivery. It represents a well thought out approach to an area of the curriculum, which many Schools find difficult. The visiting team would encourage the School to develop this project further, including ongoing assessment of its value.

13. The School has piloted a self-directed inter-professional learning programme in which a medical student and a nursing student are paired up to follow a patient for a month. The School reported that it received a lot of positive feedback from students and will be pursuing this project further.

14. The visiting team suggests that the School could better indicate to students where in the curriculum aspects of interprofessional learning and information about alternative therapies could be found.

Structure

15. The visiting team concluded that the intercalated year provision was excellent. A wide variety of subjects were offered, ranging from biomolecular science to social sciences. During this year the students have a real opportunity to study research methodology in their chosen area. The majority of students seen on the visit welcomed this opportunity to increase their knowledge of subjects underlying the practice of medicine.

16. As noted in paragraphs 7 – 9 the visiting team found that, although there are some strands that run vertically, the course has a traditional structure, with a distinct 'clinical' and 'pre–clinical' split.

17. The School reported that lack of resource has limited the amount of clinical contact in Phase I though this does occur in the form of 'tasters' of clinical medicine, intended to introduce students to patients and develop communication skills.

18. SSMs do not seem to be a priority at UCL. Graduate entrants do not have to take SSMs in Phase 1 of the course. There are no SSMs in Phase 2 and currently no plans to introduce them. SSMs are used for remedial teaching of students who have not met requirements in other parts of the course.

19. The philosophy behind SSMs at the school is to broaden students' experiences and build upon the core. The range of SSMs available and their content were impressive. The visiting team, however, was concerned about the very limited curricular time devoted to SSMs. The School's lack of priority for SSMs is reflected in student attitudes. Many students reported that they did not have time for SSMs because of the demands of core material and could not see how SSM content could be increased.

20. The visiting team observed that it was possible for students to focus all of their SSMs on a particular area or on a particular style of content (e.g. library based). The School believed this is unlikely to happen. It is monitored in Phase I, but not in Phase 3.

21. Including the intercalated course (which not all students undertake) and elective periods the SSM content of the course is approximately 20% according to the School's submission, and the visiting team calculation. There are no SSMs in year 4. For those students who do not undertake an intercalated degree the SSM content is less than 10%, and for graduate entrants who do not undertake an intercalated degree or Phase 1 SSMs around 5%. On this basis, the visiting team was not satisfied that the School is currently meeting the requirements of *Tomorrow's Doctors* regarding SSMs especially for graduate (and some overseas) entrants.

Delivery

22. Comments received from some teachers and students suggest that the delivery of the programme is somewhat hampered by the large number of students entering the School. Whilst the team understands the challenges that teaching a large cohort can provide, the School must ensure that sufficient levels of teaching and student support are provided.

23. The Professional Development Spine (PDS) is vertically integrated throughout the course. In Years 1, 2 3 and 5 the components of PDS can be clearly identified and there are excellent handbooks to support it. In Year 4 no handbook exists. The school maintains that in Year 4 PDS is incorporated within the clinical placements. The visiting team recognise the importance of ensuring that PDS is seen to be an integral part of all doctors' practice and see this as good practice. There are many good examples of PDS teaching and learning in Year 4 but consideration should be given to whether this would be further enhanced by the development of a Year 4 handbook.

24. Students in Year 5 are widely dispersed for placements. There are good examples of Reflective Practice and Coursework in the Year 5 handbook. A single member of staff is responsible for Year 5 PDS so only a proportion of course work can be marked and students are not given individual feedback. The visiting team was impressed by the commitment and enthusiasm of staff involved in the delivery of PDS but did feel it was dependant on relatively few individuals and that this area of good practice needs protected curriculum time and adequate resource.

25. There is some integration in Phase 1 between PDS and the remainder of the course but both components would be enhanced by closer integration.

26. Clinical staff are involved in teaching of Phase I, but at present, no basic scientists are involved with teaching in the later stages of the course. The School wish to change this and the visiting team would commend this approach.

27. Clinical teaching of students occurs on multiple sites. Through observation and review of the SIFT reports, the visiting team noted some inconsistencies teaching across these sites. They recognise this is not an uncommon problem for Medical Schools. The clinical teaching observed was generally of a high quality. The school conducts ongoing monitoring to look for any apparent site or firm related differences. They address concerns when they are recognised through this monitoring programme.

Supervisory Structures

28. The last two GMC reports highlighted concerns about inadequate QA processes at the School or the two institutions, which merged to create it. The visiting team noted the progress since the appointment of Dr Berlin as the lead for Quality Assurance. The visiting team concluded, however that the process is still not adequately resourced with regards to dedicated staff time. Much of the activity is new and considerable further work is necessary to ensure that information obtained

is acted upon. This applies both to remedying identified problems and to quality enhancement by rolling out good practices found in one part of the course to other parts of it. The visiting team is satisfied that progress is being made in this area, but would like to review an update on this in the 2006 report.

29. The Academic Centre for Medical Education (ACME) plays a key role in many of the areas of good practice and innovation. It also provides key support for many of the activities in Phases 2 and 3. The visiting team was impressed by the activities of the ACME and suggest that it would be beneficial to extend its activities into Phase 1 of the course.

Teaching and Learning

30. There is a strong research based ethos at the School which has been reflected back to the visiting team by students and staff and this is a strength of the School. However, it has also had some negative effects on teaching at the School. The School is aware of this. Within the whole University plans are being developed to ensure that there will be a cadre of high quality staff whose principal academic remit will be teaching and scholarship rather than research. The visiting team was encouraged to hear of these plans and look forward to observing their introduction. The strengthening of the teaching aspect of the teaching component of staff appraisal and the increased prominence of teaching in promotion procedures are also welcome.

31. The NHS consultant contracts of the three main trusts now have 1 PA in their job plan for teaching and training. The visiting team welcomed this move.

32. Students are extremely positive about clinical skills teaching throughout the course. The visiting team was impressed by the teaching of clinical skills to junior students by more senior students and the mentoring by clinical skills staff when students were first performing procedures on patients.

33. The visiting team commended the TIPS (teacher training) course, which is funded from SIFT, and were impressed with its concept and engagement with staff. This course is inter-disciplinary, which works well, and students also have opportunities to attend an altered course that is more tailored to their needs. The visiting team also commended the requirement that all new consultants attend the course within 1 year of appointment. In addition, the school actively takes it out to departments that are failing to engage and have a low turn out.

Learning resources and facilities

34. The Clinical Skills Units and their staff are highly commended. Students reported that this is one of their favourite parts of the course.

35. The School will be moving to the new UCL Hospital in the second half of 2005. During the course of the visits some clinical academic and other staff expressed reservations about the extent of teaching space available at the new site. Students also commented that they felt they were competing for teaching space with

postgraduate trainees and others. The School reported that they are working very hard with UCLH on this issue. The visiting team would wish to receive an update on teaching space from the School in the follow up report.

36. The visiting team observed variability of facilities at the District General Hospitals. The feedback from ssome students indicated they were unhappy about the accommodation at various placements and reported that, as a result, they were inclined to spend considerable time commuting each day rather than living on site. Students reported that the School did follow up their complaints with the Trust concerned but that the improvement was often short lived. The School assesses Trusts each year through the SIFT reviews. The visiting team concluded that further work is required to ensure acceptable and consistent quality of the facilities provided.

Student selection

37. The visiting team is satisfied that the student selection process at the School is adequate. Though noted that the process was heavily reliant on one person.

Student support, guidance and feedback

38. The School has a well-developed policy for providing financial support for students in difficulty. A number of students spoke highly of the assistance that the School had given them in this respect.

39. Some students reported a lack of systematic academic support in the first two years of the programme. Support in the latter years appeared more readily accessible, especially since by then they have formed relationships with their clinical placement consultants. Student feedback indicated that they saw their pastoral tutors only infrequently. Students recognised that the University is trying to improve pastoral support and provide better service to students. The Medical School office is accommodating and will make appointments for students to receive help in stressful situations.

40. The School reported that changes are being implemented in 2005, including an electronic system whereby the school will be better placed to monitor and support struggling students. The visiting team will wish to receive information about the progress of these initiatives in the 2006 update report.

Feedback

41. The visiting team is satisfied that the School is meeting the requirements for student support, guidance and feedback, as set out in *Tomorrow's Doctors*[5] though further work is recommended as noted above.

42. Feedback to students on assessments appears inconsistent, with feedback given on some courses to the full group, and in others it is only offered to individuals at the bottom of the class. The visiting team suggests that the process for providing feedback to students across all areas of the course should be reviewed.

43. Overall, the comments received from students indicated they had sufficient opportunities to provide feedback on the course. Students also felt that changes wee instituted following feedback, and as a result that they have a voice in the development of the School. Students wanted to see the results of the Student Satisfaction Survey.

44. Some students highlighted feed back from SSMs as a problem - some reported waiting several months for work to be returned.

45. The visiting team noted that comments made in the recommendations of the SIFT reports about the quality of the educational experience are rare. This is done well in some reports and should be implemented consistently across all placements. The newly designed forms, which the visiting team were shown would, if completed fully, remedy this problem.

Assessing student performance and competence

Phase 1

46. The visiting team noted the use of a non-standard assessment method (confidence based MCQs) in Phase 1 of the curriculum. Student feedback suggested they do not like the confidence marking method of assessing MCQs and consider the system is open to subversion (as they are inclined to play the odds).

47. The visiting team were concerned about the use of viva examinations in Phase 1. A short oral examination is the least reliable method of assessment, and this is being used to make the most crucial of all decisions – passing or failing a student.

Phases 2 and 3

48. The visiting noted that a well thought out assessment strategy is in place for Phases 2 and 3 of the course. Standards' setting, whilst under development, is regarded as good practice. The visiting team observed that the clinical examinations at the School were well organised, and tested students in a challenging but appropriate way.

49. A common conditions paper has been introduced to Year 3 to overcome the problems of a high level of specialisation in the clinical units. The generic departments support this paper, which assesses students on conditions that occur frequently or are critical. Material assessed includes pharmacology and pathology, and a core conditions lecture course in Year 3. Students rotate within clinical units, but will have differing clinical experiences during the year. To compensate for this the School looks at half year, site and block performance to ascertain whether group normalisation of marks is required. They track student centiles to determine progress. The visiting team commended the addition of the common conditions paper as it avoided highly specialist assessment, although had some concerns over the need to normalise marks and the performance of the students in the year of its introduction.

50. The visiting team noted that the assessment workload on students seems heavy, particularly in Finals. Nevertheless, students seemed well prepared for this and no complaints. The School is in the process of reviewing the format and content of Finals and indicated that there are plans to reduce the assessment load on students from 2006.

Assessment and standard setting

Phase I

51. The visiting team were concerned about the lack of standard setting of assessments in Phase 1 of the curriculum and suggests that the good practice in this area highlighted for Phases 2 and 3 of the course should be incorporated into Phase 1 as a matter of urgency.

52. Formative assessments (OSCE, EMQ etc) are conducted in Phase 1 and students identified as struggling are brought in for discussions. The School believes that this system is highly predictive. Marks are purely formative, although some students struggle to understand that this is not a summative assessment. Most students intercalate (BSc) after Year 2. Tutors receive Year 2 (but not Year 1) formative results to aid them in the selection process. The School recognises this does not follow the principle of formative assessment but recognises BSc tutor pressure. The visting team concluded this is not good practice and suggests the School revisits the use of the results in this manner.

Phases 2 and 3

53. There is a well developed assessment strategy in Phases 2 and 3, with extensive standard setting. The visiting team commended this approach, which is consistent with best practice in other schools.

54. Assessment is managed centrally in Years 3 and 5. In Year 4, the School focuses on a collaborative approach to try to achieve standardisation in the assessment process, which is managed by the departments. The visiting team queried whether that the specialties have too much influence on the assessment strategy, especially in Year 4 and suggests that the School might consider centralising assessment for Years 3 through 5.

55. The visiting team heard that structured short answer questions were introduced four years ago but have proven problematic. It has been difficult to write them, to integrate them, to mark them within the time available and to adhere to regulations (because borderline papers have to be double marked). The School is considering whether this type of question should be dropped in favour of items that can be marked electronically. The visiting team would wish to receive an update on this point once the School has made a decision.

Clinical examinations

56. The visiting team commended the clinical examinations and observed that the tasks the students are asked to perform are appropriate and relevant. The visiting team considered that the assessment in year 5 was well planned and rigorous. A number of minor points are suggested for possible improvement below (but these should be regarded as points of detail rather than a challenge to the overall quality of the examination).

57. Given space constraints, the visiting team felt the OSCEs were consistently well run across all of the sites that they observed. The visiting team observed that students might benefit from time allocated to changing stations, particularly in light of the limited space available.

58. The mark sheets were well laid out and asked for appropriate tasks. Some of the stations had detailed information for examiners on the areas to be covered under each of the headings but the majority did not. The visiting team concluded that the introduction of detailed scoring criteria for all of the stations should be considered by the School.

59. In addition to being able to add comments to marking sheets, examiners had the option of completing a 'pink form' on a student if they had any particular concerns about fitness to practise that did not emerge from the OSCE mark sheets. The pink forms are a way of producing an overview of student performance at an OSCE station to provide opportunity to highlight concerns that cannot always be captured by the formulaic marking intrinsic in an OSCE. The visiting team commended this innovation and the rigor in the final assessment but were concerned that the marking system in the final clinical examination, and the use of the pink form, might identify a student deficient in important clinical skills yet who achieves an overall pass. It is recommended that the School develop a coherent policy to deal with such an eventuality.

60. The visiting team noted that examiners briefings were thorough and succinct across all sites. At the observation of the Year 4 OSCE at Whittington Hospital, the visiting team noted that Examiners' briefing was satisfactory for those who attended, but many either came in during the briefing or didn't attend at all. Although all stations were run in triplicate none of the examiners got together beforehand to discuss the stations.

61. The visting team observed that the student briefings for the Year 5 OSCE were excellent and delivered in a relaxed and reassuring manner. This contributes to putting students at ease and was commendable. The visiting team suggests that this good practice is rolled out across all clinical examinations at the School.

62. The overall standard of examiners was considered to be very good - this was also reflected by feedback from students. Overall examiners gave good examination guidance without prompting; there were a few exceptions that were highlighted to the School at the time of the visit.

63. The OSCEs were a comprehensive and relevant assessment of student skills and attitudes. There were several examples of innovative good practice such as the prescription errors station, an interactive station on Death Certification and public health and ethics stations.

64. The visiting team concluded that the students have been thoroughly tested in preparation for entering Year 1 of the Foundation Programme.

65. The simulated patients are not asked to score the students on any of the stations. The visiting team suggests that the School might consider whether simulated patients can add to the assessment process and whether this could be introduced into the OSCE. UCL uses 'real' patients in the long case OSCE.

66. The visting team does not regard vivas as appropriate within an OSCE, and suggests that questions, which test a student's factual knowledge, are better suited to a written paper.

Appraisal and Student Progress.

67. Appraisal of students is predominantly delivered through logbooks. Phase 2 and 3 students complete logbooks, and have an individual feedback session with their firm at the end of each block. The feedback from this process is fed into faculty teachers. Phase 3 is less directive and more formative in this aspect.

68. The School recognises that inconsistency of use of logbooks has been an issue and is developing training sessions to guide consultants. The School will wish to consider how it might improve the consistency of student appraisal.

Student health and conduct

69. In parallel with changes to the welfare arrangements, the Fitness to Practise (FtP) regime was extensively revamped a year ago. All students with adverse FtP comments in logbooks are interviewed, and if necessary followed up, by the Faculty Tutor. Students can also be referred to the Faculty Tutors or clinical firm leads by any member of staff or fellow students. The visting team concluded that the FtP arrangements are appropriately highlighted to students during the course of the programme, although feedback from students indicated a general lack of student understanding in this area.

70. The School has a well-developed policy for dealing with harassment and bullying.

71. The definition of plagiarism is widely displayed to students. All submitted course work has a front sheet, with is a declaration of lack of plagiarism. Detection of plagiarism is largely dependent on identification by staff members reading material. The School is considering the acquisition of JISC software for detection of plagiarism and linking this to electronic submission of coursework.

72. The student welfare drop in sessions (developed in the last 18 months) are regarded by the School as good practice. ‘Problem students’ can be seen within a day or two. The visiting team regarded this approach as commendable and suggests that the School ensures that sufficient levels of support are maintained.

73. There is no policy for how the School’s attention can be drawn to concerns a student has about the behaviour of a fellow student or a member of staff (‘whistleblowing’). The School agreed that a policy should be developed.

Reflecting modern society in medical education

74. Comments from staff involved in the latter part of the course indicated that they believe Year 3 students may lack Self Directed Learning skills, though they are confident students have acquired these by Year 5. They attribute this lack in Year 3 to the very didactic nature of Phase 1.

75. The School has led or been involved in a number of initiatives including:

a. Widening participation:

i. The Pathfinders project - 2 projects with Islington schools looking at ways to encourage 6th formers into the health service including a planned summer school.

ii. Widening participation SSM working with year 9 pupils.

iii. Medics Day – run by students for yr 12 pupils.

b. ‘Not a university type’: focus group study of social class, ethnic, and sex differences in school pupils’ perceptions about medical school. This was to investigate what going to medical school means to academically able 14-16 year olds from different ethnic and socioeconomic backgrounds in order to understand the wide socioeconomic variation in applications to medical school.

c. Teaching as therapy: cross sectional and qualitative evaluation of patients’ experiences of undergraduate psychiatry teaching in the community. This was to explore the impact of participating in undergraduate teaching in general practice for patients with common mental disorders.

d. The standardised admission ratio for measuring widening participation in medical schools: analysis of UK medical school admissions by ethnicity, socioeconomic status, and sex.

Main findings of the report

Requirements

76. In the annual update report for 2006, the School should provide an update outlining progress in the following areas:

a. Changes towards integration of the management and content of all Phases of the Curriculum (paragraphs 7 to 9).

b. Further development of Quality Assurance activities including Quality Enhancement (paragraph 28).

c. Adequacy of teaching space following the completion of the move to UCH (paragraph 35).

77. The School will also be required to review their arrangements for SSMs to ensure that all graduates undertake sufficient learning within SSMs. This requirement will ensure the School meets the requirements outlined in *Tomorrow's Doctors* (that SSMs contribute 25 to 33% of the course). The School is required to ensure that students undertake a sufficient breadth of SSMs and that mechanisms for feeding back to students on SSMs are improved (paragraphs 18 to 21 and paragraph 44).

Recommendations

78. The visiting team have suggested the following recommendations:

a. The School is required to introduce standard setting procedures into assessments in Phase 1 of the programme (paragraph 51).

b. The School needs to ensure sufficient teaching space and staff is available as the course develops (paragraph 35).

c. Some clinical staff are involved in teaching of Phase I, but at present, no basic scientists are involved with teaching in the later stages of the course. This is an issue the School wishes to work towards and the visiting team would commend this approach (paragraph 26).

d. Sufficient quality assurance resources should be provided to ensure that the required developments are possible (paragraph 28).

e. The recommendations of the SIFT reports across all placements should routinely include comments about the quality of the educational experience (paragraph 27).

f. The School should consider providing the results of the Student Satisfaction Survey back to students (paragraph 43).

g. The School should revisit its policy of using results from the formative assessments in Year 2 for selection purposes (paragraph 52).

h. The School should review the opportunities for learning about alternative therapies to ensure that students can meet the requirements of *Tomorrow's Doctors*, paragraph 18 (paragraph 14).

i. A policy for 'whistleblowing' needs to be developed for the school (paragraph 73).

Areas of innovation and good practice

79. The team thought the intercalated year provision was excellent (paragraph 15).

80. The Professional Development Spine is an impressive and coherent part of the course. The visiting team was particularly impressed by the way in which it is integrated with core clinical attachments later in the course (paragraphs 23 to 25).

81. The visiting team commended the TIPS (Teacher training) course and were impressed with its concept and engagement with staff. This course is inter-disciplinary which worked well. The team also commended the approach where all new consultants are required to attend the course within 1 year of appointment (paragraph 33).

82. Giving the examiners an option of completing a pink form during OSCE examinations on a student if they had any particular concerns about fitness to practise was commended as good practice. The visiting team recognised this is a new process, and wishes to receive updates of progress as this is an area of good practice that could be emulated (paragraph 60).

83. The OSCE stations on Prescription Errors, core clinical skills such as taking blood and setting up a drip, Death Certification and professional skills (particularly the public health and ethics components) are to be commended (paragraph 64).

84. The Academic Centre for Medical Education (ACME) plays a key role in many of the areas of good practice and innovation. It also provides key support for many of the activities in Phases 2 and 3. The visiting team was impressed by the activities of the ACME and suggested that it might be beneficial to extend its activities into Phase 1 of the course (paragraph 29).

Future working

85. We would like to thank the School for cooperating with and aiding the visiting team and GMC staff during the course of the assessment.

86. The final draft of the report has been sent to the School to check its factual accuracy, before being presented to the Undergraduate Board and Education Committee.

Signed………………………………………………………………………

Date…………………………………………………………………………

Royal Free and University College Medical School

Response to the findings of the report for 2005.

VICE-PROVOST (BIOMEDICINE) & DEAN OF THE MEDICAL SCHOOL
PROFESSOR K MICHAEL SPYER DSC, MD(HON), FRCP(HON), FMEDSCI

Professor Peter Rubin
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21 November 2005

Dear Peter

Re: Response to Final Report of QABME Visits to Royal Free and University Medical School for 2004/5

Thank you for the report of findings of the GMC visitors to RFUCMS. Overall we found the QABME process to be fair in its approach to evaluating educational quality and we are grateful to the visitors for their insights.

There are a number of minor ways in which the procedures could be improved and we will feed this back to the QABME Team using the appropriate forms.

Below is a brief response to the major points in the Final Report.

REQUIREMENTS

Integration

i. The recently completed Review of Biomedicine will help the school to re-evaluate structures that facilitate better integration. The final report is expected in the New Year and we will report back to the GMC on this in early January 2006.

ii. The annual Curriculum Review scheduled for October 2006 will focus on enhancing educational integration across all phases and re-defining core components and links between them. A draft update should be available in time for the School Report to the GMC in November 2006

iii. We are delighted that the GMC found the intercalated BSc provision to be excellent. We believe that in order to prepare students adequately for undertaking such a BSc the early part of the course needs to include a strong scientific orientation. Nonetheless we recognise the need to apply educational approaches that reinforce deep learning and establish good study habits and ways of increasing non-lecture learning opportunities are continually being introduced.

Quality Assurance

As noted in the Report much QA activity is new and requires additional resources to ensure quality enhancement is maintained. The School is actively seeking ways to increase resources. An update will be provided in the 2006 School Report.

Teaching space a UCLH site

The School is working hard with the Trust to ensure that the new hospital provides a good learning environment for students. Additional teaching space will become available in April 2006 in the renovated medical school building nearby. An update will be provided in the 2006 School Report

Student Selected Components

A number of creative solutions have been proposed in order to increase the volume of choice in the curriculum (especially for graduates) and to ensure students undertake an appropriate breadth of topics. A working group has been set up to take this forward and will provide an interim report at the end of March 2006.

RECOMMENDATIONS

Introduce standard setting procedures into assessments in Phase 1

- Implemented

The recommendations of the SIFT reports across all placements should routinely include comments about the quality of the educational experience

- Implemented

Provide the results of the Student Satisfaction Survey back to students

- Student representatives now have access to all electronic student evaluation data. Full e-summaries will be proved to all students from 2006.

The School should revisit its policy of using results from the formative assessments in Year 2 for selection purposes.

- Policy already revised in accordance with recommendation

Review the opportunities for learning about alternative therapies
- A lecture will be introduce in the year 3 course in 2006
- The Royal London Homeopathic Hospital will be invited to provide SSMs

A policy for 'whistleblowing' needs to be developed for the School
- Currently being drafted

Further points raised in the Report:

Inconsistent standards of accommodation at DGHs: *Review of required standards and monitoring is underway.*

Use of Medical School Student Record (MSSR): *GMC will receive an update in 2006*.

Inconsistent use of log books: *A working group has been re-constituted to review this in conjunction with the development of a portfolio*.

Feedback to students across all areas of the course: *A consultation with students will be set up to clarify where concerns can be addressed.*

Reduce the burden of assessment: *A number of modifications to the format of written tests in Finals have been agreed by Faculty Board. An update will be included in the 2006 Report.*

A policy is required for the use of "pink forms" in finals: *Updated and added to the Guide for Examiners.*

We believe we are making good progress towards meeting your requirements where feasible and look forward to providing you with updates as requested in due course.

Once again many thanks to the visitors for their careful and constructive feedback on the RFUCMS course.

Yours sincerely

Professor K M Spyer
Vice-Provost (Biomedicine) and Dean of the Medical School
Sophia Jex-Blake Professor of Physiology