
UK Medical Schools Annual Return 2009/10: QABME

St Andrews

The QABME Annual Return Process

Every year, each medical school must provide a return to the GMC that:

- a. Identifies significant changes to curricula, assessments or staffing.
- b. Highlights risks or issues of concern, proposed solutions and corrective actions taken.
- c. Identifies examples of innovation and good practice.
- d. Responds to issues of interest and debate in medical education, including promoting equality and valuing diversity.
- e. Identifies progress on any requirements or recommendations arising from the QABME visit process.

In April 2009 we signalled that we would be requesting an enhanced annual return. It has been expanded to include a request for self-assessment of progress on the implementation of *Tomorrow's Doctors* 2009. This is to ensure a continuing oversight of undergraduate medical education and to begin benchmarking all schools against the revised standards. The full enhanced annual return from Schools will not be published, however we intend to publish a summary report or reports of key issues and challenges and to share practice that might be of use to other schools.

The data returns for Section A on action on requirements and recommendations from previous QABME reports are published on the GMC website.

Basic Information

Name of Medical School:	Bute Medical School, University of St Andrews	
Name of Dean/Head of School	Professor Hugh MacDougall	Contact tel: 01334 463502 Contact email: medical.dean@st-andrews.ac.uk
Name of QABME contact	Professor Simon Guild	Contact tel: 01334 463533 Contact email: sbg@st-andrews.ac.uk

Section A - Response to previous QABME requirements and recommendations

For all schools except those reviewed in 2008/09

Since submission of the School's previous Annual Return at http://www.gmc-uk.org/education/undergraduate/undergraduate_ga/medical_school_reports.asp, please answer the following questions:

1. For any requirements, state those that have been fully completed or not been fully implemented providing an explanation indicating how they have been addressed.

If the School did not have any requirements in its last report or the requirements were fully met and reported in a previous annual return please check the box

Tomorrow's doctors 2003 area	Requirement	Action taken – If none, explain why	Contact	Supporting documents list	Timeline

2. For any recommendations, state those that have been fully completed or not been fully implemented providing an explanation and indicating how they have been addressed.

If the School did not have any recommendations in its last report please check the box

Tomorrow's doctors 2003 area	Recommendation	Action taken – If none, explain why	Contact	Supporting documents list	Timeline
7 Working with colleagues 42 Supervisory structures 43-53 Teaching and learning 66 Assessment procedures	Prioritise the development of clinical placements which should include: i. Opportunities for inter-professional working. ii. Implementation of the planned quality management system for placements as a priority.	The number of clinical placements now undertaken by medical students at St Andrews University has now increased as follows. Each placement is for a minimum period of 3 hours. 1 st year – 3 placements 2 nd year – 20 placements	Professor Cathy Jackson		2009-2011

67-68 Appraisal	<p>iii. Training of NHS staff. iv. Appraisal of both performance and professional attitudes and behaviours.</p>	<p>3rd year – 10 placements</p> <p>To allow us to make greater use of all NHS facilities throughout Fife and at other sites, the timetable for 2010, when we move into the new building, has been changed to allow students to be on clinical placements for a complete day. This allows for more structured teaching and also allows for students to attend lunchtime teaching sessions for NHS staff which are relevant to their learning.</p> <p>Together with an increase in clinical placements, we have also increased the size of the team delivering the clinical teaching both in the Bute and in clinical settings. We have ensured that all eligible core clinical staff at the Bute now have honorary contracts with NHS Fife, and these staff help to support teaching on the ward and in community settings in addition to delivering teaching within the University.</p> <p>1) new members of teaching staff include the posts of</p> <p>Nurse Teaching Fellow – this post holder assists in the design , delivery, quality assurance and assessment of clinical teaching at all sites and is taking the lead in developing ward based teaching in the community hospitals</p>			
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		<p>Inter-professional Education Clinical Fellow – this is a joint initiative with our NHS colleagues and the University of Dundee. The remit for this postholder is to first undertake a scoping exercise to look at the educational overlap between medical, AHP and nursing students placed in Fife and then to develop strategies to design and deliver common elements of learning to mixed groups of students in a variety of settings.</p> <p>In addition to these two posts we currently provide backfill to allow for one of our community nursing colleagues to become involved in our teaching programme in the community for 0.4 wte, This nurse has worked with us to develop a programme of teaching in a community base.</p> <p>For 2009 -10, all students will receive a “Ward skills” session on the wards. This session is delivered in an acute care setting by both doctors and nurses, and each session has a mixed group of students which includes medical students, nursing students and social work students. The session is designed to consider the admission process, day to day care of patients and factors to be considered prior to discharge.</p>			
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		<p>For 2010 -11 we are working with our NHS colleagues to release further NHS staff to become involved in the teaching program. We are currently in the process of develop student pre-operative assessment clinics which we plan to deliver with the help of an anaesthetist and two physicians assistants.</p> <p>We are continuing to explore with our NHS colleagues other avenues for both interdisciplinary learning and teaching to enhance the student experience.</p> <p>ii) Implementation of the planned quality management system for placements.</p> <p>This School has appointed a Quality Assurance Officer for Additional Cost of Teaching (ACT) activities will allow implementation of the planned quality management system to satisfy not only the educational needs of the Bute Medical School but also the Performance Management Framework required by NHS Education Scotland (NES) for ACT-funded activities. Feedback is received from all students on all placements. We have now brought all feedback arrangements “in house” and this has greatly increased the speed with which we receive feedback and can respond to it.</p>			
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		<p>Feedback from students attending community placements is welcomed at all times and formally sought each semester. Any negative feedback volunteered by students is investigated within 24 hours and changes made where required.</p> <p>All practices participating in 2nd year attachments have now been visited by the Director of clinical studies who has gone through all student feedback with them, both their own, and the anonymised feedback for other practices. Where feedback has been less than ideal, we have discussed with practices the possible reasons for this and ways it which changes might be brought about – all practices have been very receptive to ideas to improve what they do. This process will continue on an annual basis to both inform and help educate our new tutor pool.</p> <p>The feedback for secondary care placements will now be received by ourselves and passed to our NHS colleagues within a week of the placement taking place. This allows us to see any patterns developing, and allows changes to be made before the next group of students are attached should this be required. The Director of Clinical studies has now met with all lead secondary care tutors to discuss both specific and generic feedback on the course – this program too will be</p>			
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		<p>repeated on an annual basis.</p> <p>iii) training of NHS Staff We now have a program of continuing education in place for NHS staff which we deliver in partnership with the Professional Development Academy , part of the Scottish School of Primary Care. This focuses on generic teaching skills and is open to all NHS staff involved in our teaching program, from all disciplines. We also have a reciprocal agreement in place through the Scottish GP Tutors Group, that any of our GP tutors may attend their training events, and any Scottish GP Tutor may attend St Andrews training events. The clinical team from the school has arranged several events to date at local hospitals and other NHS venues to explain the St Andrews course to NHS staff and to help to put the teaching in context.</p> <p>In partnership with our NHS colleagues we have agreed to use a sum of money from ACT funds each year to support the professional development of NHS staff with respect to medical education. This year 4 members of NHS staff have made applications for funding to undertake a qualification in medical education.</p> <p>iv) Appraisal of both performance and</p>			
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		<p>professional attitudes and behaviours.</p> <p>In the last year several strategies have been introduced to improve the appraisal of performance and professional attitudes and behaviours.</p> <p>All students now discuss the Bute medical agreement with their tutors at the beginning of the academic year. The Bute agreement has been revised to further reinforce areas of professional behaviour e.g. attendance at clinical attachments, dress code, confidentiality etc. The yellow card system of alerting students to incidences of inappropriate behaviour has been extended to include all clinical teaching and attachments. Students who are absent from a clinical attachment and who have not had the agreement of a member of the clinical team prior to the attachment will receive a yellow card, be required to undertake the session at a later date and be required to write a letter of apology to the clinician whose session they missed.</p> <p>All incidences of NHS staff commenting on students who have exhibited any attitude or example of professional behaviour which falls below preferred standards results in that student attending a meeting with the Director of Clinical Studies and sanctions being imposed according to the level of offence. To date no serious events have occurred.</p>			
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33 The health of the public	Develop formal, sustainable arrangements for public health teaching so that public health thinking is embedded in the curriculum	In order to develop formal, sustainable arrangements for public health teaching the School has appointed a Chair in Public Health who has already begun discussions with the Department of Public Health in NHS Fife to review undergraduate teaching in public health in the St Andrews curriculum. This has taken the course of implementing changes for the session 2008-2009 with more wide-ranging and radical plans for the session 2009-2010	Professor Peter Donnely	Planned Review of Public Health Undergraduate Teaching	2009-2011
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38-41 Structure 69-73 Student progress	Discuss the following with the University: i. Extending the academic year for Medical Science students. ii. Reviewing progression rules which mean a student undertaking a re-examination has their grade capped below the standard allowing transfer to a partner institution, considering the potential to move away from the Honours algorithm where appropriate.	(i) This School will enter into discussions with the University about altering the length of the academic year to permit the introduction of student-selected components at the start and end of the traditional year. The University has been alerted to this via the School's Annual Academic Audit return and We are currently drawing up plans for such SSC opportunities in discussion with NHS Fife. Formal discussions with the University will follow after such plans are ready to be taken forward. (ii) Recent changes in the University's regulations in terms of grade point reporting and the capping of grades in resit no longer make this necessary. In addition it is now the School's view that the Honours' algorithm reporting rules are consistent with all modules.	Professors Simon Guild and Cathy Jackson		2009- 2011
58-61 Student support, guidance	Draw on the experience of transition to Manchester	The decision that all Scottish Funding	Professors		2009-

and feedback	<p>Medical School to systematise formal, structured arrangements with the Scottish Schools. Ensure the availability of formal support for students organising familiarisation visits to partner institutions</p>	<p>Council (SFC)-funded medical students continue their clinical training at Scottish Medical Schools has necessitated new arrangements for the transfer of St Andrews to what will be 5 clinical partners; Aberdeen,. Dundee, Edinburgh, Glasgow and Manchester. This requires policies and procedures to monitor and control this complex process. To date liaison committees are being set up with all 5 partner schools and common exit data and information packs are being formulated for each student upon transfer. Curriculum fit and transition arrangements are being discussed with all partner schools. If necessary customised preparation courses and curriculum activities are being introduced. In liaison with Admissions in the 5 partner Schools familiarisation visits are being held to aid in choice of partner school and subsequent to allocation to partner school to prepare students for the transfer.</p>	Simon Guild and Cathy Jackson		2011
66 Assessment procedures	<p>Review module assessment, particularly where it is competency related, to ensure that the assessment of clinical skills is properly weighted in the marks affecting progression to a clinical course</p>	<p>The School Assessment Committee has altered the assessment procedures for the competency-based clinical skills components of modules to ensure that students must obtain competency in clinical skills before passing any module.</p>	Professors Simon Guild and Cathy Jackson	Assessment Committee minutes 25.6.09	2009-2011

<p>74-85 Student health and conduct 58-61 Student support, guidance and feedback</p>	<p>Review the delivery of professional behaviour, careers advice and student fitness to practise teaching to:</p> <p>i. Ensure that students are aware of their responsibility to report the inappropriate conduct of their colleagues.</p> <p>ii. Link careers advice with that delivered at partner institutions.</p>	<p>(i) This School has extended the responsibility of the Progress Committee to cover all aspects of performance, professional attitudes and behaviours from session 2008-2009. The School has reviewed its student agreements and undertakings and its Progress Committee responsibilities to re-enforce fitness to practise teaching and expectations. A new Bute medical Agreement has been introduced along with a new absence policy and dress code policy. Students are now made aware of their responsibilities to report inappropriate conduct of their colleagues and such inappropriate conduct is defined. In St Andrews students should raise such concerns with their Personal Tutor, the Director or Deputy Director of Teaching, a Pro Dean of Medicine, or the Dean of Medicine.</p> <p>The students are therefore made aware of their duties to report the inappropriate conduct of their colleagues in many ways which is repeated throughout all years of the programme</p> <p>(ii) The liaison committees established with our 5 partner clinical schools will permit the linking of careers advice given at these institutions.</p>	<p>Professors Simon Guild and Cathy Jackson</p>	<p>Bute Medical Agreement</p> <p>Medical Students at the Bute Medical School & Fitness to Practise</p>	<p>2009-2011</p>
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3. Please identify any planned changes or improvements as part of the School's continuous improvement and quality management regarding any aspect of the School's undergraduate degree/s **that are not** part of the School's response to *Tomorrow's Doctors 2009*.

Tomorrow's doctors 2003 area	Changes	Action	Contact	Supporting documents list	Timeline
TD2 13, 14, 15, 43, 48, 54	The School will introduce Version 2 of our curriculum management system Galen in March 2010. Galen 1 was a prototype and Galen 2 will be a production model with a modular structure permitting sustainability and future expansion.		Professor Simon Guild		2010
TD2 47, 49, 51, 52, 55	This School's Quality Assurance Officer for Additional Cost of Teaching (ACT) activities will implement the planned quality management system to satisfy not only the educational needs of the Bute Medical School but also the Performance Management Framework required by NHS Education Scotland (NES) for ACT-funded activities. Currently the measurement of teaching and quality assurance parameters are being worked out between the Scottish Deans' Medical Education Group (SDMEG) and NES		Professor Simon Guild.		2010
TD2 4, 5, 13, 14, 15, 25, 26, 38, 39, 40, 43, 47, 48	Further development and strengthening of the School's Research-Teaching linkages. Our teaching is research-led in all its aspects. It is made explicit to our students that all they are being taught is research-based and has come from evidence-based approaches. The students acquire research and critical thinking skills as part of undertaking a B.Sc. Honours in Medicine as opposed to a normal pre-clinical course.		Professor Simon Guild		2010

Tomorrow's doctors 2003 area	Changes	Action	Contact	Supporting documents list	Timeline
	<p>Research-active staff teach in the programme to provide up-to-date information, cutting-edge scientific and medical methodologies and supervise medical students in their Honours dissertation projects. Pedagogical research in medical education will be expanded and undertaken by medical school staff to improve the teaching of various aspects of the curriculum. The results of these studies will be published and furthermore some students will undertake their Honours research projects in medical education research areas.</p>				