

# GENERAL MEDICAL COUNCIL

*Protecting patients,  
guiding doctors*

**v4.0**

## **Annual report of the Visitors to the University of East Anglia (UEA) Medical School for 2003/04**

### **Introduction**

1. This is the annual report to the Education Committee of the General Medical Council on the new medical school established at the University of East Anglia. The team are monitoring in particular the first cohort of new medical students as they progress through the curriculum. In 2003/04 these students were completing Year 2 of their studies at UEA.

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

Professor Tony Weetman (team leader)

Mr Trevor Beedham

Ms Rebecca Dobson

Dr Micheal Gill

Professor Steven Heys

Ms Sue Leggate

Professor Alison MacLeod

Professor Nigel Oswald

Professor Stewart Petersen

Professor Simon Wessely

3. The team is supported by Kevin Harte and Cara Talbot.

#### *Our programme of visits in 2003/04*

4. During the academic year the team visited the School on 24 March 2004 to observe the OSCE (Objective Structured Clinical Examination) examinations, which covered all 3 units 3,4 and 5 (as the units rotate in parallel as do the examinations). On 22 and 23 April 2004 the team returned to the School to seek clarification and information about a number of issues identified by the team following their consideration of the December 2003 UEA template and to inspect the quality of teaching at general practices that are supporting the new curriculum. On 22 April the team had separate discussions with a group of Year 2 students, a local NHS consultant (Professor Roger Hall), and the Dean of the Medical School and the Unit Team Co-ordinators. On 23 April the team split into pairs to visit general practices in Bungay, North Walsham and Tuckswood.

5. The team revisited the School in July 2004 to assess the progress made in Year 2 and to seek additional information arising from our scrutiny of the undergraduate template, which had been updated by the School in June 2004. On 27 July 2004 Visitors observed students undertaking the end of Year 2 Integrative Period OSCE. On 30 July members of the visiting team met with Professor Sam Leinster to discuss the updated information provided in the June 2004 template and looked at examples of students' examination work. Later that day Visitors attended the Board of Examiners' meeting where all the marks awarded in Year 2 are discussed, ratified and agreed. One of the key areas Visitors looked at during 2004 was anatomy/physiology, and the basic sciences as taught in the curriculum.

#### **Summary of findings**

6. In the team's view the curriculum was developing satisfactorily, and Visitors were particularly impressed by the students' excellent clinical and communication skills. The students interviewed by Visitors were clearly enjoying their studies at UEA, and spoke positively of the level of support they were receiving.

7. Whilst the visiting team remain very positive overall, they recognise the ongoing requirements of work to be done. The team still remains concerned that much of this currently appears to rest with the Dean, which leaves the School open to risk as no contingency plan appears to be in place.

8. The team will look again at assessment and curricular issues on future visits but decided that these areas met appropriately at this stage the requirements set out in *Tomorrow's Doctors* in accordance with Section 5(3) of the 1983 Medical Act.

9. Although the 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 as recorded above.

### **Curricular outcomes**

10. The learning outcomes for the School's MB BS programme were consistent with those set out in *Tomorrow's Doctors*.

11. In our 2003 annual report the team commented on the need for student involvement in curricular development. The team are pleased to report that there is now student representation on the Curriculum Development and Delivery group that is responsible for driving through curricular change.

### **Curriculum content and structure**

12. The School revealed that there had been further redefinition of core material since last year. The number of case presentations that embody the core curriculum has been refined down to 150 (from 199). These have been entered in the database for Units 1 to 5, Units 6 to 8 are in the process of being loaded, and those for Unit 9 onwards are under construction. The Dean was confident that the case presentations for all five years of the curriculum would be included on the database by the end of Year 3.

13. This database also showed what information was being held on Blackboard (the School's virtual managed learning environment) but it was not currently accessible to students. The team suggested to the School that there might be merit in installing a search engine on Blackboard and listing the curricular outcomes against individual lectures and seminars. This would enable students to revisit areas of prior learning.

14. The teachers Visitors spoke to were confident that the new curriculum was evolving appropriately and was providing a satisfactory range of learning opportunities. This view was shared by students, though their concerns about the adequacy of their factual knowledge (noted by the Visitors and external examiners last year) still remained. MCQ formative questions have been reinstated on Blackboard, although this system only accepts a narrow format of questions. As a result the school and students agreed on a student question paper until this issue can be resolved. Year 2 students have two mock papers before exams; year one students have one mock paper. Students were happy with this temporary solution until it can be resolved at a later date.

15. In spite of the concerns they had voiced, the students told us they were confident that they would know what they needed to know by the end of Year 5.

16. Both the Unit 4 and the Year 2 Integrative Period OSCE provided students with many opportunities to demonstrate their history-taking and general clinical skills. The team considered that the students' skills level had developed appropriately and satisfactorily when compared to our visits in Year 1.

17. The School estimated that 34% of curricular time was given over to the Student Selected Components (SSC) programme. This was in line with GMC requirements and comprised:

- a. In-depth, self-selected concentration on one of a number of core disciplines linked to the Unit being taught.

- b. Choice of Unit-based material to be studied in horizontal research modules.
- c. A small research project in Year 5 on any (negotiated) topic of the student's choice.
- d. Studies outside medicine in Years 3 and 4.
- e. An eight-week elective in Year 4.

18. The team were content with the arrangements made by the School to ensure that all students undertook an appropriate balance of SSCs and that consistent standards were applied in the assessment and marking of different SSCs.

### **Delivering the curriculum**

#### *Supervisory structures*

19. From our discussions with staff and students and our detailed consideration of written outputs from various committee meetings it seemed to us that that appropriate and effective supervisory structures had been put in place at the School.

#### *Teaching and learning*

20. The team were struck by the positive way in which students generally commented on the quality of teaching they received. This was particularly evident in respect of general practice.

21. The team visited three general practices across East Anglia in April 2004. Students attended the practice in groups of ten to prepare with the GP tutor for the patients they would see later that day. The teaching practices maintained a database of patients with medical conditions that related to the subject areas being studied in the curriculum. These patients had given their consent to be examined by medical students. Pairs of students took histories from and then examined these patients.

22. During these visits the team saw examples of excellent facilities for teaching. Facilities across the range of teaching practices will be an issue for sustainability and equity of learning opportunity. The documentation provided by the School to support the teaching of medical students in primary care was clear, helpful and of high quality. In the practices where Visitors observed student interaction with patients the team thought that the students displayed very good clinical and communication skills. This experience was clearly valued by them. The team was not surprised to be told by the Dean that the evaluations of GP teaching submitted by students and tutors were universally positive.

23. There is of course a question about sustainability of quality and resources as GP teaching is rolled for all five years of the curriculum but the School was confident on these points. The team was told that it is currently on schedule to meet its recruitment targets for good quality general practices for Year 3 onwards.

24. The team received details of the membership of each of the Unit Teams as requested in our 2003 annual report as well as a staffing update. Since our visit in summer 2003 the team was told that the School had filled a number of vacant positions (including the appointment of two physiology lecturers and a lecturer in sociology and a lecturer in communication skills). Currently it had embarked on a major recruitment drive and was seeking, among others, a Chair of Psychiatry, a Chair of Molecular Virology and Clinical Senior Lecturers in Respiratory Medicine and in Clinical Skills.

25. Although the School has concerns about the impact of the new consultant contract and changes to SIFT funding, it remained confident that it would fill these vacancies on time.

#### *Learning resources and facilities*

26. The students that Visitors spoke to in April 2004 were generally content with the quality of the learning resources available to them but did identify a number of

issues, particularly in relation to learning facilities, that they believed required further consideration.

27. The major issue was the lack of space in the medical school and the new Norfolk and Norwich Hospital. This had been formally raised at the Staff/Student Liaison Committee and students had been promised their own mess room; in the meantime some students were using the staff canteen. The School acknowledged this was a serious problem that was likely to escalate as student numbers increased. In the short term, negotiations were underway to attempt to secure the Junior Doctors Mess for students and some space would become available once the new Biomedical Research Centre opened in 2005. The School was urgently waiting on a decision as to when further accommodation within the medical school (promised in the University plan) would be built. The team hope that the University will continue to ensure that the facilities and resources made available to teachers and students are sufficient and appropriate and do not compromise the teaching and learning experience for either group.

28. The building of MED 2<sup>1</sup> is high priority in the University's spending plan. The School informed the Team that relations with the Trusts were good and that the Joint Venture Board was still working effectively.

29. Visitors noted that the appointments of SIFT-funded posts were going well with the exception of dermatology.

30. In response to student claims that there were not always sufficient computers available on site, the Dean pointed out that there were 28 dedicated PC terminals in the medical school and a further 28 in the new Norfolk and Norwich Hospital. Year 1 students were resident and benefitted from instant and free Internet access while Year 2 students were non-resident and had to dial up from their home, as was the case in other medical schools.

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<sup>1</sup> MED 2 is a second building in planning development for the School, which will be situated next to the current one. It will be used for the same purpose as the current building and will be structured around seminar rooms and office space.

31. Most students agreed that a mechanism was gradually being established through which their views were being made known to the School. Others were more insistent that the School was in fact listening to what they were saying and had made changes in response to their suggestions.

#### *Student selection*

32. The team commended the School on the objectivity and rigour of its student selection processes in our 2003 annual report. This was achieved in a number of ways, including conducting, on an anonymous basis, the business of the matching of student scores and the agreement to make an offer of a place at the School. Furthermore the team learned that all staff involved in the admissions process completed a half-day's training that included interview techniques and equal opportunities legislation.

33. The team commented in 2003 on the way in which the use of structured interviews by trained interviewers helped to maintain reliability and validity in the selection process. Visitors were impressed by the quality of the structured interview sheet, which the team had subsequently received.

#### *Student support and guidance*

34. Students were satisfied with the many different measures taken by the School to provide for their academic and pastoral support. These included:

a. The allocation of a member of the School's staff (an Adviser) to each student throughout all five years of the curriculum. The Adviser is expected to oversee academic development and to provide help and guidance on both academic and non-academic matters.

b. Identified support staff for those undertaking placements outside the School centre.

- c. Open access to a wealth of health and welfare services, co-ordinated by UEA's Dean of Students. These included:
- i. A campus Health Centre.
  - ii. A professionally-staffed counselling service (with additional support from a consultant psychiatrist).
  - iii. A network of Resident Tutors to support students living in University residences.
  - iv. A range of learning support mechanisms for disabled students.
  - v. Professional assistance, guidance and materials to help rectify study skills deficiencies.
  - vi. A Careers Centre.
- d. A range of professional advice and support units on academic and non-academic matters organised by the Union of UEA Students.

35. The School told us that it was aiming to create an environment in which students felt they could, and must, disclose issues that affect their ability to pursue the curriculum effectively and safely. The team noted that these issues of self-awareness were among those discussed in the 'Being a Doctor/Being a Patient' module in Year 1.

36. Students were reluctant to use the forms on Blackboard to provide feedback on the quality of teaching, as these were not anonymised. The School acknowledged that they received little feedback via this means, and relied extensively on the collective comments provided by the nine student representatives on the Staff/Student Liaison Committee and on the end of year questionnaires (which achieve almost 100% response rates).

## **Assessing student performance and competence**

37. Within the scope of the tests Visitors have seen, the team remain of the view that the School was using valid and reliable methods to assess student competence and performance.

38. The team noted that the School had taken up the suggestion to alter the format of its written examinations to enhance the testing of retained core knowledge. From summer 2004 students would sit an extended written paper, comprising Advance Notice Questions (ANQ) set around six case scenarios and 100 Extended Matching Questions (EMQ) based around these scenarios. Students would have to pass both parts of this new examination, with the split of marks of 100 from EMQ (57%) and 75 from short answers (43%). Although the scenarios would be drawn from the Year 2 modules, the team were assured that students would have to refer back to the teaching they received and the topics covered in Year 1 to complete both papers successfully. The team were able to confirm that this was the case during our consideration of the completed Year 2 written papers in July 2004.

39. Students were understandably wary of what would be expected of them in the new EMQ paper and told us they would welcome further information about the format and examples of mock questions. The School was aware of these sensitivities and made arrangements to ensure that students did not enter the examination unprepared in July 2004.

40. As the team remarked in our report of 2003 the School arranges training days on specific aspects of assessment for all its assessors. The scope and quality of the materials provided for these training days was of a good standard.

41. The assessments observed were well organised, fair and fit for purpose. In general, a good standard was achieved. There was one issue outstanding from our visits in 2003 (and noted by the external examiners in their formal reports) that did not appear to have been addressed in the 2004 cycle. This related to the need to introduce a method of quarantine for sequential groups using the same OSCE (Objective Structured Clinical Examination) circuit so that some groups of students

did not have an unfair advantage over others in terms of information exchange. The School does alter some stations between sittings but details of such alterations were unclear to the Visitors. The School also stated there was no overall difference in marks over the 2 days of the exam, although the cohort size is small. Nonetheless, Visitors remain concerned that the issue of quarantining students has yet to be fully addressed, and may be open to challenge by unsuccessful candidates.

42. The team received practical information at the Board of Examiners' meeting on 30 July 2004 about how the pass mark was determined for the Year 2 Unit assessments and for Year 2 overall. This seemed to us to be appropriate. The team thought the marking of written scripts was fair, and that the number of students referred for reassessment was in line with other medical schools.

43. The examination board meeting showed that:

a. 42 out of 104 students have not completed the year satisfactorily and have failed to succeed in a summative assessment.

b. The burden of summative assessments seemed excessive: for more than 40% of the year to fail indicates a concern about the teaching, the assessment system or the ability of the students.

c. The critical appraisal was scrutinised at the Exam board, but when analysed more closely, it appeared that only 18 of the students failed because of this component alone: 25% failed due to one of the other components, which Visitors thought was high.

44. A spectrum of written work was examined from a range of students. The students had differing abilities with some excellent material presented. One area worthy of consideration was the marking schedules for elements of the written work. Whilst some were clearly detailed with a scoring system and descriptors, others were less clearly well defined. There were occasional examples of what appeared to be inconsistencies between quality of work and marks obtained. The School will no doubt address this as the examination process evolves, to ensure uniformity of

standards. Overall, a broad spectrum of subjects treated in appropriate depth was identified, which was entirely appropriate for this stage of training.

45. The team commented in 2003 about the need for the Integrative OSCE to be more discriminating, and invited the School to consider our suggestions about increasing the weighting for important items in a station, and setting a pass mark that requires candidates to pass a minimum number of stations. Post observation of the Year 2 OSCE's, Visitors noted that whilst there was a good emphasis on communication, they felt that large quantities of OSCE marks should not be given for repetitious testing of the same skill. Conversely the proportion of the examination process devoted to the application of factual knowledge seems to need increasing.

46. Visitors also remained concerned over the three summative six-station OSCEs. If the results from all three summative OSCEs were pooled to make an eighteen station OSCE, then the exams would be more reliable. However, as the school makes each six station OSCE summative, reliability is at risk.

47. The School was keen to ensure that all core knowledge in the curriculum was fully assessed and was actively considering the best way of doing this. One suggestion was to require students to cover core knowledge for the curriculum in the final year portfolio report so that it could be assessed at the end of Year 5. The team were told that the final year OSCE would be knowledge-based and would include assessment of material covered in all the Year 5 Units. The team look forward to seeing how the School resolves this important issue.

48. Visitors commended the high quality of the portfolio reports that were observed.

49. The documentation Visitors received for the March 2004 visit did not indicate exactly how students would receive feedback about their performance in the Unit 4 OSCE, particularly those students who had failed the examination. Visitors understand that the timeliness and quality of the feedback was also an issue for the students the Visitors met in April 2004 and this was reflected in the DREEM Report.

50. Future assessments will allow the Team to judge what extra pressures will fall upon students who have failed earlier assessments as they strive to attain the requisite skills, attitudes and behaviour, and to deepen their knowledge base before undergoing re-assessment. Visitors were told that failing students had to resit any failed components. All failed students had done so. They would also be asked to contact their personal adviser to discuss their areas of weakness and to set in train arrangements for remedial teaching.

51. The School's external examiners were fully and appropriately involved in the all the key aspects of the assessment process, including standard-setting and discussion of the marks of borderline and potential distinction candidates.

### **Student health and conduct (fitness to practise)**

52. Having observed a Fitness to Practice Board meeting, the attending Visitors felt it was conducted as if the information was simply to be received by, rather than to be evaluated by, the Board. A requirement of UEA regulations states that the details or mitigating circumstances surrounding a student's problems should be confidential to the Chair, who shall inform the board that such circumstances exist. The Visitors felt that under this requirement, the Board might therefore be giving approval to things it was unable to fully understand, although they were aware that there were no serious examples of problems on this occasion that needed detailed discussion at the Board. The School is proud of this innovation but may wish to determine whether, within the framework of the regulations, more information about decisions could be made available when necessary.

53. The School stated that no formal warnings had been given in 2004. One informal warning had been given.

## **Other issues**

### *Quality assurance*

54. In 2003 the team had discussed with the School the way that the quality of teaching and learning was monitored. In April 2004 the written outputs from the meetings of the Unit Teams and the Learning, Teaching and Quality Committee (LTQC), as well the formal reports of the external examiners and the School's responses to each of these reports, was sent to the team.

55. These written outputs provided strong evidence of the School's participation in internal quality systems. It was clear to us that a concerted attempt to produce formal minutes with clear and attributable action points had occurred from November 2003 onwards. The team noted that the School had taken our advice to ensure that all formal processes were fully recorded so that a clear audit trail was visible for all decisions that are made.

### *Reflecting Contemporary Society*

56. In the meeting with the Dean, Visitors discussed how to develop the students understanding of human diversity, and how it would fit into the UEA curriculum. The provision for ethnic, social & religious diversity will need some adapting to account for local circumstances. Visitors will be observing the developments in this area in 2005.

## **Main recommendations of our report**

57. The issues surrounding Blackboard were ongoing as at the final visit in 2004; and Visitors noted that getting information to and feedback from students needed further improvement. In addition, student concerns about the adequacy of their factual knowledge (noted by the Visitors and external examiners last year) still remained. They could not check their progress since there was no longer any factual knowledge test on Blackboard. The team hope that the School will soon be able to

make these tests available to students again so that they can check the depth of their core knowledge on a regular and self-applied basis (paragraph 13).

58. The Visiting Team believes that the School needs to consider introducing a method of quarantine for sequential groups using the same OSCE (Objective Structured Clinical Examination) circuit so that some groups of students did not have an unfair advantage over others in terms of information exchange (see paragraph 41).

59. The School was keen to ensure that all core knowledge in the curriculum was fully assessed and was actively considering the best way of doing this. One suggestion was to require students to cover core knowledge for the curriculum in the final year portfolio report so that it could be assessed at the end of Year 5. The team were told that the final year OSCE would be knowledge-based and would include assessment of material covered in all the Year 5 Units. The Visitors will be following up this issue in future visits.

#### *Examination and Fitness to Practice Boards*

60. The Visitors were concerned over some aspects of the operation of the Examination Board meeting. The rules for agreed standards did not appear to be transparent or well defined.

61. Having set standards, with pass marks being defined by recognised standard setting procedures, the Board initially seemed uncertain whether to accept a result when a candidate did not quite achieve the pass mark. After discussion, the Board took the external examiners advice that the pre-agreed standards must be adhered to, and the final decision of the Board was to adhere to these standards. In summary, the Visitors felt that there is a need for the School to clarify this area for students and staff with advance written guidance.

62. Results were read out by the numbers of the candidates and were without discussion. The Visitors were unsure as to the function of this procedure, as it was not possible to know whether the result was right or wrong.

63. Visitors recommend that standards setting should be made absolutely clear and transparent to students prior to examinations (e.g. Students should be informed as to whether or not the IP OSCE would compensate towards their final grade) to avoid being open to challenge should a student decide to appeal their result.

*Areas for further consideration*

64. There is an issue about lack of space in the new medical school and the new Norfolk and Norwich Hospital. The team hope that the University will continue to ensure that the facilities and resources made available to teachers and students are sufficient and appropriate and do not compromise the teaching and learning experience for either group (paragraph 27).

*Areas of innovation and good practice*

65. The students spoke appreciatively of the high quality teaching they received, particularly in general practice. There is a question about sustainability of quality and resources as GP teaching is rolled for all five years of the curriculum but the School is confident on these points. The team was told that it is currently on schedule to meet its recruitment targets for good quality practices for Year 3 onwards (paragraph 20).

66. The team were impressed by the excellent communication and clinical skills demonstrated by UEA students (paragraph 22).

67. The team thought that the structured sheet used when interviewing applicants to the School was particularly helpful for maintaining the reliability and validity of the selection process (paragraph 32).

68. The students were appreciative of the effective and multifaceted levels of support available to them at the School.

69. The training opportunities provided for assessors at the School were enviable, as were the range and quality of the training materials the Visitors observed.

*Future working*

70. The team would like to congratulate the School on a successful conclusion to Year 2 of its new curriculum and look forward to working closely with it again through Years 3 to 5.

71. The team has agreed with UEA, in line with the other new medical schools, that a revised GMC template/questionnaire will be sent to the School in early September 2004, requesting its completion by early November 2004. The team will then be agreeing a programme of visits with the School for 2005.

72. The team would like to wish the School well with Year 3 of its new curriculum.

Follow up

73. The DREEM questionnaire for this last year is awaited because of some of the issues that the students had raised in 2003.

74. Visitors have asked to see copies of the External Examiner reports as soon as they become available.

Signed.....

Dated.....

## **Annex A: School Response**

Diane

### **ANNUAL REPORT**

Apologies that our response was not sent last week. I have spoken to the Dean and he has asked me to say that the School has noted the contents of the report and is glad to note that we are still satisfying the GMC inspection team with regard to the curriculum.

We are considering the points and look forward to discussing with the visiting team at their next meeting.

Sarah