

FINAL

Report of the visiting team to the University of East Anglia Medical School for 2004/05

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. In 2004/05 these students were completing Year 3 of their studies.
2. The visiting team appointed by the Education Committee for this purpose was:

Professor Tony Weetman (team leader)
Mr Trevor Beedham
Dr 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 was supported by Cara Talbot.

Our programme of visits in 2004/05

4. The GMC visiting team attended the School on four occasions: 15 April 2005, 30 June 2005, 12 July 2005 and 28 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 Practices².
- f. Discussions with Students.
- g. Discussions with Teachers³.
- h. Discussions with the NHS and other service providers.

Summary of findings

5. The key developments that occurred at the School since the last visit in 2004 were:

- a. In line with the development of a faculty structure across the School, an Institute of Health will be established in September 2005. This will comprise three faculties: Medicine, Nursing and Midwifery and Professions Allied to Medicine.
- b. The last round of staff recruitment to bring the School up to steady state has commenced and is proceeding according to schedule.
- c. Approval has been received and work will commence on the new Medical School building in October 2005 with a completion date in March 2007.
- d. The School has received approval to admit 11 international students per year, in addition to the existing cohort. The School reported that 10 students would start in September 2005.

6. The visiting team concluded that the curriculum is developing satisfactorily, whilst recognising that much work and curricular development is still ongoing. In the previous report the visiting team had concerns that much of the work seemed to rest with the Dean and are reassured to note the new appointments stated in paragraph 29, which will provide an opportunity to strengthen the management structure of the School.

7. The visiting team will look again at assessment and curricular issues on future visits, but conclude that these areas met appropriately at this stage the requirements

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 do 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.

set out in *Tomorrow's Doctors*¹ in accordance with Section 5(3) of the 1983 Medical Act.

8. 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 as recorded above.

9. Overall, students continue to feel happy and supported in their experience at the School.

Curricular outcomes

10. The learning outcomes for the School's MB BS programme are consistent with those set out in *Tomorrow's Doctors*¹.

Curriculum content, structure and delivery

11. The visiting team remain content with the arrangements made by the School to ensure that all students undertake an appropriate balance of Student Selected Studies (SSSs) and that consistent standards are applied in the assessment and marking of different SSSs.

12. The visiting team conclude there is growing evidence of the integration of the course, as reflected by students who reported that their accumulation of knowledge is now 'coming together' as the course proceeds.

13. Students highly commended the quality of their clinical placements.

14. Students reported some concerns over the provision of pharmacology teaching in the course. The visiting team met with Dr Yoon Loke, the lead for Pharmacology. The Pharmacology programme is split into two key areas: the core principles of pharmacology, and prescribing (specific issues for each year group.) The course aims to ensure that students will be able to prescribe safely. A student formulary is being developed and pharmacology topics have been integrated into the OSCEs.

15. Dr. Loke meets regularly with unit leaders and clinical teachers to discuss integration of pharmacology teaching. Current plans for the assessment of pharmacology appear to be appropriate and the visiting team will continue to monitor this area in the following cycles to ensure these plans are implemented and that teaching in pharmacology continues to develop.

16. The visiting team was impressed with the system used in pharmacology to ensure that the subject was planned in collaboration. It is suggested to the School that other basic science subjects should be developed in a similar method, to ensure that all leads and clinicians have an equal opportunity to contribute to the content of

¹ GMC (London); *Tomorrow's Doctors*, February 2003

¹ GMC (London); *Tomorrow's Doctors*, February 2003

the curriculum.

Electives

17. The visiting team met with Dr Mutungi, who co-ordinates the electives programme and with Dr Tyler, who co-ordinates the Intercolated Degree programme.

18. The eight-week elective period will begin in the next academic year (for Year 4 students). All electives are to be taken at the same time. In preparation, the School has published an electives booklet (which is also available on Blackboard) and students have received two lectures on how to organise their elective.

19. The School is to devise a system by which supervisors at the elective sites will provide feedback on the students' performance and students will be asked to feedback on the elective, in order to create a bank of possible elective placements for future cohorts.

20. Students will be required to submit a poster on their elective on their return to the School, which will form part of their summative assessment. The 'Poster Day' will precede an 'Electives Night' for the next cohort of students, to help provide guidance and information on possible elective choices.

21. Dr Mutungi described the process of how students put forward their proposals, and how proposals are approved. The visiting team understood established medical schools have the advantage of historic reports, contacts and electives available. The visiting team concludes that the system in place at the School is appropriate.

Intercolated Degree

22. An intercolated Masters in Research (M.Res.) degree is to be available in basic research and primary care, to students who wish to apply to intercolate at the end of Year 4.

23. The School felt the M.Res. to be the most appropriate course available at present, as it is a structured one-year course which provides valuable experience in research methods.

24. Acceptance for the M.Res. programme depends on the student's assessment record for Years 1-3 and the outcome of a review of the student's proposed research project, which is carried out by the Intercolated Degree Committee. The visiting team will be interested to view examples of proposed projects when available. Initially, a maximum of six places will be offered and the extent of interest shown by students to date suggests that all places will be taken.

25. Students will write up their projects as dissertations, which will be assessed by the appropriate Examination Board. Students will also present critical reviews of their findings to their peers.

26. Initially students' bursaries will be extended to cover living costs and will be introduced in Year Four of the programme. The School is aiming to do this at cost and there may also be funding that will be available to go towards bench fees. Experience from current projects has shown that students have not tended to look for bench-based projects because of these costs. The School will help students by trying to find suitable channels for funding.

27. It was suggested that the School might want to consider a means of allowing these students to maintain their clinical expertise during their intercalated year, to ensure that those involved in research projects with minimal clinical contact do not allow these skills to stagnate. Dr Tyler agreed that this was something to explore.

Delivering the curriculum

Supervisory structures

28. The School reports that Professor Pearce is leaving to take up her new post as Vice Chancellor of Loughborough University. Professor Leinster will act-up as Director of the Institute of Health pending the appointment of her successor. This has led to a change of structure in the School. With effect from 1 August 2005, Prof Howe is taking over as Course Director for the MB/BS programme. Professor Christopher Hand will continue as Deputy Course Director. Professor Ann Barrett will act-up as Head of School.

29. From discussions with staff and students, and the visiting team's detailed consideration of written outputs from various committee meetings in 2004, the visiting team remains satisfied that appropriate and effective supervisory structures are in place and continue to operate effectively at the School.

30. The visiting team was provided with strong evidence in 2004 of the School's participation in internal quality systems. Formal processes continue to be fully recorded so that a clear audit trail is visible for all decisions that are made.

31. The visiting team will continue to monitor these changes during the next visit cycle.

Teaching and learning

32. In the previous report the School reported some concerns about the impact of the new consultant contract and changes to SIFT funding, but remained confident that it would fill the necessary posts on time. The visiting team note that sufficient teaching levels have been maintained during the current academic year.

33. The School reports that both acute Trusts continue to appoint SIFT funded posts according to agreed schedules. The school is currently conducting an audit of the delivery of teaching through the SIFT contracts. They are still finding it difficult to

recruit a dermatologist but the Departments have made internal arrangements and the School feels that teaching is being delivered satisfactorily.

34. The School expects to make a further 8-10 academic appointments during the next 12 months.

35. Students commended the high quality of anatomy teaching but felt there was insufficient time devoted to this subject. The School is aware of this problem and is looking at some options of improving facilities and access for students. The visiting team will monitor progress during the next visit cycle. The visiting team commends the School on securing protected teaching time for its clinical teachers. The visiting team commends the teaching observed throughout to be of a very high standard.

36. There has been a significant shift of teaching in secondary care to James Paget Hospital, from 10% to 30%. The visiting team will continue to monitor this, particularly with regard to sustainability as student numbers increase.

37. The student portfolios and logbooks remain variable in quality. The School recognises this and is currently reviewing ways to address this issue, however in the mini-OSCEs, it was noted that the School has introduced an extra OSCE station to specifically allow log book review.

38. The visiting team observed several morning and afternoon seminar sessions. Tutors covered topics well but reported not being involved with the development of the course. The teaching is factual and delivered at the appropriate level for the cohort. The visiting team concludes that good guidance is given to students, and linkage is given to other subject areas.

39. It was noted that several seminars had been cancelled at short notice or on the day on which they were planned. The visiting team suggests that student attendance is likely to suffer if students are not confident that seminars would be held as scheduled.

40. Students who failed to attend teaching could download lecture notes from Blackboard, however it was a concern that students who did not attend missed out on the depth and breadth of the discussions, which enhance this method of learning. Attendance at seminars is not compulsory and the attendance of students at seminars was approximately 25%, which is low. Therefore the notion put forward by the School that students are working co-operatively was not demonstrated. The visiting team are concerned about this approach for core components and would like reassurance that these learning topics are covered appropriately in other areas of the curriculum.

41. The visiting team observed three PBL sessions on 30 June 2005. As with the seminar sessions, attendance was strong in only one group. The School had intended that students would lead these sessions in the next year and students had expressed unease with this approach. Further discussions with the School have indicated that this will not occur and tutors will lead the groups as at present.

Learning resources and facilities

42. The visiting team remain concerned over some aspects of facilities available at the School, as highlighted in the previous report.

a. The building of MED 2¹ is due to commence in October 2005 and is scheduled to open in March 2007. It remains a high priority in the University's spending plan. The School informed the Team that relations with the Trusts are good and that the Joint Venture Board was working effectively. This building will contain 14 teaching rooms in addition to office space and a new Clinical Research Unit.

b. Teaching space at the School remains at a premium and the visiting team has concerns over sustainability until MED 2 is available. A particular problem is the lack of adequate facilities to deliver anatomy teaching and to provide appropriate access to resources, such as anatomical models, that would enhance the teaching of anatomy. The School feels that at the present time the facilities at the School and the hospitals are sufficient, although they are exploring a number of options in regards to the accommodation for anatomy.

c. In 2004, students reported that there were not always sufficient computers available on site; there are 28 dedicated PC terminals in the Medical School and a further 28 in the new Norfolk and Norwich Hospital. Students did not raise this issue in the current visit cycle.

43. The School reports that work is in progress on an extension to the main University library, which will provide increased accommodation for books and journals along with improved study facilities.

44. The NNUH Trust is actively considering the building of a new Education Centre, which will include facilities for undergraduate teaching. The school feels that the current accommodation remains sufficient for planned use if careful timetabling is carried out. The clinical teachers are being made aware of the need for flexibility.

Student selection

45. In 2003/04 the visiting team reviewed and commended the School's selection process and training of interviewers. There have been no changes to this process since the previous report.

¹ MED 2 is a second building to be constructed for the School, it will be situated adjacent to the current building and will largely consist of seminar rooms and office space

Student support, guidance and feedback

46. Students continue to be satisfied with the many different measures taken by the School to provide for their academic and pastoral support. Full details were highlighted in the previous report.

47. The visiting team commends the School on developments in the area of student representation and student involvement in School affairs. These developments were reflected positively in comments from students who feel well supported and were able to offer various examples where student feedback had resulted in improvements to curriculum content, structure and delivery.

Assessing student performance and competence

48. Within the scope of the tests the visiting team has observed, the team remain of the view that the School is using valid and reliable methods to assess student competence and performance.

49. In the previous report the School indicated that it 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.

50. In the previous report the visiting team raised a concern about the need to introduce a method of quarantine for sequential groups using the same OSCE circuit, so that some groups of students did not have an unfair advantage over others in terms of information exchange. In addition, on observation of the Year 3 OSCE examination in July 2005, the visiting team discussed with the School why some of the stations were not altered for the afternoon rotation, or for the following day. The School had debated this point, and decided that as the students received the content of the OSCEs in advance, the opportunity for information sharing was limited. The School also stressed that it would be difficult to ensure consistency if the photographs were altered and has therefore decided not to quarantine students at the OSCE examination.

51. The visiting team were informed that the School planned to produce a report for consideration by its Curriculum Development Group, which would include a comparison of marks obtained by students who completed the OSCE in the morning and those who took it in the afternoon. However, the School assured the visiting team that the data had been examined and there was no difference in the results of cohorts of students sitting the OSCE in the morning or afternoon sessions. The School agreed to forward a copy of the report as soon as available.

52. There were concerns previously regarding the three summative seven-station OSCEs. The issues regarding reliability, and other issues pertaining to a small OSCE examination, were discussed with the School. The School had considered this, but as these OSCE examinations focussed on material from a specific and defined unit of teaching, the visiting team were happy that this was a satisfactory process.

53. The visiting team observed that a number of the OSCE stations revisited topics and techniques, which had previously been tested in the first two years of the course. Although this was considered as good practice, the visiting team concluded that the complexity of the skills being tested had not increased in order to test the increase in students' learning. The visiting team noted that students were not yet being tested on their diagnostic ability or their plans for an adequate treatment regime. The School had appreciated this and were planning to include these aspects in subsequent examinations. It was felt by the School that an emphasis in the OSCE was on the practical aspects and that diagnosis and formulation of treatment plans was also assessed in the written examinations.

54. The visiting team is keen to understand the School's approach towards curriculum content and will be interested in knowing the School's plans to address these issues in their final examinations. They suggested a number of recommendations to the curriculum that they would like to see addressed in the final two years of the course. This aspect will be followed up in 2006.

55. Overall the visiting team was very impressed with the organisation and smooth running of the OSCEs that they observed, and the review of cases at one station as good practice. The visiting team also observed the examiners' briefing and felt that it was clear, well structured and informative. The visiting team felt that students were being assessed in a fair and consistent manner.

56. The visiting team observed a meeting of the Year 3 Examination Board. The School reported that the assessment pass mark for the written examination was initially set at 53% using the Angoff procedure. At this threshold only one student passed the examination. The School revised its standard using a larger standard setting committee and the pass mark was finally set at 35%. This gave a fail rate of about 30%, which required analysis.

57. The School had used the Angoff standard setting procedure but the internal examiners at the Examination Board meeting felt that they did not generally have a great deal of experience in the technique and would appreciate further training.

58. The visiting team concludes that the School would benefit from working more closely with its external examiners. Specifically within question and assessment development and the appropriateness for each year of the curriculum; and in standard setting. It was apparent that the external examiners also wished to be involved more. They specifically commented about their wish for early involvement where discrepancies occur between the markings by internal examiners.

59. Overall, approximately 30% of students failed to complete the year based on the 3 summative assessments of written examinations, OSCE and portfolio. The

visiting team has suggested the School might wish to consider the reasons for the failure rate and in particular whether there are issues relating to the students' depth of knowledge.

60. The external examiners stated that they would submit a report to the School on their views of the OSCEs. The visiting team will request a copy of these reports for inspection. In addition, the visiting team would also like to receive a copy of the constitutional composition of the Examination Board.

Student health and conduct

61. The visiting team observed a meeting of the School's Fitness to Practise Committee, where Year 3 students with problems were discussed (students were not in attendance). The visiting team thought that it was difficult for the external examiners to make a valid judgement on the students' performance, as comprehensive background information did not appear to have been provided. Similar observations were made in 2004, where the visiting team had suggested that the School might wish to determine whether, within the framework of the regulations, more information about decisions could be made available when necessary.

62. The School reported that students causing concern were initially spoken to by their tutor; if a matter was reported to the Dean, then there were four possible options: no further action required, an informal letter from the Dean, a formal letter from the Dean, referral to the University's Fitness to Practise Committee, who had authority to exclude students from the course.

63. The School stated that no formal warnings had been given in 2004. One informal warning had been given. One formal warning was agreed at the Fitness to Practise Committee meeting observed in July 2005.

Reflecting Contemporary Society

64. The School reported that it was building diversity issues into its communication skills curriculum and in the portfolio; these issues would also be assessed in both the OSCE and portfolio components of the assessment process. The visiting team will be interested to see how this aspect develops in the next visit cycle.

Main recommendations of our report

Requirements

65. There are no requirements arising as a result of this report.

Recommendations

66. Student concerns about the adequacy of their factual knowledge (noted by the visiting team and external examiners in 2004 and 2005) still remain. The visiting team suggests that the School considers the reasons for the failure rate and whether this is linked to this issue (paragraph 59).

67. There is an issue about lack of space in the new Medical School and the new Norfolk and Norwich Hospital. The School is asked to ensure that facilities and resources are sufficient and limitations do not compromise the teaching and learning experience (paragraph 42 b).

68. The visiting team expressed some general concerns over the content of future OSCEs, which they felt should be addressed in the final two years of the course (paragraphs 52 and 53).

69. The School should consider providing training in Angoff standard setting procedures for internal examiners (paragraph 57).

70. The visiting team concludes that the School would benefit from working more closely with its external examiners (paragraph 58).

Areas of innovation and good practice

71. The visiting team would like to commend the school on the following:

a. Students highly commended the quality of their clinical placements (paragraph 13).

b. The School securing protected teaching time for its clinical teachers (paragraph 35).

c. The strong organisation and running of the OSCEs and the review of cases at one station as good practice (paragraph 55).

d. The teaching observed throughout was of a very high standard (paragraph 35).

e. The School's various academic and pastoral support systems (paragraphs 46 and 47).

Future working

72. The visiting team would like to congratulate the School on a successful conclusion to Year 3 of its new curriculum and look forward to working closely with it again through Years 4 and 5. The visiting team note that next year will be a particularly important year for assessing University of East Anglia Medical School. The 2006/07 cycle is the year of the decision for accrediting the School and therefore

it is important that the School is meeting all requirements by the end of the next cycle. The visiting team will be working closely with the School in 2005/06 to ensure that all necessary systems are in place and meet requirements at the time of putting forward their accreditation recommendations to the Education Committee in 2006/07.

73. The visiting team has agreed with the School, in line with the other new medical schools, that they will need to provide a fully completed questionnaire in the current GMC style by 1 October 2005. This will ensure that a suitable programme of visits can be scheduled with the School for 2006 by the end of 2005.

74. The team would like to wish the School well with Year 4 of its new curriculum.

75. 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.

Follow up

76. The visiting team has identified the following issues that will be investigated during the next visit cycle. Other issues may be added to this list before and during visits commence in 2005-06:

- a. Curricula development for Year 4 and 5.
- b. Review of curriculum for Years 1 to 3.
- c. Impact of Foundation Training on clinical placements.
- d. Appointments of key academic staff.
- e. Student self and peer assessment.
- f. Student appraisal (particularly during the mainly clinical years of the curriculum).
- g. Elective programme.
- h. Placements and teaching in primary care.

Signed.....

Dated.....

**MB/BS Programme
School of Medicine, Health Policy and Practice
University of East Anglia**

Response to the report of the GMC Visiting Team 2005

The School welcomes the visitors' recognition of the quality of the course in general, and in particular the areas of innovation and good practice highlighted in paragraph 71.

We note the recommendations and have taken action to deal with them as noted below.

Paragraph 66: Factual knowledge.

The theme leaders are reviewing the content of all modules currently running on behalf of the Curriculum Development Group. There is a consensus that the failure rate in Year 3 was the result of an over-stringent standard setting process rather than a real knowledge deficiency on the part of the students but the review process should ensure that there is not a problem with the level of factual knowledge being learnt.

An Assessment Group has been set up to take overall responsibility for supervising the quality and content of the assessments. This group is considering whether to adopt the Hoftsee method of standard setting rather than the Angoff.

Paragraph 67: Space

The University has noted the School's concerns over the short term provision of teaching space pending the construction of the new building Health 2. Planning permission has been obtained for the construction of a temporary building housing teaching rooms. This should be available for use early in the New Year. The specific issue of increased space for anatomy teaching is still under consideration as the solution depends on other projects that are awaiting decision.

Paragraph 68: Future OSCEs

The School has noted the comments on the need for the OSCEs to address diagnostic ability and treatment planning. To this end the content of the OSCEs has been reviewed. Greater use is now being made of real patients rather than simulated patients and more emphasis is being placed on diagnosis and management.

Paragraph 69: Standard setting

It should be noted that standard setting is dealt with in the routine training days on assessment. Further training days specifically on standard setting have been held and further training is planned for all those who will be involved in the actual process. The problem is one of experience rather than training and will become less as time goes on.

Paragraph 70: External examiners

The School has always had a close relationship with the external examiners and there are documented examples of changes that have been made to the assessment programme as a result of the external examiners advice. It should be noted that where there are discrepancies between internal examiners the final mark is not decided until the external examiners have commented. However, procedures have been introduced to ensure that the external examiners receive materials for comment at an earlier stage.

The School notes the issues that have been identified for discussion during the next academic year and looks forward to continued co-operation with the visitors.