
Undergraduate Board

6

To consider

QABME: Report of the visiting team to University of East Anglia Medical School for 2005/06

Issue

1. To consider University of East Anglia Medical School for accreditation in 2007.

Recommendations

2. The Undergraduate Board are invited to agree:
 - a. That University of East Anglia Medical School is approved for accreditation subject to meeting the requirements in paragraph 11.

Further information

3.

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Background

Introduction

4. This is the final report to the Education Committee on the quality assurance programme for the School of Medicine, University of East Anglia for 2006. In 2005/6 the first cohort of students were completing Year 4 of their studies. The School is nearing the end of their assessment for accreditation and as such the requirements and recommendations of this report merit particular attention.

5. The visiting team appointed by the Education Committee to undertake the quality assurance visits included the following individuals. Throughout the rest of this report the GMC visiting team is referred to as the visiting team:

Professor Tony Weetman (team leader)
Mr Trevor Beedham
Dr Rebecca Dobson
Dr Michael Gill
Professor Steven Heys
Ms Sue Leggate
Professor Alison MacLeod
Professor Nigel Oswald
Professor Stewart Petersen
Professor Simon Wessely

6. Miss Vicki Doe supported the team.

Our programme of visits in 2005/6

7. The GMC visiting team attended the School on 6 occasions: 27 February 2006, 7 March 2006, 22 March 2006, 9 May 2006, 26 May 2006 and 20 June 2006.

8. The following field work was undertaken:

- a. Meetings with a variety of members of the School.
- b. Observations of the examinations of clinical skills.
- c. Module and/or Phase Examination or other Board meeting observations.
- d. Site assessment(s): NHS Trusts.
- e. Site assessment(s): GP Practices.
- f. Discussions with students.

- g. Discussions with teachers.
- h. Discussions with the NHS and other service providers.

Summary of key findings

9. In 2005 the Education Committee sought to clarify where a school was required to introduce mandatory changes (requirements) in order to meet the standards of *Tomorrow's Doctors*.

10. Although the visiting team has suggested some areas requiring additional consideration by the School, (recommendations) these suggestions are not mandatory and should be read in the context of the overall findings.

Main findings of the report

Requirements

11. UEA Medical School is required to:
- a. Comply with the details of the final assessment, as agreed between the visiting team and the School, are adhered to (paragraph 72 and 73).
 - b. Ensure that the arrangements for changing the Year 5 OSCE stations for sequential groups are in place, as agreed by the visiting team and the School on 26 May 2006 (paragraph 69).
12. In order to enable graduates to be registered in a timely manner for the new award, it will not be possible to observe some components before accreditation. Therefore, the following visit activities will be conducted after accreditation in 2007/2008:
- a. Observation of board of examiners for elective assessments.
 - b. Observation of Year 4 resit examination.
 - c. Observation of the Year 5 teaching units.
 - d. Observation of the Year 5 final assessment.
 - e. Observe the final examination/progress board meeting.
 - f. Review any updates within the teaching facilities.
 - g. Meet with F1 trainees and educational supervisors.

13. The School recognises that the GMC will make its recommendation to the Privy Council based on the 2006 School report.

Suggestions for quality enhancement

14. The team have highlighted the following suggested areas for quality enhancement that should be considered by the School:

- a. The School would benefit from providing greater clarity to GP practices about the weekly objectives (paragraph 37).
- b. The School should undertake further review of its PBL (Problem Based Learning) process, in which information should 'cascade' between students. The visiting team felt that the School would benefit from reviewing the approach of assigning students to specific seminars, and asking them to report back. The School should ensure that the process is clear and consistent and enables all students to have equal access to the learning opportunities (paragraph 41).
- c. The School should ensure that there is a clear distinction regarding where the core components are delivered. It is important that all core components are scheduled so all students can attend and the students are clear on the requirements for attendance (paragraph 43).
- d. The School, University and the Joint Venture Board need to ensure that appropriate planning is put in place to ensure that sufficient teaching space is available for the increasing numbers of students (paragraphs 49 and 52).
- e. The visiting team reported some concerns regarding the relatively low standard of challenge set for some stations at the summative OSCE. The School may wish to conduct a review of OSCE stations to ensure they demonstrate progression in challenge (paragraph 66).
- f. The School should improve the current insufficient anatomy teaching space and improve access to the anatomy learning resources (paragraph 49).

Areas of innovation and good practice

15. The visiting team would like to commend the School on the following:

- a. The high quality of the teaching observed throughout the 2005/6 cycle. The visiting team found the staff were both committed and enthusiastic (paragraph 32 to 35).
- b. The ongoing effective and flexible student support systems (paragraph 54 to 55).

- c. The School's robust selection process (paragraph 53).
- d. The School's success in recruiting and retaining a group of general practices able to accommodate groups of 10 students (paragraph 32 and 36).
- e. The adaptation of the placements for students with a particular specific requirement, for example a health, personal or faith based reason (paragraph 56).

Detail

History

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

- a. There were increased numbers of applications for the forthcoming cohort. There were 1629 applications before the deadline, of which 500 were interviewed and 250 offers were sent.
- b. The School secured a bid for extra student places: 25 home and 15 international students. In the next cohort, there will be 155 home/EU students and 13 international students.
- c. The School secured Kings Lynn as a new District General Hospital for placements in order to provide for increased numbers. The proposal went to the Joint Venture Board in January 2006 and was successful.
- d. The management structure of UEA was revised. Changes included:
 - i. An increased management team.
 - ii. Key senior roles have changed.
- e. The visiting team met with Professor Peter Kopelman, the new Director of the Institute of Health.

Curricular outcomes

17. Following the work undertaken in the visiting programme for 2005/06, the team has concluded that the curricular outcomes for the School's MB BS programme meet the requirements of *Tomorrow's Doctors* (Section 1 through 10) in accordance with section 5(3) of the Medical Act 1983

Curriculum content, structure and delivery

18. Content and Delivery: The visiting team concluded that the curriculum content and delivery of the School's MB BS programme meets the requirements of *Tomorrow's Doctors* (Sections 11 through 37 and 42 through 53) in accordance with Section 5(3) of the Medical Act 1983.

19. Curriculum Structure: The visiting team concluded that the curriculum structure of the School's MB BS programme meets the requirements of *Tomorrow's Doctors* (Section 38) in accordance with Section 5(3) of the Medical Act 1983.

Content

20. Students reported feeling confident in their knowledge of clinical and communication skills, as a result of the clinical focus of the curriculum.

21. Year 4 students were concerned at the depth of the Year 5 research project and felt that it was too ambitious. The visiting team will monitor the student feedback on the Year 5 research project in the following cycle.

22. Students remained concerned about their knowledge of basic science and felt that they had little opportunity to learn this information, particularly anatomy. The visiting team reviewed evidence of how anatomy was covered through the course and felt that the basic science teaching was appropriate. The team predicted that the students would feel more confident in the basic sciences when all five years of the curriculum had been covered.

Structure

23. The visiting team reviewed the spiral curriculum and was reassured that the curriculum structure ensured that topics were revisited at appropriate intervals throughout the course. This was evidenced through the course content and assessment programme. Students felt the spiral aspect of the curriculum required significant independent study, although they recognised that all themes were being revisited in the exams. The visiting team will continue to monitor this integration until the conclusion of the five-year programme.

Intercalated Degree

24. In the previous report, the School outlined the plans for an intercalated degree, in the form of an intercalated Masters in Research (M.Res.) The School had accepted one student for the course in 2005/6.

25. The visiting team was pleased to note that the School had between eight and twelve students interested in the course for the next academic year. The visiting team will monitor progress in 2007.

26. The visiting team received the School's plans for the selection process for student applying to the M.Res course. This was particularly important because the course was oversubscribed at enrolment. The visiting team will review this in 2007.

Student Selected Studies (SSSs)

27. The visiting team remained content with the arrangements made by the School to ensure that all students underwent an appropriate balance of SSSs. The visiting team was satisfied that consistent standards were applied in the assessment and marking of different SSSs.

28. The visiting team confirmed that SSSs make up 25% of the curriculum.

Delivering the curriculum

Supervisory structures

29. In the previous report, the School outlined changes to key senior posts. The School clarified that the new arrangements were working satisfactorily. The changes had primarily addressed the mechanisms for quality assurance. The visiting team was satisfied that the new arrangements had addressed the previous concerns surrounding risk management.

30. The School outlined the process for deciding on the Unit content. The Unit monitoring process examines the content, development and delivery of the modules, and results in an annual review. The Curriculum Development Delivery Group (CDDG) approved these working processes.

31. In the previous report, the School reported some concerns about the impact of the new consultant contract and changes to the SIFT funding. The School felt confident that all posts were stable and provided details about the overall staff funding arrangements through HEFCE or SIFT.

Teaching and learning

32. The visiting team visited four different general practices, where teaching was delivered for the first time for Year Four students. A variety of interactive and traditional methods of teaching were observed. The students were enthusiastic about the opportunities for exposure to patients. The visiting team noted excellent teaching being delivered by the tutors and effective utilisation of the strengths that general practices can offer.

33. The visiting team observed five clinical teaching groups at the NNUH (Norfolk and Norwich University Hospital) Trust and commended the high quality of teaching. The visiting team observed sessions on cardiology, stroke learning, vascular

teaching, eye movement and electromyography. The team felt that these sessions were well structured, inclusive and appropriate.

34. The visiting team observed two sessions at the James Paget Hospital and agreed that these sessions were well organised and of an excellent standard.

35. The visiting team commended the quality of teaching and learning of the anatomy session observed at the Medical School despite the lack of facilities available in terms of teaching space and teachers.

36. The visiting team reported that the general practices made strenuous efforts to bring in suitable patients for students. The general practices also appeared sensitive to student-set priorities and the value of revisiting topics taught earlier in the course.

37. The visiting team was unsure whether there was enough consistency within the student experiences at GP and secondary care placements, although the School believed that the advice given was clear and transparent. The team wondered whether greater clarity within practices could be obtained through feedback around weekly objectives. The team felt that it maybe useful for the School to clarify what objectives the GPs can and cannot meet and to clarify how this meeting of objectives integrates into the general (undifferentiated) clinical experience that can be offered, which allows revisiting topics taught earlier in the course.

38. The visiting team had some issues about the consistency of the module content between the Norwich and Great Yarmouth sites, where different sites may have different interpretations on the Module content. The School reported that there was one team per Module that worked on the course content to ensure cohesion within the Modules. The visiting team wondered whether the Module Leads could meet collectively as a means to discuss these issues and ensure consistency of delivery. The visiting team was pleased to note that the School recognised this and was making robust efforts to address these issues.

39. Students reported that they have limited formal exposure to undifferentiated secondary care until Year 5, although individual students had multiple opportunities to meet patients under their own initiative through their hospital placements. Students reported that there was considerable variation in the uptake of these opportunities. The visiting team suggested to the School that they should encourage this aspect of self-directed learning, and that clearer guidance should be developed for students.

40. The visiting team was concerned about the availability of learning objectives:

a. Students only saw seminar outcomes and not weekly outcomes onto the online Blackboard system. The visiting team highlighted the issue about the possible impact on students not clearly understanding their learning outcomes.

b. Students reported that there was inconsistency within the PBL groups, where weekly outcomes were given to some groups and not others. The

School reported that clear guidance was given to PBL tutors, however the visiting team highlighted that without close monitoring this could lead to an inequality of learning experiences.

41. Students felt that the 'cascading information process' through PBL groups did not work well with certain topics. The visiting team was concerned about the effectiveness of the PBL groups. Under current arrangements, students cannot attend all seminars because of timetable conflicts. To address this, different members from each PBL group were appointed to attend specific seminars and were then required to report back to the group. The visiting team questioned what would happen if there were a dysfunctional group. The School felt that the tutors were able to manage this issue on the rare occasion it occurs. The visiting team felt that due to the level of student feedback received on this issue, the School should undertake further review of this approach to ensure students receive appropriate coverage of each module.

42. Additionally, the visiting team noted that not all clinical sessions had official lecture notes posted onto Blackboard. When observing some teaching sessions, the attending visitors noted that not all students took written notes and questioned how this information would be disseminated to the rest of the PBL group. The School reported that all formal lectures had lecture notes posted to Blackboard. The School may wish to further investigate this to see if consistency can be extended and improved.

43. Students were concerned that some core material was being delivered within a non-compulsory seminar setting, which not all students were able to attend. Students also cited some confusion about balance of content between lectures and seminars. This was discussed with the School, who reported that this was a deliberate approach used to push students to share their knowledge. The School was aware of the student anxieties and were taking steps to change the curriculum where appropriate as a result of student feedback. The visiting team felt that there should be a clear distinction about where core components were being delivered; and for these components to be scheduled in such a way that students were required, and able to, attend.

44. The School clarified that lectures were used to cover basic principles while seminars were used to provide additional, module specific material. The Unit (or Module) Leads made the final decision on what information was presented in a seminar or lecture. The visiting team felt that more consistency and clarity in the different modules would benefit the School. The School recognised this and in response had planned some timetable restructuring next year.

45. Students reported that a substantial amount of the course is self-taught. The students enjoyed some aspects of this independent study, but found that this was difficult with more complex topics such as immunology.

Learning resources and facilities

46. The visiting team had previous concerns about issues of sustainability with the increased student numbers in the next cohort. Particular concerns were:

- a. Having sufficient GP practice placements
- b. Maintaining the current small group teaching style

47. The School felt assured that their GP practices were sustainable. The School reassured the visiting team that they had lost only three practices since the School's inception and that two practices were planning to return in the near future. In addition, the School was actively looking to develop new practices to mitigate any risk caused by any unforeseen change in the current arrangements.

48. The School was aware of the implications that an increase in student numbers had on small group teaching. For the next cohort, the School was changing the timetable of the first year by sustaining the number of seminars but increasing the number of lectures.

49. The visiting team remained concerned over the amount of teaching space and the anatomy facilities available at the School, as highlighted in the previous report:

a. The building of MED 2 was scheduled to open in May 2007. The building is estimated to cost £6 million pounds and is part HEFEC and part SIFT funded. The visiting team reviewed the new building plans and felt that the design would enhance the overall School capacity, including research facilities. However, they remained concerned about whether there will be sufficient space to deal with the increasing cohort. Only one floor will be dedicated to small group teaching space and there was no lecture room incorporated into the plans.

b. In the previous report, it was highlighted that there was a lack of adequate facilities to deliver anatomy teaching and to provide access to learning resources. In the 2005/6 cycle, it was apparent that there were no improvements in either area. This was of particular concern to the team, given that the anatomy course was an optional SSS and extremely popular. The students were concerned that they would not be allocated placements due to the lack of resources. The School was aware of the issues raised but had not yet been able to provide a solution. The visiting team look forward to hearing how the School, University and the Joint Venture Board plan to resolve this issue at follow up visits in 2007.

c. Students reported that some of the computer-learning packages in anatomy were not available. The team has suggested that the School may wish to review provisions in this area.

50. The visiting team revisited the online 'Blackboard' system. The visiting team noted its increased functionality and development since last reviewed in 2005. Students explained that Blackboard was becoming more useful and was contributing

more to course content. Students suggested that Blackboard could be further improved with better structuring to allow information to be found more easily. The visiting team were concerned that some processes, such as the exchange of information for PBL work on Blackboard (which requires significant tutor monitoring), appeared time consuming and would be unsustainable with an increasing cohort. The visiting team suggested that efforts should be made to ensure all seminar and lecture material was posted promptly on Blackboard, and signposted appropriately, so that students were aware of what information was available.

51. The teaching space at the James Paget Hospital Education and Training Centre had been increased. The centre had dedicated the entire second floor for the use of teaching and clinical training for health professionals. The Education and Training Centre could hold 200 students. The Education Centre was part of James Paget Hospital but did not house patients but was able to provide facilities for examining 10 ambulant patients. There were no problems with regard to space. The visiting team commended the new developments.

52. In the previous report, the School stated that the NNUH Trust was also actively considering the building of a new Education Centre, which would include facilities for undergraduate teaching. The School reported that this idea was deferred due to the current financial pressures on the NHS. The School was disappointed about the deferred plans although reported that means of progressing the application was still actively under discussion. The School will keep their current teaching space at the NNUH under review. The School would consider sending students to Ipswich if appropriate.

Student selection

53. The visiting team commended the School's selection process. There was a set 'sifting' process in place for application forms. Applicants were initially checked for academic standing. Accepted applications were sent out to two members of staff who give the form a mark according to set criteria. The School then interviewed the candidates in stages and offered the first round of interviews to the students with the highest ranking.

Student support, guidance and feedback

Support

54. In the previous report, the visiting team commended the School in the area of student representation and student involvement in School affairs. The team was pleased to note that this good practice continues and the students remained positive about the School in the support structure. This was evidenced by the National Student Survey, school quality assurance surveys and in student discussions with the visiting team.

55. The visiting team met the new Dean of Students and was interested to hear of the future plans for the University and felt her plans will further enhance the strong student support network at the Medical School.

56. Following student requests, there was a system in place where students could request a specific site of a placement for a health, personal or faith based reason. This channel and system flexibility for adaptation of placements for students with special needs was considered good practice.

57. The School demonstrated that the various student committees had further developed and now offered a wider and more active role in all aspects of the School. The Student Advisory Guidance (SAG) Committee met once a fortnight and dealt with current issues. The Student Experience Committee highlighted and monitored the School's progress in larger issues.

Feedback (from students)

58. Students reported variability in the quality and depth of feedback from various tutors, and interpreted this as some tutors being unsure as to what information they could and could not provide to students. The School was aware of this, and in response ran a session with the personal advisors to clarify their role on feedback.

59. Students highlighted a lack of formative assessment. Students did not have access to past mock examination papers, although the School explained that these would be available before the summer examinations. The School was addressing this issue by creating a bank of questions for students' use and in the interim, directing students to MCQs published externally. In addition, the School introduced the end of Unit OSCE formative assessment thereby greatly increasing the amount of formative feedback to students.

60. The Dundee Ready Education Environment Measure (DREEM) student feedback evaluation survey had been improved. There had been a concerted effort to improve evaluations by cutting down the volume of feedback and focusing more specifically on improvement and quality. The School was responsive to student feedback and an email reply was sent to all students following each survey to explain any major outcomes that resulted from student feedback. Students reported that they were regularly asked for feedback on the course and could demonstrate where improvements had been made to curriculum content, structure and delivery for future cohorts.

61. Students had previously reported that occasionally information about administrative and procedural matters could change too quickly and without student consultation. Students felt they often discovered new information informally via student networks, rather than officially through formal School channels. In response, the School reported that Blackboard was now used as a tool to highlight changes and new information, and new notices were placed prominently on the initial log-on screen.

Assessing student performance and competence

62. The visiting team concluded that the schools arrangements for assessing student performance and competence meets the requirements of *Tomorrow's Doctors*¹ (Sections 62 through 73) in accordance with Section 5(3) of the Medical Act 1983.

Assessment procedures

63. There was some restructuring in the number of OSCEs, including formative, summative and resit OSCEs at the School. The visiting team noted that it was possible for a student to pass the end of year summative OSCE and hence pass the year, having failed formative end of Unit OSCEs.

64. In the observation of Year 1, 2 and 4 OSCEs, the visiting team commended the organisation of the OSCEs and the students' performance in clinical scenarios. The visiting team also observed the examiners' briefing and felt that it remained clear, well structured and informative.

65. The School was in the process of creating a bank of stations for the OSCEs. The visiting team will monitor this in the next cycle.

66. In the previous report, the visiting team expressed some general concerns over the content of OSCEs being developed for subsequent years. At that time, the visiting team concluded that the complexity of the skills being tested had not increased in order to increase students' learning. The visiting team noted that students were not being tested on their diagnostic ability or their plans for an adequate treatment regime.

67. The School reported that some external examiners had also questioned the balance between knowledge and skills tested in OSCEs.

68. Upon review of OSCEs in the current 2005/6 cycle, the visiting team agreed that there was good evidence of the general progression of exam difficulty throughout the course. Students supported this view. The visiting team will monitor the progression of exam difficulty in the following visit cycle.

69. In the previous report, the visiting team suggested that the School should introduce a method of quarantine for sequential groups using the same OSCE circuit. This was, and is still, reflected as a concern by students. The School debated the point and felt that their strategic analysis demonstrates that there is no difference in results between the two OSCE days. However, the School agreed to change more OSCE stations for the final OSCE examination. For other summative OSCEs, the School agreed to change the stations between candidates and to use different patients where appropriate as an alternative to addressing these issues.

70. In the previous report, the visiting team concluded that the School would benefit from working more closely with its external examiners, specifically within

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

assessment and curriculum development. It was apparent that the external examiners wished to be involved more. In the visit cycle 2005/6 the School outlined their increased working relationship with the external examiners and that further steps were being taken to support this process.

71. The School recognised that in the original curriculum structure there was no formal assessment of the final Modules in A&E and mental health. The School felt that in A&E the students would not be learning new material but applying their existing knowledge. The visiting team noted that the content of this Module is not finally established and they will assess this again next year

Year 5 Final Examination

72. The Medical School had proposed an innovative final assessment, which combined the testing of clinical competencies and knowledge in a modification of the OSCE format. The visiting team welcomed this innovation, and looked forward to observing the event in practice, and will need to be certain:

- a. That a sufficient range of knowledge outcomes will be tested.
- b. That the organisation of the examination will be such that students cannot be advantaged by prior knowledge of the topics to be tested.

73. Annex A presents the visiting team's understanding of how the new examination will be coordinated, and visits next year will verify that this protocol is being followed.

Standards Setting

74. The School provided an update on the standard setting procedure:

- a. The Angoff and Hoftsee standard setting procedures will be used for the MCQs.
- b. The 'borderline group method' will be used to set the standard for the OSCE stations.

75. The visiting team observed the Year 4 examination board meeting and the fitness to practice meeting, and agreed that the standard setting procedures and methods were appropriately followed.

Appraisal

76. The appraisal and student progress mechanisms have not been modified from the previous cycle and the visiting team remain satisfied that the systems in place meet the requirements of *Tomorrow's Doctors*.

Student health and conduct

77. The visiting team concluded that the student health and conduct aspects of the School's MB BS programme meets the requirements of *Tomorrow's Doctors*¹ (Sections 74 through 85) in accordance with Section 5(3) of the Medical Act 1983.

78. The School had various disciplinary measures and related student support mechanisms in place to ensure students receive an appropriate level of support. The School had a robust system in place to highlight students in a 'pre-disciplinary' stage. If a student received an unsatisfactory report they were required to meet with their tutor, which could result in being classified as a 'needs attention' or 'early concerns' case to provide appropriate means of support.

79. Overall, attendance at specific lectures and seminars had previously been reported as poor but this had significantly improved after the introduction of a revised system for compulsory attendance. After three absences from compulsory attendance classes, the student must attend a mandatory meeting with the Course Director or the Head of the Medical School. If any problems were highlighted during this meeting, the student was referred on for further support.

80. The School was aware that some medical students may not ask for help due to concerns about the formality of the Fitness to Practise system. As a result, the School was undertaking a review of the ways in which students ask for help using the various channels of support, as a means to develop this area further.

81. The visiting team questioned the use of external examiners to make a judgment on students' Fitness to Practise, as this was not consistent with the general approach of other Medical Schools and did not appear necessary for the University's processes. The School was planning to review the process.

82. The School had measures in place to protect students' health and safety during the electives. All students on the elective had access to the electives team and electives lead. In addition, all students on a high-risk elective had an occupational health review from the UEA Health Centre or equivalent staff. This was the first year that the electives had been run at the School, and the visiting team will receive an update in the next visit cycle.

83. The visiting team agreed that the Fitness to Practice systems and relating policies existing between the University and the Medical School meet the requirements of *Tomorrow's Doctors* in respect of:

- a. The responsibility of medical students to protect patients.
- b. The responsibility of other doctors to protect patients.
- c. The responsibility of universities to protect patients.

84. These aspects, and the topic of 'confidentiality for medical students' was also appropriately represented within the curriculum.

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

Reflecting Contemporary Society

85. It was highlighted in the 2004/5 report that the School was going to build diversity issues into its communication skills curriculum and the portfolio. The School has now completed this and students were offered various opportunities to develop their contemporary society understanding:

- a. Students were taught to use the local interpreter system when taking histories.
- b. Students were advised to use the elective period to reflect upon diversity.
- c. Students had a Year 4 portfolio report about cultural/ethnic groups.
- d. Students were assessed in their OSCE, using a 'couple' scenario, where one partner had to interpret for the other.

86. The School was aware that was difficult to provide the students with a wide exposure to a multicultural society due to the population of the geographical area. However, the School felt that the students encountered a diverse socio-economic setting in Norwich, and was continuing to seek other opportunities in this area, including the elective that has yet to be run. The visiting team commended the School's efforts in this area.

Widening Participation

87. The School had continued strong links with West Anglia and City College in an attempt to widen access. If students from these colleges applied to the Medical School, then they are guaranteed an interview and the School guaranteed to take at least a third of West Anglia College students on a 'link place'. The visiting team questioned whether the students from these colleges were representative of students from deprived areas and disadvantaged socio economic backgrounds. However, the School felt assured that it received a broad range of students.

Recommendation: That University of East Anglia Medical School is approved for accreditation subject to meeting the requirements in paragraph 11.

Acknowledgement

88. The GMC and visiting team would like to thank the University of East Anglia Medical School for co-operating with and aiding the visiting team and GMC staff during the course of the accreditation review during 2006.

Final Assessment of the MBBS at UEA

1. Assessments in the final year involve in-course testing in a variety of formats, and a single examination. The final examination will take place in a modified objective structured clinical examination format.
2. It will consist of a series of 10 modified stations, the content of each linked to one unit within the overall medical course. Three units, the first, the elective and the final unit will not be covered specifically, as their content integrates across other units.
3. Each 'station' will consist of two parts, first a conventional 'OSCE' activity focussed on one of the clinical presentations covered in the unit to which that station is assigned, with an emphasis on particular aspects of clinical competence, such as history taking, physical examination, etc. Second, a series of 5 knowledge testing questions probably in extended matching format, related to the presentation concerned. In all, there will be 10 conventional OSCE activities, plus 50 extended matching questions covering a sample of presentations from across the full five years of the curriculum. Logistics apparently require that the OSCE be run for three separate groups of students, without the option of quarantine. In order to avoid the perception that student in later cycles of the OSCE might be advantaged by communication with those in earlier cycles, each of the 'stations' will be varied across the three cycles, so that:
 - a. Significantly different clinical presentations, albeit from the same unit of the course, will be used as the focus in each cycle
 - b. The knowledge testing questions will be completely different in each cycle
4. The particular clinical competence to be tested in the first' part of each station will not change between cycles, though the context in which it is expressed will. Students will be informed in advance of the clinical competencies to be tested in each station, but not which clinical presentations will serve as the context for their assessment, and for the knowledge questions, which will be different for students in each cycle. Standard setting procedures will be applied separately to each cycle of the assessment to ensure that students taking different variants of the assessment are assessed to common standards.