

Quality Assurance of Basic Medical Education

Report on University of Warwick, Warwick Medical School

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice

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The GMC's role in medical education

1. The Education Committee of the General Medical Council (GMC) sets and monitors standards in medical education. The standards for undergraduate medical education are set out in the publication *Tomorrow's Doctors*.
2. In order to ensure that UK medical schools maintain these standards the GMC runs a quality assurance programme, which involves regular assessments and visits to schools. This programme is called Quality Assurance of Basic Medical Education (QABME) and is carried out on behalf of the GMC Education Committee by a team of medical and educational professionals, student representatives and lay members.
3. The team makes determinations as to whether these schools are meeting the standards in *Tomorrow's Doctors* after analysing extensive school documentation and completing a range of quality assurance activities at the School and partner institutions. The determinations in this report have been endorsed by the GMC Education Committee.

Introduction

4. This is a progress report to the Education Committee of the General Medical Council on the quality assurance programme for Warwick Medical School, University of Warwick for 2007.

5. The School was reviewed during last year's Quality Assurance of Basic Medical Education (QABME) cycle. At the time, the School was part of the Leicester Warwick Medical School partnership arrangements. Warwick Medical School successfully made an application for independence allowing students to graduate with a University of Warwick Degree in summer 2007. Following a recommendation by the Education Committee of the General Medical Council, the School was listed on the Medical Act 1983 in May 2007. When making the recommendation, the Education Committee set a number of quality assurance activities to be carried out in 2007.

The QABME team

6. The visiting team members appointed by the Education Committee to undertake the quality assurance visits were:

Professor Sam Leinster (Team Leader)

Dr Nicholas Bishop

Dr Roger Bloor

Dr Gina Radford

Dr Martin Rowan Robinson

Ms Jessie Sohal-Burnside

Professor Julius Weinberg

Dr Olwyn Westwood

Mrs Barbara Wright

Professor Nigel Oswald

7. Miss Coreen Beckford (GMC Education Quality Officer) supported the team.

Our programme of visits in 2006/07

8. The team visited the School on three occasions: 2 May; 30 and 31 May 2007.

9. The findings of the team have been reached by reviewing evidence collected in 2006/07 and undertaking the following activities this year:

- a. Observation of the School's final examination.
- b. Observation of board meetings.
- c. Reviewing regulatory documentation and committee minutes.

The report

Summary of our key findings

10. We found that the School had met the requirements imposed by the Education Committee in 2006 and it therefore meets the standards set out in *Tomorrow's Doctors* in accordance with Section 5(3) of the Medical Act 1983.

11. The School has made the following changes in response to the 2005/06 QABME report recommendations:

d. The School appointed a Student Selected Components Co-ordinator to guide programme expansion across the whole curriculum. The curriculum time allocated to student selected component now exceeds 20%.

e. The School has formally signed an agreement with the University of Leicester regarding the provision of anatomy facilities.

f. Students are now assessed on hand hygiene before and after the student briefing and with every patient.

g. Grade descriptors have changed so that students are tested against the competences of a newly qualified doctor rather than being compared to the standards expected of experienced doctors.

h. The School now uses a greater number of actors as simulated patients during the psychiatric stations.

12. We commended the School on its progress following the QABME 2005/06 report.

Requirements

13. There are no further requirements in the findings of this report.

Recommendations

14. We noted that whilst there was consistency in the majority of the components of the final clinical exam there was the potential for significant variation between examiners questioning students about the management and investigation of each case. We therefore recommend that attention be given to the continued development of the final examinations in line with best assessment practice (paragraph 24).

Areas of innovation and good practice

15. We commend the School on the use of a DVD to standardise the examiner briefings across different examination sites (paragraph 22).

Curricular outcomes, content, structure and delivery

Supervisory structures

16. We were satisfied that the School is meeting the requirements set out in *Tomorrow's Doctors* in respect of supervisory structures.

17. We reviewed University of Warwick and Warwick Medical School supervisory structures by reference to the minutes of the University's Senate and Council, the Undergraduate Studies Committee and the Academic Progress Board. We were satisfied that the agenda items and School structures were appropriate. The School progressed matters appropriately between meetings.

Learning resources and facilities

18. Having viewed the School's assessment facilities and resources for the Final Professional Exam in two hospitals, we considered that there was a good layout, good equipment and little external noise. The facilities were spacious and of a high standard.

Student support, guidance and feedback

19. The School demonstrated clear communication across its multi-layered support network so that students with issues were referred appropriately. On the day of final examination results, the School provided dedicated rooms and support for students that had failed.

Assessing student performance and competence

The principles of assessment

20. We were satisfied that having separated from Leicester Medical School, the Final Professional Examination (FPE) was administered well by the School's management team. The School demonstrated consistency across the assessment sites and all patients, examiners and students were well briefed.

21. Each station for the FPE included two examiners and a patient (real or simulated) from medical specialties: medicine; surgery; psychiatry; paediatrics; obstetrics; and gynaecology. We noted the resource implications of having two examiners present for every case.

Assessment procedures

22. The examiner briefings across the three hospital examination sites were standardised by the use of a DVD. We found this to be an example of good practice. We observed the examiner briefings at the University Hospitals in Coventry and Warwick and were satisfied with the use of visual aids.

23. We observed student briefings at two sites, both of which were adequate. The Team was satisfied that both the real and simulated patients had been well briefed and gave a consistent medical history to each student.
24. We were assured that the examiners had undergone appropriate training for this assessment because of examiners' references to previous training. The examiners adhered to the clear marking criteria. We found that at some stations examiners asked different students different questions for the same patient examination but noted that the differences were not significant and the slight variance would not have affected the outcome of the station. We recommended that examiners agree all questions in advance for each station to reassure students of exam consistency.
25. Having observed the FPE Exam Board, we found that the School approached its first independent FPE Exam Board with a constructive attitude toward feedback from the external examiners. A quality assurance report on the entire FPE was presented to the FPE Board, which the Team found to be very thorough.
26. The School's final examinations had face validity in the way it operated. Every borderline student was reviewed and all written exam papers had been subjected to double blind marking.
27. The School acted pragmatically in its standard setting and threshold decisions for the practical examinations. The School had adjusted its grade descriptors since separating from Leicester. We noted that the new descriptors were applied more appropriately than last year, resulting in an even range of marks rather than concentration of middle grades.
28. We had no concerns about the FPE Exam Board, which had operated systematically and rigorously.

Student progress

29. We observed the conduct of the Academic Progress Group following the School's new regulatory structures, after its de-coupling from Leicester Medical School. We found that Warwick operated a robust Academic Progress Group and were satisfied with the group's minutes and the content of its discussion.
30. We were impressed with the professionalism and compassion shown to the two students invited before the Academic Progress Group. The group emphasised the counselling and support available and allowed students to be accompanied by a support person whilst explaining their mitigating circumstances.
31. The School had set up a new system of Academic Progress Group files for each student separate from their general files so that confidentiality could be maintained until mitigating matters had been discussed. We found the process for considering mitigating circumstances to be good, especially the separate student file for confidentiality.

Acknowledgement

32. The GMC would like to thank Warwick Medical School and all those they met during the visits for their co-operation and willingness to share their learning and experiences.

Professor Peter Rubin
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10 December 2007

Dear Peter

**Re: Response to the General Medical Council
QABME: Warwick Medical School, The University of Warwick Report for
2006/07**

Warwick Medical School thanks the General Medical Council for the December 2007 Quality Assurance Report, covering their visits to the School in 2007. We appreciated the encouragement and support in optimising the development of autonomous processes at Warwick Medical School.

The Assessment Group is taking further the work on developing consistency between examiners on management and investigation of patients, and we have taken the opportunity to increase the emphasis on primary care aspects of case management.

Guidelines and benchmarks will be updated with fresh training of examiners and students reflected in the DVD.

We are pleased that the assessors found our assessment processes to be operating systematically and rigorously, and we were also delighted with the recognition of the professionalism and compassion of the Academic Progress Group.

We will work to build on these foundations.

Yours sincerely



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