2014 Medical School Annual Return (MSAR)

The Quality Lead is the nominated person within each medical school who will be our point of contact for this MSAR with us. If necessary, please include additional details of anyone who should receive feedback and other communications regarding the MSAR. Senior Managers signing off on behalf of the Medical School are responsible for assuring the quality and accuracy of the return.

We work with the Medical Schools Council (MSC) in a number of policy areas and so will share information such as student profile and progression from your responses with them to support our work.

We take our responsibilities under the Data Protection Act very seriously; any data you provide will be stored securely and confidentially. Please note that we are subject to the Freedom of Information Act 2000. If we receive a request, we may be required to disclose any information you provide to us unless a relevant exemption applies. We do not intend to publish the full MSAR returns from schools; however, we may publish selected information.

There have been a number of revisions made to the 2014 MSAR in order to make it as easy as possible to complete. These alterations are described below:

The total number of questions has reduced from 26 to 20. Whilst some have been removed or combined, there are also some new questions. We have highlighted the question numbers, theme and domains below.

- **Question 5** – Domain 2 – Independent reviews of student complaints
- **Question 10** – Domain 3 – Exit arrangements for students
- **Questions 12 & 13** – Domain 5 – Prescribing Safety Assessment (PSA) and Medical Schools Council Assessment Alliance
- **Question 20** – Additional question - Feedback on the Undergraduate Progression Reports which are due to be published at the end of September 2014.

We have added three new fields to the MSAR Excel template ‘Section C 3 – SFtP’. These changes focus on professionalism and Student Fitness to Practice concerns. We appreciate that this data may not be accessible to all schools for this year’s return, and so are optional in 2014, but will be mandatory from 2015:

- For any professionalism or SFtP concern, please provide the Entry Method of that student.
- For any professionalism or SFtP concern, please provide the Location of Qualification Attainment of that student.
If there is a professionalism or SFtP concern relating specifically to ‘Health’, please advise whether the concern relates to either ‘Adverse Physical Health’ or ‘Adverse mental Health’.

As in previous years, we request that you provide details of all low level professionalism concerns that have reached stages A – B of the process; and also all cases student fitness to practise cases reaching stages C – D of the process.

**The deadline for this MSAR is 31st December 2014.**

We want to make completing the MSAR as easy as possible, so if you need any help with completing this return, feel free to contact Nathan Brown or another member of the quality team on quality@gmc-uk.org or 020 7189 5221.
Domain 1 – Patient safety

Question 1: We have initiated a project with the MSC to review the guidance for Medical students: Professional values and fitness to practise. As part of this we will be asking you, at another time, to outline your processes for dealing with health and conduct related issues. We have therefore replaced the question related to professionalism, as recommended by the medical school Quality Leads, with a question on the systems your school has in place to monitor low level concerns.

1. Do you have a process in place for monitoring low level conduct or health concerns?

Yes

If yes, please provide details of the processes you have in place, and if No, please provide details of the alternative measures you have in the box below:

Student low level concerns are dealt with by a Professionalism Committee. This Committee is chaired by [information redacted], staff attendees include [information redacted] and an academic member of staff, who has had no previous involvement with the case. Meetings are arranged as required. The Committee has been operational since Spring 2014. Examples of issues dealt with by this committee include inappropriate use of social media, unexplained poor attendance on clinical placement, and poor team-working skills. Students attending this Committee may be accompanied by another student registered at the University. If, following the meeting, the Committee agrees that the concern is major it may be referred to [information redacted] for a decision as to whether or not a Fitness to Practise investigation should take place. However, to date, no such referrals to [information redacted] have been made.

Students are advised that a record of the Professionalism Committee meeting will remain on file for the remainder of their undergraduate studies and, if there are additional low level concerns reported (leading to another attendance at the Professional Committee), this may lead to a Fitness to Practise investigation.

Students are advised that they do not have to report attendance at a Professionalism Committee meeting to the GMC at the time of provisional registration or provide details of the meeting on the Transfer of Information form.

Health issues may be identified as an underlying issue during these meetings. However, the Professionalism Committee does not directly investigate health-related matters. These issues are dealt with [information redacted] and/or the Year Student Support Leads. The majority of these cases are referred to [information redacted] to determine the student’s fitness to study.
**Question 2:** Paragraph 35 of Tomorrow’s Doctors 2009 (TD09) stresses the significance of student clinical supervision with regard to patient safety. We would like to know about the nature of these issues, how you address them, subsequent evaluation or monitoring in place and current status. This information will enable us to cross-reference with information we hold about postgraduate training delivered in the same LEPs and highlight areas of potential concern.

2. Have you identified, in the last academic year, any issues with clinical supervision (supervision by clinicians during clinical placements) within your Local Education Providers (LEPs) and if so what steps are you taking to resolve them?

*Please use the D1-Q2 sheet in the annex (Excel).*
Domain 2 - Quality assurance, review and evaluation

When responding to questions relating to good practice, please refer to the definition which can be found in the Quality Improvement Framework (QIF) on Page 27:

‘Good practice includes areas of strength, good ideas and innovation in medical education and training. Good practice should include exceptional examples which have potential for wider dissemination and development, or a new approach to dealing with a problem from which other partners might learn. The sharing of good practice has a vital role in driving improvement, particularly in challenging circumstances.’

Question 3: Paragraph 41 of TD09 states that medical schools will have systems to monitor the quality of teaching and facilities on placements. We use your responses to this question to build links between evidence gathered from undergraduate education with postgraduate training and education.

3. We would like to know:

a. The list of quality management visits you have undertaken in the 2013/14 academic year

b. Details of any concerns or areas of good practice identified during these visits. Please also provide us with the actions which you have taken to address concerns or promote good practice

Please use the D2- Q3 sheet in the annex (Excel format).

Question 4: We particularly want to hear of any instances of good practice. Please detail the relevant TD09 domain when giving examples. If you would like to be considered as a case study which is shared with others, please check the box at the end of the question.

4. Please tell us about any innovations you are piloting or potential areas of good practice in the box below.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Example of Good Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Year Five Patient Safety Course. This intensive one week course in the first semester enhances students’ clinical skills and awareness of ‘human factors’ in patient care and management. In addition, students return to the Clinical Skills Education Centre during the second semester for team-based activities relating to management of medical and surgical emergencies.</td>
</tr>
<tr>
<td>5.</td>
<td>During year 3, simulated patients have been trained to allow students to carry out breast examinations during teaching sessions in the</td>
</tr>
<tr>
<td>Domain</td>
<td>Example of Good Practice</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td>Clinical Skills Education Centre.</td>
</tr>
<tr>
<td>6.</td>
<td>The Honey and Mumford Learning Styles Questionnaire is used to assess students’ learning styles during Welcome Week.</td>
</tr>
<tr>
<td>6.</td>
<td>First year students receive training in mindfulness and resilience to enhance their mental health wellbeing and increase awareness of self-care.</td>
</tr>
<tr>
<td>5</td>
<td>Students undertaking the final year Assistantship in the Ulster Hospital have an opportunity to participate in Quality Improvement Projects.</td>
</tr>
<tr>
<td>5 and 6</td>
<td>The Centre runs a Summer Studentship Scheme. Every year up to 8 students have an opportunity to participate in curriculum review and teaching resource development projects.</td>
</tr>
</tbody>
</table>

If you would like your school to be considered as a case study, please check the following box: √

**Question 5:** To supplement our information on students’ perspectives, we would find it helpful to understand the issues being considered through independent review of student complaints by the Office of the Independent Adjudicator (England and Wales), the Scottish Public Services Ombudsman or the Visitorial scheme (Northern Ireland). This will help us and the MSC to develop our relationship with the independent adjudicator bodies.

**5. During 2013-14 was your medical school subject to investigations into student complaints by the OIA, the Scottish Public Services Ombudsman or Visitorial scheme in Northern Ireland?**

Yes

*If yes, please provide details of the issues related without identifying the individuals involved in the box below:*

[Information redacted]

**Domain 3 - Equality, diversity and opportunity**

**Question 6:** It is important for medical schools to meet the equality and diversity requirements set out within Domain 3 of TD09. Examples of how this is captured include analysis of admissions and student profile, progression, academic appeals, and fitness to practise data.

**6a. Please briefly tell us how in the academic year 2013/14 you used evidence to monitor how you are meeting the equality and diversity requirements set out in Domain 3 of TD09.**
a) Data on the ethnicity and socio economic background of those accepted to medicine is reviewed annually as part of the Admissions Annual Review.

In 2012 for the first time the School received the breakdown for the Medicine and Dentistry intakes as discreet programmes. This showed that Medicine had a lower percentage in categories 4-7 than had been expected. It was agreed that more proactive measures had to be taken to encourage ‘widening participation’. There is an improvement in distribution for the intake in 2013 - the percentage in categories 4-7 increased from 18 to 23. By contrast for 2014 entry this figure fell to just under 17%. There is no obvious reason for this, as there have been no major changes to fees and no changes to the selection procedures. As a response to the 2012 entry data the School sought approval from the University for a Widening Participation scheme, which was piloted in the academic year 2013-14 for 2014 entry.

The medical student intake shows an increase in ethnic diversity. This is partly because the quota for international students increased from 12 to 26 in 2011. In 2010, 90% of the intake was white (at that time the official quota for international students formed 4.5% of the remaining 10%). In 2012 the intake was 81% white (the official quota for international students formed 10% of the remaining 19%). This means that if we exclude the international student intake 5.5% of the intake in 2009 constituted ethnic diversity from UK or EU students compared with 9% in 2012. Figures for 2013 show that only 74% of the intake is white. There has, therefore, been a considerable growth in ethnic diversity among home and EU candidates accepted to the programme. This reflects increased recruitment from GB more than greater ethnic diversity in Northern Ireland.

The Admissions Annual Review also considers numbers admitted to the programme with disability and the types of disability declared.

b) Reports are run annually to look at the student profile and issues with examination results and progression.

For the last three years the School has been able to run reports which show exam results and ethnicity. There is a clear difference between the performance of international students and local candidates. This is particularly true for the cohorts accepted from the International Medical University into the third year of the QUB programme. When this issue was identified, additional supervision and peer teaching was introduced to allow the School to address some of the issues in terms of clinical skills. The issues relating to academic progression of international students has been the subject of a systematic review of the literature by a student completing a dissertation for a Masters in Clinical Education. Another Masters student is currently undertaking a project looking at transition to Higher Education by students from outside the UK. We are hoping that these will help us to identify support mechanisms for these students in the future. In addition to this in-session English language support specific to the Medicine programme is being developed in conjunction with INTO, as the School is aware that international students find local accent and colloquialisms difficult to
understand.
The School has also noted that more students with ethnic backgrounds from mainland GB are having difficulties in exams
The School keeps a database on support required for students with Disability. Students’ support requirements are reviewed annually by Disability Services and amended, where necessary, in discussion with [information redacted]

c) Appeals
During 2013-14, 23 medical students appealed the outcome of their examinations and 9 of these were from an ethnic background other than white. This reflects the issues with progression identified above and the School will continue to monitor performance in these sub-groups.

d) FTP
The number of FTP cases in Medicine is very small and to date there has been no ethnic diversity in the cases heard. There is greater diversity among the minor concerns cases which often relate to attendance, in particular on clinical placement. There have been a number of Academic Offences related to plagiarism involving international students and this has led to a review of the training provided to students on academic conventions regarding referencing.

We have never held an FTP panel, solely because of health or disability.

6b. Please tell us the biggest challenges you face in promoting fairness and equality in medical education and training.

<table>
<thead>
<tr>
<th>Brief details of challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widening Participation.</td>
</tr>
<tr>
<td>Although the School has introduced a limited Widening Participation Scheme, further developments will have to await a Northern Ireland government initiative. The Department for Employment and Learning has established a Project Group to work with HE institutions to develop agreed regional programmes for a standardised route of exceptional application to Higher Education for the most disadvantaged applicants. The first meeting of this group is in December 2014.</td>
</tr>
<tr>
<td>Ethnic Diversity:</td>
</tr>
<tr>
<td>While we are aware that there are issues around exam performance, understanding the issues causing this are a challenge. It is hoped that research highlighted in Domain 3b above will help identify some of these issues.</td>
</tr>
</tbody>
</table>
Question 7: This Guidance on Supporting medical students with mental health conditions was published in July 2013. We would like to measure its impact and you gave us feedback that case studies would be the most effective way of sharing the learning and experiences of different medical schools. We will build these into an anonymised set of case studies for your reference.

7. Please provide a brief case study outlining the management and support of a student with a mental health condition. Please highlight any changes in the management of students as a consequence of implementation of the GMC guidance: managing students with mental health conditions. If you do not have a suitable case study, please tick the box below:

[Information redacted]

☐ No case study available

Question 8: Three areas were highlighted by our review of health and disability in medical education and training, and we want to build a picture of current arrangements for each and identify practice to share among all schools. We are particularly interested to hear about instances where there is an identifiable individual who students can contact for advice.

8. You only need to complete this question if you have made changes since the 2013 MSAR.

If so, please let us know how your students can access the following and give brief details of what they consist of. Please include links to relevant information if helpful.

If no changes have been made, please leave blank.

a. Careers advice in relation to those with disabilities

Additional information from 2013 rather than a change in process:
Specific advice on careers is available to those with Disability through [information redacted]. Students are reviewed regularly and where a disability is likely to impact on their choice of career or ongoing support, advice is provided.

b. Occupational health services

No changes
c. Advice on reasonable adjustments and support in making sure they are implemented once agreed, including when on placements.

No changes

**Question 9:** Following our work on health and disability in medical education and training during 2012-14, we are continuing to monitor practice on reasonable adjustments to share good practice and identify any areas of difficulty across medical schools.

9. Please tell us about adjustments relating to the 2013/14 academic year only:

a. Any new reasonable adjustments you made which you had not made before.

b. Any requests for reasonable adjustments that you turned down and why.

c. Any cases where a student was withdrawn from the course on the grounds that they would be unable to meet the outcomes required for graduation due to disability.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Brief details of new reasonable adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>[Information redacted]</td>
</tr>
<tr>
<td>b.</td>
<td>Not during 2013-14</td>
</tr>
<tr>
<td>c.</td>
<td>No student has been withdrawn on these grounds.</td>
</tr>
</tbody>
</table>

**Question 10:** We are aware that a small number of students are unable to continue their studies due to health, academic or conduct reasons. We wish to better understand and share practice on the exit arrangements and awards that are in place for such students.

10. Please briefly describe the exit arrangements and awards you have in place for students who are unable to continue to study medicine. We are particularly interested in arrangements and awards for students who make it as far as:

a. Year 3  
b. Year 4  
c. Year 5 *(if applicable)*  
d. Year 6 *(if applicable)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Exit arrangements and awards</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Year 3</td>
<td>The degree of BMedSc Honours is only available to medical students who successfully complete a minimum of</td>
</tr>
</tbody>
</table>

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10
<table>
<thead>
<tr>
<th>Year</th>
<th>Exit arrangements and awards</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Year 4</td>
<td>the first three years of the course but do not complete the full degree for whatever reason. The Honours classification is determined by using the weighted marks for all the modules taken in the first three years of the course.</td>
</tr>
<tr>
<td>c. Year 5 (if applicable)</td>
<td></td>
</tr>
<tr>
<td>d. Year 6 (if applicable)</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Domain 4 - Student selection**

**Question 11:** Each year we ask you to check and update the flow charts showing, at a high level, the admissions processes you use at your school.


Please let us know of any changes to your process for student selection to any of your programmes by updating the excel worksheet and ticking the box below indicating if changes have been made.

No change

Please update the **D4- Q11** sheet in the annex (Excel).

**Domain 5 - Design and delivery of curriculum including assessment**

**Question 12:** In order to develop a comprehensive and authoritative picture of implementation of and support for the Prescribing Safety Assessment (PSA) we would like information from each school to complement information available through GMC membership of the PSA Stakeholder Group.

12. a) Does your medical school require that its final year medical students take the Prescribing Safety Assessment (PSA)?

No

12. b) If so, is the PSA used formatively or is success required in order to graduate?

Used formatively

12. c) Please summarise the school’s position and intentions with regard to the PSA.

The PSA is used formatively in final year. It is not compulsory but students are strongly encouraged to avail of the opportunity to assess their competency in this key area of patient safety. Those students who do not achieve the cut score at their first sitting of the assessment are given a second opportunity later in their final year.
Those students who have been assessed by Occupational Health to require reasonable adjustment have these needs provided. The school intends to continue to engage fully with the team supporting the PSA. In 2013-2014 269 students took the exam.

**Question 13:** The MSC Assessment Alliance is researching the equivalence of standards in finals through a project that involves medical schools using questions ('Common Content') from its item bank.

To enable us to develop a comprehensive and authoritative picture of support for the MSCAA Common Content project we would like information from each school to complement information available through MSCAA.

13. Is your medical school using Common Content in finals as part of the MSC Assessment Alliance project on equivalence? Please summarise the school’s position and intentions with regard to Common Content

Yes

*If yes, please provide details of the issues related without identifying the individuals involved in the box below:*

We have been involved in the Common Content project in 2013-2014 and this year 2014-2015, we have used the vast majority of items on both occasions (50/55 in 2013-14, and 58/60 in 2014-15)

**Question 14:** Paragraph 81 of TD09 states that the curriculum must be designed, delivered and assessed to ensure that graduates demonstrate all the ‘outcomes for graduates’. In order to mitigate the risks of schools not meeting the standards in TD09, we gather early indications of any changes which you have or plan to make. We use this to assure our standards are met and to provide you with additional support if necessary.

14. Please use the box below to inform us of any changes that you have made within the school regarding processes, curricula and assessment systems to comply with TD09 or address issues raised by postgraduate bodies or employers since the previous MSAR.

<table>
<thead>
<tr>
<th>Changes made</th>
<th>Driver(s) for changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The duration of specialty attachments in final year has been increased from 1</td>
<td>Student feedback on teaching. Students indicated that one week placements did</td>
</tr>
</tbody>
</table>
## Changes made

<table>
<thead>
<tr>
<th>Changes made</th>
<th>Driver(s) for changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>week to 2 weeks.</td>
<td>not allow sufficient time to establish an identity in clinical teams.</td>
</tr>
<tr>
<td>The duration of the final year Assistantship has been reduced from 11 weeks to 9 weeks.</td>
<td>Student feedback on teaching. Students reported that the duration of the Assistantship was too long, they suggested a shorter but more focused learning experience.</td>
</tr>
<tr>
<td>Assessment for Scientific Basis of Clinical Practice (Phase Three Module) changed from a combination of short answer questions and MCQ items to an MCQ based assessment.</td>
<td>Ensure assessment complies with best practice by using MCQ items.</td>
</tr>
</tbody>
</table>

If you have any documentation relating to the changes you have stated above, please comment/attach the information in the box below:

Assistantship Log Book. (Document Number 5).

### Domain 7 - Management of teaching, learning and assessment

#### Question 15: Only complete if you have responded positively to Q. 14

Your response to this question will help us to understand how schools assess, monitor and mitigate risks associated with new curricula and curricular change. We hope to share effective practice in this area.

#### 15. We would like to know if you have risk assessment strategies for the introduction/implementation of new curricula and curricular change. It will be helpful if some practical examples are included in your response.

When major curriculum innovations are being introduced they are normally piloted initially to determine the impact on student experience and staff workload. For example, the Final Year Teaching Committee has an aspiration to introduce a GP rotation into the final year assistantship. This has been piloted in 2014, and it will be piloted again in 2015. See report of pilot attached (Document Number 6). Similarly when the Assistantship was first introduced it was piloted for a year prior to full introduction. In 2011 the Centre for Medical Education decided to join the NES e-portfolio group. This portfolio was first used with year 3 students. During the Spring Semester 2012 year 3 students and their Portfolio Mentors piloted the e-portfolio. The pilot led to the development of a Users’ Guide for staff acting as portfolio supervisors.
Pilots are usually evaluated using student feedback questionnaires and staff and student focus groups.

Currently plans to change Phase Four Assessments are being discussed. There are 6 modules in 4th year, each of 6 weeks duration. Proposals include removing end of module summative assessments and replacing these with formative assessments. Synoptic end of year assessments will replace the current system. As part of the review junior and senior students have been consulted, including students currently undertaking Intercalated Degrees. To minimise risk following the introduction of the new system a risk assessment has been undertaken. This included working through a range of student progress scenarios that may arise when the new system is introduced and review of time-tabling and alignment with assessments in other parts of the course.

Domain 6 - Support and development of students, teachers and the local faculty

Question 16: Paragraph 125 of TD09 states that students will have access to career advice and opportunities to explore different careers in medicine. We would like to know how you inform students of career opportunities across specialties, especially those with particular recruitment challenges. It would be helpful if practical examples can be provided with evidence such as evaluation of initiatives. Your response may enable us to develop further work in this area and share practice across schools.

16. How are students made aware of career opportunities across the full range of specialties including those with particular recruitment challenges?
[Information redacted] talks to each of the medical years (1-4) at the beginning of the first semester each year. These talks are designed to meet the specific requirements of students at each stage of their undergraduate training. The Careers sessions in each year are accompanied by further careers information talks from the university Careers Service and from the Postgraduate Deanery. At the start of final year there is a formal session on how to apply to Foundation training, as part of the ‘preparation for practice’ week.

An annual Careers Fair is held for undergraduate medical students. The programme includes talks from post-graduate trainers giving information on the postgraduate career paths. This is followed by short talks on specialities of interest. The lectures are followed by an open discussion forum where all specialities are invited to come and have space to set up a stall and encourage students to visit and talk to them about specific career pathways. This is open to all specialities, including those which face recruitment challenges, and as many as possible are encouraged to contribute. Students can and do come to the Careers Fair in successive years of medical school.

Students in each year have a reflective portfolio. As part of this there is a section on careers and students are asked to reflect on career options. Portfolios are reviewed with the students and further discussion and exploration of ideas is then encouraged.

During the Spring Semester 2015 we plan to deliver a series of talks entitled “A Life in the Day of...” – these are designed to give students an insight into the training programme and professional career of doctors working in major specialties and will include presentations by both trainees and consultants.

**Domain 9 – Outcomes**

**Question 17:** Please raise any issues you would like us to consider around the outcomes and practical procedures currently in TD09. Your input is essential to ensure that medical school perspectives and knowledge are reflected and to demonstrate an open and inclusive approach to the review.

17. Does the medical school have any concerns about, or suggestions for amendments to, the GMC’s outcomes for graduates (TD09, paragraphs 7-23) or practical procedures (TD09, Appendix 1)?

Please set out these concerns and suggestions and explain the background to them, giving any evidence available.

Medical graduates are required to complete ALS training by the end of F2. A requirement to undertake a nationally recognised ALS course prior to graduation would standardise this training experience.

**Question 18:** In the outcomes for graduates in TD09 we require that they are able to provide appropriate healthcare and understand health inequalities (paragraphs 10d, 11b, 13a, 14a and 20d). Information from medical schools about current arrangements will help us to review the outcomes for graduates in TD09.
18. How does the curriculum address providing appropriate healthcare and understanding health inequalities, particularly relating to people from lower socioeconomic backgrounds, lesbian gay bisexual or transgender people, and people with learning disabilities?

<table>
<thead>
<tr>
<th>What does the curriculum say?</th>
<th>Socioeconomic background</th>
<th>LGBT</th>
<th>Learning disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1 and 2 Behavioural Science and Epidemiology</strong></td>
<td>Targeting healthcare provision to the needs of the population. The impact of social class and income on health. The relationship between social class and dietary choices. The impact of poor housing conditions on health and social well-being.</td>
<td>Healthcare of Children Students are taught to treat children with respect, irrespective of age, background, or ability.</td>
<td><strong>Year 1 and 2 Behavioural Science and Epidemiology</strong> Stigma and labelling is covered in year 1. During year 2 a young adult with Down’s Syndrome talks to students about his experience of using the health service, securing employment etc.</td>
</tr>
<tr>
<td><strong>ENT</strong></td>
<td>The ENT Curriculum covers a wide range of ENT conditions. Some of these, particularly head and neck cancer, are associated with smoking, alcohol abuse, and lower socioeconomic health. Hearing loss is core theme in the ENT curriculum and the association with speech and learning disabilities is highlighted. The need to identify hearing loss early in life to prevent learning disabilities is emphasized.</td>
<td></td>
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</tbody>
</table>


backgrounds. This link is explained in the ENT teaching provided.

**Healthcare of Children**

The Healthcare of Children module focuses on the assessment of population needs in relation to the provision of services, the targeting of special areas of concern, the influence of environmental and social factors on disease, the prevention of illness and the promotion of health as relevant to Child Health.

**Psychiatry**

Students are taught about a range of learning disabilities and the impact on physical and mental functioning.

<table>
<thead>
<tr>
<th>How is this assessed?</th>
<th>Year 1 and 2 Behavioural Science and Epidemiology</th>
<th>Year 1 and 2 Behavioural Science and Epidemiology</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Short answer exam questions and poster presentations</td>
<td>Short answer exam questions</td>
</tr>
<tr>
<td></td>
<td><strong>ENT</strong></td>
<td><strong>ENT</strong></td>
</tr>
<tr>
<td></td>
<td>Head and neck cancer is a subject of the written examinations</td>
<td>Hearing loss features in written and OSCE examinations</td>
</tr>
<tr>
<td>Healthcare of Children</td>
<td>Psychiatry</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
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<td></td>
</tr>
<tr>
<td>Written assessment</td>
<td>Written examination.</td>
<td></td>
</tr>
<tr>
<td>Reflective summaries</td>
<td></td>
<td></td>
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<tr>
<td>In course clinical assessment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please give examples of any challenges</th>
<th>ENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please give examples of any initiatives</th>
<th>ENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>The benefit of HPV vaccination in preventing head and neck cancer is to be included in the teaching programme.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[Information redacted] is currently working on reviewing this aspect of the undergraduate programme. [Information redacted] is assisting with one aspect of this work and has recently delivered a lecture to year 1 students about LGBT issues.</td>
<td></td>
</tr>
</tbody>
</table>
**Question 19:** Paragraph 14J of TD09, which covers the doctor as a practitioner and includes outcome requirements on the diagnosis and management of clinical presentations, requires that students must:

- Contribute to the care of patients and their families at the end of life, including management of symptoms, practical issues of law and certification, and effective communication and team working.

The care of dying people is an important issue, and it is key that students are prepared effectively. We would like to know how you have reflected on and made changes as a result of the Leadership alliance on the Care of Dying People report.

**19. How does your school teach students how to best handle the issue of the care of dying people?**

During year one, students attend a lecture on multi-cultural aspects of death and bereavement.

In second year a Palliative Care Consultant delivers a lecture about end of life issues and how they are managed.

Students are taught Principles of Palliative and End of Life Care in 4th year during the Cancer Studies module. A variety of teaching formats, including group work around symptom control in patients and end of life care, are used. They are taught about ‘Breaking Bad News’ and bereavement and ethics during this 2 week module. Communication skills are taught elsewhere in the curriculum but are drawn on heavily in role play during the Breaking Bad News teaching. Team working is emphasised in teaching and is also part of the group exercise. The students are also scheduled to visit one of the local hospices.

As part of resuscitation training during the 4th yr ‘Perioperative and Emergency Medicine’ module, students are given 4 ethical dilemmas to address with regards to resuscitation with limited history, DNAR orders, family involvement in resuscitation decisions, and the decision to stop or withhold resuscitation.

In final year students attend a 2 hour symposium on palliative care during the Spring Semester. Cultural issues are highlighted during this symposium. The State Pathologist or representative delivers a lecture on death certification.

Students also have an opportunity to undertake a range of Student Selected Component modules which relate to Palliative Medicine.

Currently, in light of the recent report, we have obtained the help of a Consultant in Palliative Medicine in order to undertake a review of the undergraduate curriculum to ensure that students are prepared effectively to deal with issues related to the care of dying people.

**Additional question**

**Question 20:** In autumn 2014 we will be publishing reports around Medical School Progression Data and we have asked you to update us through the MSAR on how you have used this new information to improve your understanding of and make
improvements to the quality of training. We would like to work with schools on case studies to be published in spring 2015.

20. Please provide information on how you have used the new reports to understand or improve the quality of training or highlight any other points of interest in relation to the data.

These reports have been circulated to staff in the School and will be discussed at future meetings of the Undergraduate Medical Education Committee.

If you would like your school to be considered as a case study for our 2015 publication, please check the following box: ☐

Thank you for completing the questions for the 2014/15 MSAR. The deadline for this return is the 31st December 2014; please ensure you have completed each of the following:

- ☑ Section A (Word) – MSAR qualitative questions.
- ☑ Annex to Section A (Excel) – Templates for D1-Q2, D2-Q3 and D4-Q11.
- ☑ Section B (Excel) – Quality Visits/QIF visits requirements (if applicable).
- ☑ Section C (Excel) – Worksheets.

We want to make completing the MSAR as easy as possible, so if you need any help with completing this return, feel free to contact Nathan Brown or another member of the quality team on quality@gmc-uk.org or 020 7189 5221.