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12<sup>th</sup> April 2016

Dear Abigail

### **GMC visit to the University of Cambridge 2015**

Thank you for sending us the copy of the final report following the GMC visit to Cambridge in 2015. We appreciated the friendly and constructive manner in which the visit was conducted and the opportunity that was offered for further discussion in the wrap-up meeting in February 2016. We should like to thank the visiting team for all the positive comments they made, in particular with respect to inspirational teaching and learning and the enthusiasm and commitment of our medical students, teaching faculty and administration staff.

### **Areas of good practice**


We were pleased to see the four areas of good practice that you have identified in the report. Each of these has been considered specifically in the Action Plan. With respect to Good Practice 4, I have attached to this response the schematic map of the regional teaching hubs, as discussed in the wrap-up meeting.

### **Requirements and recommendation**

We have responded to the two requirements and one recommendation in the text of the Action Plan. We are taking steps to address all of these issues and look forward to reporting back on progress in these areas in the next MSAR in December 2016. You will remember that our graduate course students wrote to the visiting team in response to your preliminary report – I have attached an anonymised version of that letter also, as requested at the wrap-up meeting.

Once again, many thanks to you personally for all your help in the organisation and smooth running of the visit and the subsequent wrap-up meeting.

Yours sincerely



Dr Diana F Wood



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## Action Plan for University of Cambridge Medical School

### Requirements

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/year)	School lead
1. TD 82.	Next scheduled report to the GMC.	The school must review the effectiveness of their communication with students about the course information available to them and any limitations in regard to what they can provide.	<ol style="list-style-type: none"> <li>In the "pre-clinical" course, course organisers for each of the 2nd MB papers give presentations explaining their assessment procedures, the rationale for the variety of assessment formats used and their relationship to the aims and objectives of the course. Information is also available in the student handbook.</li> <li>In the Clinical School</li> </ol>	<ol style="list-style-type: none"> <li>Further development of the VLE is in progress to make it more "user-friendly" for the students and staff. This will include a comparison with VLE's in a number of other medical schools using the same online platform.</li> <li>A full and detailed review of the clinical placement scheduling process has been instituted, in order to</li> </ol>	Progress report in MSAR December 2016.	Dr Diana Wood, Clinical Dean, School of Clinical Medicine, and Dr David Good, Director of Education, School of Biological Sciences.

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			<p>there is a similar process of lectures explaining specific exams, including practice paper sessions with immediate feedback. Clinical supervisors (see Good Practice 1) have engaged with writing SBA questions and using them as exemplars in practice examinations / feedback sessions.</p> <p>3. The Clinical School has put in place a series of lectures ("Demystifying Assessment") in which basic principles of assessment are explained to the students including question writing, standard setting and results analysis, to help the students better understand the assessment procedures.</p> <p>4. The VLE's in the two Schools are now on the same platform and work</p>	<p>provide students with information about placements earlier in the course.</p> <p>3. The senior management team is reviewing all the ways in which the School communicates with the students. This will be discussed with the student body in Michaelmas Term in order to identify a series of measures to improve the communication process.</p>		

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2. TD 103, 109, 110.	Next scheduled report to the GMC.	Until the new curriculum is fully embedded, the school must reinforce the opportunity for student assistantships to increase student preparedness for the Foundation programme.	<p>is under way to provide better coordination of information between the two halves of the course.</p> <p>5. Student perceptions that their peers from certain Colleges have an unfair advantage due to involvement of staff in the preparation of exams and delivery of supervisions is familiar to us. We showed the visiting team evidence that there is no College effect on examination results in the Final MB examinations.</p> <p>1. In the new teaching programme due to start for the final year in 2017 there will be a formal student apprenticeship block after written and clinical finals.</p> <p>2. In the current curriculum, the time of the Objective Structured Practical Exam has been moved forward to early autumn. This is before students start on their</p>	To address the immediate need for final year students completing on the old curriculum to be more prepared for their Foundation years there will be: <ol style="list-style-type: none"> <li>1. An immediate rolling out of the highly successful junior doctor 'wardcraft' teaching programme currently only in place at Addenbrooke's</li> </ol>	September 2016 for further action.	Dr Jessica White, Stage 3 Coordinator.

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			<p>final three rotations through Medicine, Surgery and Acute Care. Therefore students will be fully signed off on all common practical procedures before starting their final clinical rotations. It has been clarified both to students and supervisors that engaging in these procedures during their time on the wards is a formal part of their student assistantship.</p>	<p>Hospital.</p> <ol style="list-style-type: none"> <li>2. A final year medical student written 'job description' produced in conjunction with student representatives. This will be disseminated to medical students at the time of the Stage 3 introductory sessions and placement introductory days.</li> <li>3. Better communication of the skill set and expectations of final year medical students to senior clinicians both in Cambridge and regional hospitals. There will also be an emphasis on the importance of junior doctor support in delivering 'on the job' teaching and mentorship.</li> <li>4. Early training in electronic record keeping systems as standard in order for final year students to be rapidly integrated into their team.</li> </ol>		

## Recommendations

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/year)	School lead
1. TD 51, TD 172.	Next scheduled report to the GMC	The school should strengthen the existing quality monitoring of student perceptions and outcomes. This should include the systematic collection and analysis of data to measure processes in clinical environments.	<ol style="list-style-type: none"> <li>The School undertakes annual formal Quality Assurance visits to all the LEP's and there are interim informal visits by the Clinical Dean.</li> <li>The Clinical SubDean (Curriculum) and other members of the Clinical School team undertake regular "Roadshows" to promote understanding of the requirements of the new curriculum.</li> <li>Support for quality assurance has been strengthened through the appointment of an additional administrator whose focus is on quality assurance.</li> <li>Regional Co-ordinating Clinical Sub-Deans have been tasked with undertaking a comprehensive review of feedback mechanisms within their teaching Hubs, and will be providing a</li> </ol>	<ol style="list-style-type: none"> <li>The School will work with the Regional Co-ordinating Clinical Sub-Deans after their presentation at the Away Day, to implement streamlined mechanisms of student feedback.</li> <li>The School will be re-launching the current 'Meet the Faculty' sessions, to provide a more targeted opportunity for students to provide feedback and take part in a question and answer session involving a staff representative from relevant clinical areas.</li> <li>The School will also investigate other monitoring processes, for example, using data from the</li> </ol>	Progress report in MSAR December 2016.	Dr Diana Wood, Clinical Dean; Dr Litsa Biggs, Secretary to the Faculty Board of Clinical Medicine; Mr David Robinson, Head of Undergraduate Medical Education.



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			presentation on their findings at the Clinical School Education Away Day in May 2016.	student VLE (MedEd) as well as the student portfolio system (MyProgress).		

### Good practice

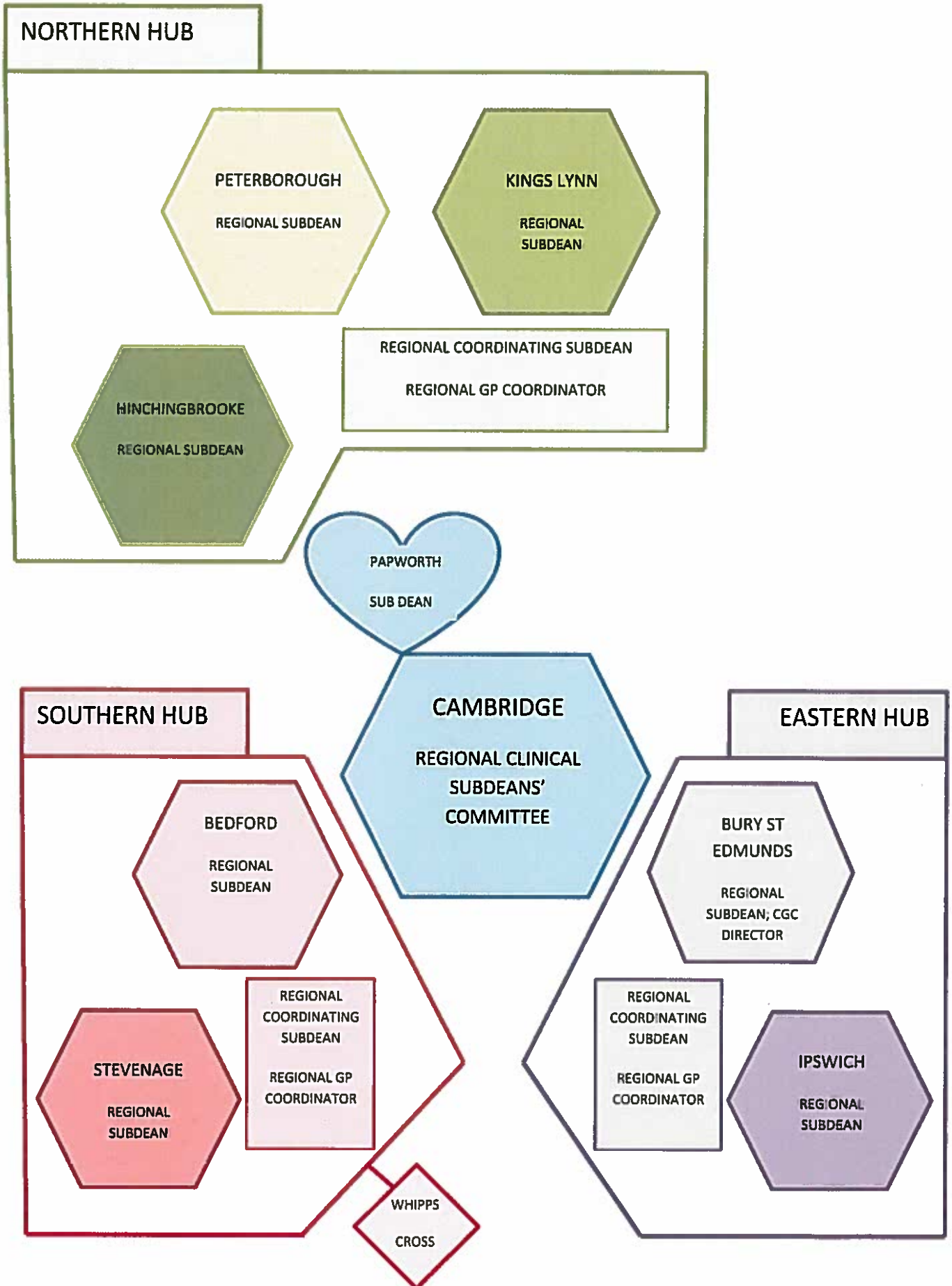
Report Ref	Due Date	Description	Details of dissemination (across LEPs within the LETB or outside the School)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	School lead
1. TD 124.	Next scheduled report to the GMC.	The undergraduate clinical supervisor programme is a highly valuable teaching tool and resource for students.	<p>The Undergraduate clinical supervisor programme has been extended across the regional partner trusts.</p> <p>The School's experience of setting up and delivering the programme is presented at regional and national educator development meetings (presented at ASME and DEMEC 2015).</p>	<p>To further improve the quality of the programme, three additional areas are being developed:</p> <ol style="list-style-type: none"> <li>1. Senior Undergraduate Clinical Supervisors – each year experienced supervisors apply for this role which involves greater involvement with management and leadership of the programme.</li> <li>2. Supervisor Website – a website is being developed to provide on-line resources to further enhance the programme.</li> <li>3. Undergraduate Clinical Supervisor</li> </ol>	2015-16 academic year.	Dr Mark Lillicrap, Clinical SubDean for Curriculum.

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2. TD 83, 101, 125.	Next scheduled report to the GMC	The excellent variety of programmes on offer to students including the access to research opportunities.	1. The School is committed to ensuring that all of its medical students have the opportunity to benefit from the rich research environment in Cambridge. In addition to existing course modules (Undergraduate Part II; Clinical SSCs including the Elective; MBPHD), the School has established an INSPIRE programme (in response to the Academy of Medical Sciences (AMS)/Wellcome Trust initiative), which is designed to make research accessible to all students, and not just those who are already committed to a future academic career. Importantly, the	Forum – this is a termly event where supervisors from across the region meet up and this provides a community of practice for the supervisors. 1. Cambridge is leading a group of Medical Schools in a parallel INSPIRE Special Project, which will introduce a national database of research projects and supervisors – <i>medidem</i> . This will allow students to gain invaluable research experience, working alongside leading academics across the UK. The database will go live in autumn 2016. 2. In a parallel development, a series of short videos that offer generic skills training and insights in to key aspects of the academic career	2016-17 academic year.	Dr Mark Gurnell, Clinical SubDean for Assessment.



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3. TD 128.	Next scheduled report to the GMC	Excellent support mechanisms in place for teaching staff.	<p>structure and key elements of INSPIRE have been developed in collaboration with the Cambridge University Students Clinical Research Society (CUSCRS) Committee.</p> <ol style="list-style-type: none"> <li>The School is working within the University to develop and share good practice including the School of Veterinary Medicine, the Faculty of Education and the Institute of Continuing Education.</li> <li>The IFME programme is being extended and is to be run in each of the three regional teaching hubs as well as centrally.</li> <li>The PG Cert programme is open to national and international applicants and is open to all professionals allied to medicine.</li> </ol>	<p>pathway have been created, and will be made available through the INSPIRE portal.</p> <ol style="list-style-type: none"> <li>The School of Clinical Medicine is working with the Faculty of Education and the Institute of Continuing Education to build on the PG Certificate in Medical Education and develop a Diploma and Masters programme.</li> <li>This will be jointly delivered allowing participants to work experts in education as well as those who specifically teach in clinical settings.</li> <li>The programmes are based on standards set by the Higher Education Academy and the Academy of Medical Educators.</li> </ol>	2016–17 planning for Masters to be introduced in 2017.	Dr Jeremy Webb, Academic Lead for Staff Development.

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4. TD 124.	Next scheduled report to the GMC.	The development and roll out of Coordinating Regional Clinical Sub-Deans.	<ol style="list-style-type: none"> <li>1. Regional Coordinating SubDeans have been in post since autumn 2015. In addition to attending the Regional Clinical SubDeans' meetings, they have established their own network, to share good practice and resolve problems.</li> <li>2. A series of local Hub Teachers meetings to disseminate information about the course and provide staff development in teaching have been introduced.</li> </ol>	<ol style="list-style-type: none"> <li>1. Led by the Regional Coordinating SubDeans, the IFME staff programme will be delivered in the regional teaching hubs.</li> <li>2. New ways of providing feedback mechanisms within the regional teaching hubs to be developed and implemented.</li> </ol>	2016-17 academic year.	Dr Diana Wood, Clinical Dean.





# Cambridge Graduate Course in Medicine Society

[www.cgcmsoc.co.uk](http://www.cgcmsoc.co.uk)

To Whom it may concern,

**RE: Response to GMC Preliminary Report**

I am writing this response in my capacity as the current student president of the Cambridge Graduate Course in Medicine Society. I have been very careful in ensuring that the comments in this letter are shared by my course colleagues. Please find attached what I believe to be a representative cohort of students who support the views in this letter.

Overall we welcome the GMC's comments regarding our medical school as a whole. We are pleased to read that our university's commitment to education and learning was identified and commended. We fully appreciate that, as with everything, there is always room for improvement and also welcome the GMC's suggestions for improvement. As you identified, our school is currently making changes to the curriculum and we hope that the planned enhanced continuity will address some of these areas.

Focusing specifically on some of the comments regarding the graduate course, we feel that the report unfairly criticises us as many of the points apply just as much, if not more so, to the standard course.

## Requirement 1: Improving information available to students

The report states:

- *The school must improve the information available to students, especially those on the graduate entry programme to help them understand the learning outcomes for each element of the clinical programme.*
- *The need to improve the quality of information is particularly important for students on the graduate entry programme. The graduate entry students we met told us that they are finding the programme challenging despite the support they receive in the first year of the course from supervisors and tutors. They expressed frustration that they had more to do in less time and felt there was a lack of clarity about the depth of knowledge required on this course.*

We acknowledge that that graduate course is challenging. This is due to it being a shortened course and is something that most students were aware of before commencing. The intensity of the course is particularly evident in the first two years where "clinical" and "pre-clinical" components are completed simultaneously. However, the level of pastoral, academic and clinical support we have available is impeccable. This support allows us successfully to complete any challenging aspects that inevitably occurs with a shortened course. In fact, many students feel privileged to have clinical involvement early on as this allows us to relate pre-clinical teachings to clinical practice.

With regards to the point about depth of knowledge, whilst there is always room for improvement we feel that this is not specific to the graduate course. For many of the graduate specific clinical placements in the first two years, a structured timetable is in place. For graduate general practice placements, we received a document explaining the structure and objectives of each placement. Some confusion has occurred regarding the learning outcomes and depth of knowledge required for the "clinical pathology" module that takes place in our 3<sup>rd</sup> year of studies. However, there are two points to mention regarding this matter. Firstly, this feeling is equally shared by our friends on the standard course programme, thus we feel that the graduate course should not be highlighted for this in the report. Secondly, it is important to note

that the material covered in this module has been rearranged in the new curriculum. The graduate students affected by this feel that both the staff at the clinical school and those associated with the graduate programme have been excellent at addressing any questions we may have about learning requirements.

Requirement 2: Improving the quality of information given to students about examinations/assessments and feedback

The reports states:

- *Improve the quality of information given to students about an examination or assessment and the level of feedback afterwards*
- *We also met graduate entry students who stated that at times, they are told there will be an exam but are not given any details about the content in order to prepare adequately and therefore this causes undue stress. There are no previous papers that they can use in their revision and preparation.*

We feel that there could be improvements in this area, but again they are not specific to the graduate course and so the graduate course should not be unfairly highlighted in the report. Up until this coming year, the only exam that we do not share with the standard course is the level one OSCE. For this, we received a mock examination and feedback at the end of our CS3 placement, so were aware of the content. Whilst it is difficult to understand the context from the short quote used in point 13, the only written papers we have (where there could therefore be previous papers to use in revision) are shared with the standard course and so this point should be made general to both courses.

Once again, I would like to state that overall we welcome the GMC's positive comments regarding our medical school. We hope that our clarifications regarding some aspects of the draft document are useful. Our experience, throughout our four years, is that the graduate course is supportive, feedback-responsive and well-run from a clinical and administrative point of view. We are passionate about these points and feel that these particular strengths of the graduate course should have been highlighted.