General Medical Council

Regulating doctors
Ensuring good medical practice

Review of medical education and training in the West Midlands 2011–12

Introduction

In late 2011, we visited medical schools and the deanery in the West Midlands as part of our new regional approach to quality assurance. This approach involves visiting all medical schools and deaneries in a geographical area at the same time to gain a clearer picture of medical education and training across the region.

This joined up approach allows us to identify any trends and issues common across all stages of medical education and training from undergraduate through to specialty (including GP) training, and to explore transitions between the different stages of training. It also reduces the burden on the local education providers (LEPs) being visited, which may otherwise receive a separate quality assurance visit for each stage of training.

We visited the West Midlands postgraduate deanery and the established medical schools, Warwick and Birmingham, to explore areas that we identified as risks or potential good practice. We didn't specifically review Keele medical school as part of the regional review because it is part of an ongoing quality review as a new school.

This report highlights some key themes and issues from the visit reports in the West Midlands. It does not cover all the findings for every organisation. These can be found in the full visit reports which list areas of good practice and where further work is needed to meet our standards.

Why the West Midlands?

We chose to visit the West Midlands because our evidence base showed several issues in the region, including:

- the length of time since we had visited some organisations in the region
- reported changes and improvements to the delivery of medical education and training at Mid Staffordshire NHS Foundation Trust, which we were keen to examine in view of the previously documented failings at this trust
- that we refused to grant provisional registration to two Birmingham graduates in 2010 because of outstanding fitness to practise requirements.

It is also a time of change in the region, and we wanted to see how service reconfiguration was affecting medical education and training. In addition, Warwick and Birmingham medical schools had recently reviewed their management structures and were both in the middle of curriculum reviews.

What did we do?

We analysed our evidence base to identify potential risks and areas of good practice. Our evidence base includes surveys of trainees and trainers, outcomes of training and information from the schools and deanery.

We then visited the deanery, schools and LEPs and met with the people involved in medical education and training to explore these areas of risk and good practice in greater depth. We met a range of people during these visits, including medical students, foundation trainees, emergency medicine and obstetrics and gynaecology trainees, teachers and trainers, and management teams from the schools, deanery and LEPs.

What did we find?

When looking across the region, some common themes emerged.

Managing quality and monitoring concerns

There are opportunities for the organisations in the region to work together to improve quality management. The deanery has effective systems for quality managing its training programmes across the region. Birmingham and Warwick medical schools need to better document their quality management processes so that they can systematically plan, monitor and evaluate their programmes.

There are already some good examples of joint working in the quality management of medical education and training programmes. The deanery and Birmingham medical school have a joint approach to monitoring the quality of their respective programmes. School representatives are active members of the deanery's quality management visits to assess foundation training in LEPs and, in turn, a deanery member joins the school's monitoring visits.

The organisations in the region also need to improve how they prioritise risk. We found that Warwick medical school's systems for change and risk management were underdeveloped. Birmingham medical school has a risk register to identify and prioritise areas of risk, but this is not comprehensive. The deanery comprehensively identifies risk, but does not then fully categorise these risks. The deanery and established schools will be working to make improvements in this area this year.

Sharing good practice

There is some promising work underway to share good practice in the region. The deanery publishes an annual report on multiprofessional education development and quality, and Birmingham medical school facilitates a forum for LEPs to share local examples of good practice. However, there is scope to enhance this further and we

encourage all organisations to give more thought to how local innovations can be shared, both between LEPs in the West Midlands and more widely.

Improving prescribing

There has been good work in improving prescribing skills across the region. The deanery has successfully introduced a deanery-wide prescribing tool – standard computerised revalidation instrument for prescribing and therapeutics (SCRIPT). Warwick medical school has made improvements to its teaching and assessment of prescribing in response to student evaluation, and Birmingham medical school's prescribing licence assessment has helped to inform the development of a national prescribing skills assessment. The deanery also has future plans to share SCRIPT with local medical schools to further enhance prescribing skills.

Using equality and diversity data

The schools and deanery need to regularly analyse the equality and diversity data they collect so that they can identify themes or trends and any areas of concern, and take action in response.

Supporting students and trainees

We found some examples of good student and trainee support across the region. The deanery has good processes in place to support trainees in less than full-time training. Warwick medical school provides timely, readily available, student-focused careers advice. Birmingham medical school has several well regarded programmes to support students and trainees, including its valued student support unit and its clinical tutors and educational fellows, and it has an innovative commendations process for students.

Managing transitions and sharing information

The deanery and the three medical schools in the region have close working relationships. Regular service increment for teaching (SIFT) meetings take place to discuss strategic and operational education issues and quality management. The deanery and medical schools also have good mechanisms in place to share information about final year students and any additional support that may be needed during foundation training. There are a number of positive outcomes resulting from these close working relationships, including the development of a common skills passport for final year medical students to ensure graduates across the region are prepared to begin foundation training.

The deanery has further work to do to improve how it shares concerns and examples of innovative practice between LEPs.

Working with LEPs

The schools have some work to do on their formal relationships with LEPs. Warwick medical school's existing service level agreements were not suitably measurable, so

the school must ensure that these agreements are made detailed and explicit. Birmingham medical school has recently introduced new arrangements in the way it works with LEPs, and must evaluate the effectiveness of these new structures.

There were problems in the region with effectively communicating policies to LEPs. The deanery's policy for doctors in difficulty was not well known by LEP staff or trainees. Similarly, Birmingham medical school's LEPs and students didn't fully understand the purpose of the school's yellow card process for reporting students' behaviour. Both organisations need to ensure that their policies are clearly communicated so that they can be implemented and applied consistently across all LEPs.

There were also concerns about how well the schools and the deanery communicated their expectations about the delivery of teaching and assessment to LEPs. We encourage the deanery to work with LEPs to ensure that educational and clinical supervisors are familiar with, and empowered to, accurately complete e-portfolio assessments. At Warwick medical school, there were also concerns about perceived inconsistencies in end-of-block assessments and these must be addressed. Birmingham medical school needs to ensure that supervisors are aware of students' learning requirements at the relevant stage of training, and it needs to improve the consistency of scheduled formal teaching between modules and trainers across a range of sites.

Involving patients and the public

The medical schools have some good examples of patient involvement in their respective programmes. At Warwick medical school, there is valued involvement and careful integration of lay members into working groups and committees. Birmingham medical school has a number of initiatives in place: patients are involved as gynaecology teaching assistants and in role playing and giving feedback to students on psychiatry placements. Both schools have involved patients in their current curriculum reviews by seeking their views on the qualities they want to see in future doctors.

Preparing students for practice

The deanery provides shadowing opportunities for graduates moving into one of its five foundation schools. The deanery is working with the local medical schools to move the shadowing period closer to the start of the first year of the Foundation Programme (F1). This is a national issue that Medical Education England is working to address.

All schools have introduced a student assistantship from the 2011–12 academic year. The schools will need to evaluate the impact of initiatives to improve the preparedness of graduates, such as the assistantship. Warwick and Birmingham medical schools should develop their tracking of graduate progression and outcomes, and collect feedback from employers about the preparedness of their respective graduates.

Supporting and developing trainers

Across the region, clinical teachers and trainers appear to be well trained and supported. The deanery could enhance this by working closely with local medical schools to join up training for those involved in teaching medical students and supervising trainees. We also found that Warwick medical school needs to improve its monitoring of clinical teachers' training and actively ensure it is up to date.

Educational supervisors have sufficient time for training in their job plans, although this was usually included within the 2.5 supporting professional activities (SPAs). We were assured by trust senior managers that they were committed to ensuring adequate time for training, and were taking steps to ensure that this time was specified in job plans. We were pleased to see that the educational role of supervisors was generally included in NHS appraisal, but we were concerned that educational development does not clearly feature in the NHS appraisal of Warwick clinical teachers.

Teaching and assessing medical students

Warwick and Birmingham medical schools are both in the middle of curriculum reviews, and plan to move towards spiral curricula and better integrate basic science and clinical teaching and assessment. Warwick will move to a case-based learning model, and will introduce the new curriculum from the 2013–14 academic year. Birmingham is implementing changes incrementally, with completion by the start of the 2014–15 academic year. We welcome the move towards better integration, but both schools need to do more to articulate their plans and demonstrate how they will manage the work required to achieve the desired outcomes.

Both schools are also working on improving assessment, and have each recently appointed an assessment coordinator. Warwick medical school has an appropriate assessment strategy and systems in place, but we have not yet observed the final examinations and will be returning to do so in May 2012. We had some specific concerns about assessment at Birmingham medical school. These include the integration of assessment, the reliability of the objective structured clinical examinations (OSCE), and the comprehensiveness of their assessment strategy and systems. The school has already begun work to address some of these concerns.

What are the next steps?

The schools and deanery have produced action plans identifying how they will address our requirements and recommendations and how they will share the good practice that we highlighted in the visit reports.

We will monitor the schools and deanery's progress against their action plans. The action plans are available with the full visit reports at http://www.gmc-uk.org/education/13041.asp.