

UNIVERSITY OF GLASGOW

Academic Standards Committee - Friday 26 May 2006

**Departmental Programmes of Teaching, Learning and Assessment:
Report of the Review of the Undergraduate School of Medicine held
on 17 March 2006**

Mrs Marjory Wright, Clerk to the Review Panel

May 2006

Panel Members:

Professor John Coggins	Vice-Principal (Life Sciences, Medicine and Veterinary Medicine [Convener])
Professor John Simpson	University of Aberdeen (External Subject Specialist)
Professor Martin Sullivan	Member of Cognate Department (Veterinary Medicine)
Professor David Bennett	Senate Assessor on Court
Professor Bob Matthew	Teaching and Learning Centre
Mr Matt Davies	Students' Representative Council (Observer)
Mrs Marjory Wright	Senate Office

A. Introduction

- A.1 The Undergraduate Medical School is located in the Wolfson Medical School Building, which was custom built and opened in September 2002. The School also utilises laboratory and other facilities within the Faculty of Biomedical and Life Sciences for the delivery of specific programme elements, and the clinical and other facilities of hospitals and general practices in its partner Health Board areas.
- A.2 The Review Panel considered the following range of provision offered by the School:
- MBChB (accredited by the General Medical Council (GMC))
 - BSc (Med Sci) Clinical Medicine
- A.3 The School had provided a Self-Evaluation Report (SER) and supporting documentation in accordance with the University's requirements for the Review of Departmental Programmes of Teaching, Learning and Assessment. The Review Panel was impressed with both the quality and the reflective nature of the SER, which had been prepared in consultation with programme staff and others and had been shared with members of the student body. The SER had been frank in its identification of strengths and weaknesses and had highlighted priorities for development. However, the Panel was disappointed that it had not been shared with Problem Based Learning Facilitators until shortly before the Review.
- A.4 The Review Panel met with Professor I Greer, Deputy Dean of the Faculty of Medicine, Professor J H McKillop, Head of the Undergraduate Medical School, Professor J Morrison, Deputy Head of the Undergraduate Medical School, Professor J

L Reid, Intercalated Degrees Co-ordinator, Mrs C Mallon, Faculty Academic Administrator and with 36 members of staff who had specific roles in the management, delivery and support of the curricula. The latter included 15 key academic staff, 3 Clinical Sub Deans, 6 members of the IT, technical and administrative staff, 4 hourly paid facilitators, 1 permanent facilitator, 2 vocational studies tutors, 1 University Teacher, 3 probationary University Teachers and 1 probationary Senior University Teacher. The Panel also met with 32 undergraduate students representing all five years of the MBChB curriculum and the intercalated programme, and with 6 first year Foundation Practitioners.

- A.5 The Review Panel identified a common set of topics to discuss with the undergraduate students and Foundation Practitioners. Thereafter, the students were divided into 6 small groups, each of which was facilitated by a member of the Panel. Each group contained a cross-section of the undergraduate student population and a Foundation Practitioner. All participants engaged enthusiastically in the discussion.

B. Overall aims of the Department's provision

- B.1 As stated in the SER, the principal aim of the Undergraduate Medical School is to train future doctors for the NHS, by providing the highest quality of medical education within a research rich environment. The School aims to:
- Ensure all its medical graduates have the knowledge, skills and attributes necessary for safe practice as a Foundation Practitioner;
 - Equip all graduates with the skills required for life long learning;
 - Provide opportunities for a subset of students to extend their skills for scientific enquiry through the intercalated degrees.
- B.2 The findings of the Review Panel confirmed that the stated aims were met.

C.1 Undergraduate Provision

C.1 Aims

- C.1.1 The aims of the MBChB and BSc (Med Sci) Clinical Medicine programmes were clearly stated in the SER and in the programme specifications and were made available to students by means of Course Handbooks.
- C.1.2 The overall aim of the MBChB programme is to produce graduates, by means of a student centred and integrated programme, who are equipped to practice clinical medicine, primarily within the NHS and initially as a Foundation Practitioner.
- C.1.3 The aim of the intercalated programme is to produce honours graduates who have developed the skills and understanding of the research process to a level that will enable them to contribute to the knowledge base required for evidence based medical practice.

C.2 Intended Learning Outcomes (ILOs)

- C.2.1 The intended learning outcomes (ILOs) for both programmes were clearly stated in the programme specifications and in Appendix 3 of the SER.
- C.2.2 The Review Panel noted from the SER that ILOs were given to students in advance, in course or block handbooks, with the exception of ILOs for problem based learning (PBL) scenarios which were released retrospectively both on paper and electronically.

- C.2.3 Undergraduate students questioned the timing of the release of the ILOs for PBL scenarios and suggested that these be issued after each scenario rather than at the end of each block. The Review Panel discussed this suggestion with various staff groups. The Medical School had given the matter careful thought and the Panel accepted their view that an earlier release of ILOs could potentially distract students from thinking through the PBL hypotheses fully.
- C.2.4 The Review Panel found that students' views on the clarity of ILOs differed depending on their stage of learning. Students in years 4/5 told the Panel that there were no stated ILOs for years 4/5, but that they were provided with master lists of "clinical scenarios to see". These were not considered to be particularly user-friendly and some students felt that there were too many items on the lists. The Panel raised this with the School and staff expressed a willingness to redesign the list.
- C.2.5 Students praised Gynaecology and Obstetrics for the production of a useful succinct list of objectives and there was universal praise for the staff of Paediatrics at the Royal Hospital for Sick Children, Yorkhill, who were good at ensuring that students understood what they needed to cover.

C.3 Assessment

- C.3.1 The Review Panel found that there was a varied range of assessment methods, both formative and summative.
- C.3.2 The Review Panel noted the planned introduction of new clinical finals in May 2006 and explored with key staff the Objective Structured Clinical Examination (OSCE), which was designed to ensure that students had reached a satisfactory level of clinical competency. Medical Schools generally had experienced variability in the suitability of testing sites and, in order to improve privacy for both patients and candidates, arrangements had been made this year for 3 parts of the examination to take place in the Clinical Landscape in the Wolfson Medical School Building. In the past, the only station which students had to pass was resuscitation. Students were now required to demonstrate this competence outwith the OSCE. Once the School had more experience of the new OSCE, it would consider whether each student had to pass a minimum number of stations in each area of competence.
- C.3.3 Students advised the Review Panel that they would prefer the Medical Independent Learning Exercise (MILE) assessment to take place at the end of block 2 or at the start of block 3. The Review Panel discussed the matter with the MBChB management team who explained that the purpose of the MILE was to assess students' understanding of and ability to use the PBL process and that the optimum time for the assessment to take place was in the middle of the year to allow sufficient time to pick up the problems of individual students and address them. The Panel suggests that this be discussed with students in the context of curriculum review.
- C.3.4 The Review Panel explored the failure rate in the Year 3 examination with the management team, raising the question of whether there might be a mismatch in the style of learning and the examination. Staff did not feel that the 10-15% failure rate was particularly high. They assured the Panel that the examination used modified essay questions that had been developed in the School and had been selected to be suited to the curriculum. They had confidence in the process and said that the examination, which assessed three years of study, was intensive and challenging and that it ensured that there

was an opportunity to identify students who were struggling before they entered year 4, during which no summative whole cohort examinations occurred.

- C.3.5 Students told the Review Panel that they would like more assessment for two reasons:

They wanted to know where they stood, and felt that this could be addressed by making available to them a bank of questions that would allow them to evaluate their own learning.

They felt that there were not enough examinations and consequently few awards or prizes, which, in their view, disadvantaged them in the computer matching system used in the allocation of Foundation posts.

- C.3.6 The Review Panel raised the issue C.3.5 i) with key staff and was advised that the Undergraduate Medical School had taken a decision to follow the advice of the GMC to reduce summative assessment, and had gradually increased the amount of formative assessment, which included formative assessment with the PBL facilitator every 5 weeks during years 1 and 2 of the curriculum. The School was currently working on a number of initiatives which would enable students to self assess and peer assess which should enhance the student learning experience.

- C.3.7 In relation to the issue C.3.5 ii), the Dean of Postgraduate Medical Education said correspondence in *The Times* had indicated that the Scottish matching system had been pretty good. He explained that a decision had been made nationally to introduce a Universities-wide application form for the allocation of Foundation posts, which included a scoring system. Since its introduction, there had been some concern that academic achievement was not being marked highly enough. The students' concern over prizes was misplaced since not all Universities awarded prizes and, amongst those that did, there was no way of identifying the level of prestige attached to any prize. This situation had been addressed by asking Universities to provide a list of prizes, together with an indication of their quality, in time for the next round of allocations. Some time ago, a Faculty Committee had been set up to address the issue of prizes since many of the prizes attached to the previous medical curriculum had been subject specific and had legally binding conditions attached to them which precluded them from being awarded for achievement in an integrated curriculum. Progress had been made with changing the conditions attached to some of the prizes and it would soon be possible to redirect them to specific areas of the current curriculum.

- C.3.8 MBChB students were concerned that there was no opportunity for a student who was unsuccessful in the Year 5 final examination to resit within the same academic year, which could have financial and career implications for students. The Review Panel **recommends** that the Undergraduate Medical School investigate possible solutions to this problem.

C.4 *Curriculum Design and Content*

- C.4.1 The Review Panel explored the ethos of the intercalated degree with the management team and noted that the School continued to review the role and nature of the intercalated degree to ensure that it supported the needs of the profession. The Panel **commends** the School's policy of involving research active staff in the delivery of the specialist aspects of the programme.

- C.4.2 The SER explained that the current MBChB programme was introduced in 1996 in response to the publication by the GMC of the first version of

Tomorrow's Doctors in 1993. It replaced a traditional programme, which was heavily didactic and had a marked preclinical/clinical divide.

- C.4.3 The Review Panel noted from the SER and from discussions with staff and students that the School was currently undertaking a review of the MBChB Curriculum. The Panel **recommends** that the Curriculum Review be completed in sufficient time to allow the principal changes to the programme to be introduced in Session 2007-2008, with further changes introduced incrementally as appropriate.
- C.4.4 The Review Panel was impressed with the range of consultations that were being undertaken in relation to the Curriculum Review and **commends** the School for consulting with Senior House Officers in the NHS to identify any gaps in years 4/5 of the curriculum.
- C.4.5 In the course of discussions with experienced hourly-paid PBL Facilitators and with Probationary Staff who were experienced PBL Facilitators, the Review Panel heard that, although both groups were aware of the Curriculum Review and had been asked to provide information to block leaders, their opinions had not been sought. The Panel **recommends** that the Undergraduate Medical School engage in greater consultation with Facilitators and University Teachers in relation to curriculum review and development.

C.5 *Student Recruitment, Support and Progression*

- C.5.1 The Review Panel noted that the Undergraduate Medical School had been participating in a pilot of psychometric testing and that it was amongst the 23 medical schools that would be introducing the UK Clinical Aptitude Test for 2007 admissions.
- C.5.2 Recruitment to the MBChB programme was healthy and the gender balance in the programme (60:40 female:male ratio) reflected the gender balance of applicants to the Glasgow programme and in the UK generally. The Panel shared the School's concern that the gender balance of medical school entrants could have workforce implications for certain specialities in the future if not addressed at a high level.
- C.5.3 The Review Panel learned that the Undergraduate Medical School was bidding for a proportion of students from the University of St Andrew's for direct entry to Year 3. The Medical School assured the Panel that it had an appropriate process for inducting students who were unfamiliar with the PBL ethos into the curriculum and that direct entrants to year 3 with no previous experience of PBL would not be disadvantaged. It was understood that resources would follow the students.
- C.5.4 The SER stated that retention rates in the programme were high (95%) and the Review Panel was satisfied that there were appropriate exit routes in place for the small percentages of students who chose to leave the programme.
- C.5.5 The Review Panel found sound evidence that students were generally well supported in the attainment of the skills necessary to support the self-directed learning ethos of the MBChB programme. This was achieved through effective induction into problem-based learning and through the ongoing support of PBL facilitators although some variability in their experience was noted.

- C.5.6 Senior students spoke warmly of bonding sessions which had been organised in the past for new entrants to the medical curriculum and which had taken place over 5 consecutive weekends at youth hostels. Students regretted that this opportunity for bonding was no longer available to new entrants and would like to see it reinstated. Staff agreed that this had been a successful and important event, but unfortunately the youth hostels had ceased to offer catering and were closed at the key times. The Medical School had given thought to how this might be reinstated.
- C.5.7 The School had adequate systems in place to ensure that students who required learning support were identified promptly and referred to the Effective Learning Adviser.
- C.5.8 The Review Panel was impressed with the extensive administrative capabilities of the Undergraduate Medical School's Virtual Administrative and Learning Environment (VALE), which reduced the administrative burden for staff significantly and provided an excellent interface for students. The Panel was particularly impressed with VALE's efficiency in identifying borderline and failing students and its ability to alert the relevant year secretary automatically, thus enabling support procedures to be invoked quickly.
- C.5.9 VALE's student portal was also impressive although the School acknowledged that the range of electronic learning sources available was not extensive and that there was potential for further development.
- C.5.10 The Review Panel **recommends** that the University explore the potential for linking the power of VALE to Moodle with a view to providing an opportunity for other Departments to benefit from VALE's administrative capabilities.
- C.5.11 The Adviser system in the Faculty of Medicine differs from that of other faculties in that Advisers have a pastoral role and do not have responsibility for monitoring educational progress. Very few students in the group that the Review Panel spoke with had met their Adviser, or had met him/her only once or twice. There was a sense that students did not always know where to go with problems and they advised the Panel that they were more likely to consult their Vocational Studies Tutor with whom they had formed a good relationship, their PBL Facilitator or a Medical School Administrator, since Advisers did not always respond to e-mails, or were not available, or offered unsuitable times for a meeting. In the case of Advisers who were clinicians, students sometimes experienced difficulties in having telephone calls put through to them. The School was aware of this problem and had been trying to improve the situation through the appointment of pro-active, student-friendly individuals as Advisors.
- C.5.12 Staff felt that a general reluctance amongst medical students to admit to a weakness or problem, because of a misconception that this might count against them in some way, also impacted on the effectiveness of the Advisory system and attempts were being made to change this perception.
- C.5.13 Some of the students told the Review Panel that, in their view, there was not sufficient empathy with the individual circumstances of students, eg those from an economically disadvantaged background. Staff acknowledged that they could perhaps be more proactive in identifying such students, but they had the impression that, in general, students in such a situation did not want to be singled out which made it difficult to know how best to address this matter.

- C.5.14 The Review Panel felt strongly that the existing Adviser system did not adequately support the needs of undergraduate medical students and **recommends** that the University permit the introduction of an alternative support mechanism to be devised by the Faculty of Medicine to meet the particular needs of undergraduate medical students.

C.6 The Effectiveness of Provision

- C.6.1 The Review Panel found that, for the most part, the programmes reviewed were very effective in the delivery of learning and teaching.
- C.6.2 Course documentation was of a high standard and its provision to students on-line was seen to be **good practice**.
- C.6.3 Students were articulate and enthusiastic about their learning, and put forward constructive suggestions for improvement.
- C.6.4 The Review Panel was impressed with the standard of the learning facilities in the Wolfson Medical School Building but noted that specialised equipment can become rapidly outdated. The Panel learned that hitherto there had been no dedicated budget identified for the ongoing replacement of equipment but that a budget had been identified for the next academic session. The Panel **recommends** that a realistic annual budget be assigned to the Undergraduate Medical School to facilitate the effective maintenance and replacement of essential learning and teaching equipment and for the purchase of reference texts and consumables.
- C.6.5 The School drew attention, both in the SER and in discussions with the Review Panel, to its vulnerability in relation to Clinical Skills provision. There were good facilities in the Wolfson Medical School building supported by a clinical skills technician, but there were no other staff dedicated to clinical skills delivery. Following a tour of the clinical skills facilities the Panel concluded that the lack of a Clinical Skills Tutor reduced the effectiveness of clinical skills provision for students and **recommends** that the Faculty give priority to identifying potential resources for the creation of such a post.
- C.6.6 Staff were clearly dedicated to the delivery of teaching and learning and the Review Panel was particularly impressed by the enthusiasm of the Vocational Studies Tutors, the hourly paid and permanent Facilitators and the probationary staff. The latter group were experienced teachers and were in an unusual position of becoming probationary staff after a number of years of employment in the Medical School.
- C.6.7 The Review Panel learned from the SER and from discussions with key staff that a major concern remained over the ability to involve and retain a sufficient number of staff in the undergraduate medical programme and noted that this was a UK-wide problem with academic staff reluctant to become involved in teaching and assessment because of research and/or clinical service priorities. The Panel noted that the Faculty was already tackling the problem in a number of ways and that the Curriculum Review would be rethinking clinical teaching in Years 1 and 2 but **recommends** that efforts to increase both academic and clinical staff involvement in the undergraduate medical curriculum remain a priority.
- C.6.8 The Undergraduate Medical curriculum was supported by Additional Costs of Teaching (ACT) funds, which were deployed to ensure comprehensive provision within the Medical School and to work in partnership with the NHS to achieve provision on clinical sites. Each major hospital site had a Subdean

who had one or two sessions per week dedicated to Undergraduate Medical School business. These were challenging times for the NHS with the introduction of the new curriculum, the reduction in junior doctors' hours, the shift to senior delivery of teaching and the introduction of job plans.

- C.6.9 The Review Panel learned from the SER and from key staff that in recent years it had been possible to top slice a small amount of ACT to provide a Development Incentive Fund which Trusts could bid against to develop new resources but that with the new arrangements for ACT, which was now controlled by NHS Education for Scotland (NES), this would not be possible. However a regional group with members from all partner Boards would be set up and would have this as one of their subjects for review. Funding models in use in an Ayrshire hospital and in England where SIFT funds (the equivalent of ACT) were split 50:50 between the University and the NHS were considered to have potential for development.
- C.6.10 The Review Panel noted from the SER that Memoranda of Understanding had been signed for teaching with each of the Medical School's partner NHS Boards but that detailed Service Level Agreements could not be finalised until further Scotland-wide work was carried out by all of the Medical Schools with NES in relation to the monitoring and management of the use of ACT funds. It was hoped that the work done on ACT would give greater control of the resources following students and enable the Medical School to address issues more forcefully with Clinical Directors. The Panel felt that there was insufficient clarity in terms of the support that ACT funding provided for teaching and **recommends** that clarity be sought from NHS Education for Scotland as a matter of urgency.
- C.6.11 The Review Panel learned from staff that recent changes in the GP contract had drawn people back into teaching and that these teachers were valued.
- C.6.12 Students spoke highly of the majority of their clinical attachments and were particularly appreciative of the high standard of provision and support in Paediatrics at Yorkhill, in Glasgow Royal Infirmary and in General Practice placements.
- C.6.13 Students told the Review Panel that clinical placements in a minority of hospitals left a great deal to be desired. In relation to these, they spoke of variability in the effectiveness of placements and in the quality of feedback from clinical tutors/supervisors. They also reported that some clinicians did not turn up. Sometimes there were not enough patients and some placements were a waste of students' time in terms of the instruction received. Students from the early years of the curriculum also said that they were sometimes not expected when they arrived for placements. To improve the consistency and quality of clinical placements, the Review Panel **recommends** that the Undergraduate Medical School review the information provided to staff in clinical areas and ascertain that the quality assurance mechanisms in all clinical areas are operating effectively. The Panel further **recommends** that a half-day training session be provided by the Medical School for clinicians from the small number of hospitals where deficiencies in the standard of placement provision had been identified.
- C6.14 Students were unhappy with the Student Contract and said that they would prefer it if the University of Glasgow signed up to the Council of Heads of Medical Schools (CHMS) Charter. Students had been given a presentation on the Student Contract and there had been full discussion with them and their comments had been incorporated into the Contract before its introduction. The Medical School was happy to review the situation.

D The Maintenance and Enhancement of Standards of Awards

- D.1 In common with all undergraduate medical programmes, the MBChB is fully accredited by the General Medical Council, which has a robust process of inspection and follow-up.
- D.2 There was clear evidence from the documentation provided that the Department engaged effectively with its External Examiners.
- D.3 The Review Panel noted from the SER that staff from the Undergraduate Medical School attended medical education conferences, acted as External Examiners and participated in reviews of other medical schools, both informally and as part of formal reviews. These activities informed the maintenance and enhancement of the standard of the awards offered by the School.
- D.4 The Review Panel noted from the SER that the Undergraduate Medical School had set up an Assessment Working Group, which undertook a co-ordinated programme of review of assessments. The School **demonstrated good practice** in arranging twice-yearly meetings between the chair of the Assessment Working Group and student representatives from each year of the curriculum.

E. The Maintenance and Assurance of Quality

- E.1 The SER clearly described the processes undertaken by the Undergraduate Medical School in relation to the maintenance and assurance of quality. The processes were largely effective but the Review Panel identified a few instances where improvement could be made.
- E.2 The MBChB programme is based closely on the outcomes defined in the following inter-related benchmarks:
- The QAA Benchmark Statement for Medicine
 - The GMC publication “Tomorrow’s Doctors”
 - The Scottish Deans' Medical Curriculum Group publication “The Scottish Doctor”.
- E.3 Senior Management was very supportive of the Medical School Evaluation Working Group. There was a robust and sensitive system in place for providing feedback to staff and the School worked hard at encouraging staff to respond to feedback to close the loop. It was acknowledged that the analysis of the amount of material generated on the huge number of experiences that students had was very labour intensive for the small number of academic staff involved. The Review Panel agreed that the resource implications of effective evaluation of the Undergraduate Medical Curriculum should be drawn to the attention of the Faculty with a view to encouraging more staff to become involved in the process.
- E.4 The School **demonstrated good practice** in undertaking, through the Evaluation Working Group, an evaluation of student perceptions of the educational environment at Glasgow’s Medical School, using the web-based DREEM questionnaire designed by the University of Dundee. This was implemented across all year groups including intercalated students. It was anticipated that analysis of the data would give insight into areas of student satisfaction.
- E.5 The School also **demonstrated good practice** in its working relationships with the Learning and Teaching Service and had recently sought advice in setting up a clinical feedback form with provision for input from both the University and Hospital Subdeans.

- E.6 Students told the Review Panel that the style of facilitating and the quality of feedback from PBL Facilitators varied and suggested that this might be improved if senior staff briefed the Facilitators. The Medical School was aware of the variability amongst Facilitators and the Head of School and his Deputy looked at all PBL Facilitator feedback and ensured that the relevant staff received the student feedback.
- E.7 The Review Panel heard that the Staff Development Officer had recently left the University and that it was unclear whether the post would be replaced since it had been funded by the NHS through ACT. The purpose of the post had been to develop staff on hospital sites and had subsequently been rolled out to support the development of internal staff. The School believed that it was essential to have someone in-house with intimate knowledge of the demands made on medical teaching staff. The Review Panel concurred with the School's view and **recommends** that the Faculty gives serious consideration to replacing the Staff Development Officer post which is key to maintaining the standard of training of staff on hospital sites and of PBL facilitators.
- E.8 The Review Panel found the hourly-paid and permanent Facilitators to be a knowledgeable group who loved the ethos of problem-based learning and knew how to reassure and advise students. However, some of the group did not feel particularly valued or appreciated by the Medical School. They were rarely consulted on issues and some of the hourly-paid staff found the delays in notifying them of the number of hours that they would be required for facilitating in the next semester intolerable. They appreciated the financial constraints of the Medical School and its preference for using University staff for facilitating where possible, but they felt that the lack of a core of experienced professional Facilitators could be damaging since some of the permanent staff had intermittent involvement in facilitating. The Panel **recommends** that, in order to assure the quality of facilitating, the Faculty give consideration to providing security of employment for a core group of hourly-paid Facilitators.
- E.9 Facilitators enquired about the possibility of being allocated their own staff room which might double as office space since they currently shared a common room with the actors involved in the curriculum. The Review Panel believed that the provision of a dedicated office for professional Facilitators would enhance their working environment.
- E.10 The Review Panel found probationary staff (University Teachers) to be an experienced group whose combined expertise in facilitating was impressive. Despite their enjoyment of their work, this group of staff felt undervalued and felt that University Teachers in the Medical School did not share an equal footing with Lecturers and were not given explicit time for educational research or development. They also felt excluded from the decision making process. The Panel was concerned at the low morale amongst University Teachers and believed that this group of staff had a valuable contribution to make to the decision making process. The Panel therefore **recommends** that University Teachers be represented on the Medical Education Committee to enable their voice to be heard.
- E.11 MBChB students were critical of the operation of the Staff-Student Liaison Committees (SSLC) and told the Review Panel that student representatives were self-selecting. In principle, the Panel found the structure, whereby there was an individual SSLC for each year of the curriculum reporting to an overarching Faculty SSLC, to be robust. In practice, SSLC agendas had become less focused on educational matters since the move to the Wolfson Medical School Building and the students indicated a declining interest in accessing the minutes that were posted on the VALE student portal. The Review Panel urges the School to address the students' concerns by means of a student-led electoral process for Staff-Student Liaison Committees and

by reintroducing an agenda with a focus on promoting discussion and feedback on educational matters and curriculum review.

E.12 Apart from senior students, the students who met with the Review Panel appeared to be unaware of the Curriculum Review. The areas of the curriculum that they felt could be enhanced were as follows:

- Basic science , eg additional teaching on clinically applicable anatomy
- Clinical pharmacology
- Infection
- Paediatrics and obstetrics/gynaecology (placements too short)

F. Enhancing the Student Learning Experience

F.1 There was evidence that the student learning experience was enhanced as a result of the Medical School's engagement in educational research and its leading edge application of modern education theory to teaching.

F.2 Students were almost uniformly positive about studying at Glasgow and appreciated the facilities provided in the Wolfson Medical School Building. They told the Review Panel that Glasgow was a great city, that this was a great University, and that there was a great esprit de corps amongst students.

F.3 Students spoke warmly of their experience of Vocational Studies Tutors and were complimentary about the welfare advice that was available from Medical School Administrators.

F.4 Students were positive about the benefits of the excellent learning and resource environment provided in the Study Landscape but they reported that their studies were frequently disrupted by noise. The Review Panel suggested that a reduction in noise in the Study Landscape might be effected by moving noisy activity, such as the return of student work, to the floor below.

F.5 IT provision in the Medical School and in the vast majority of hospitals was excellent, but students said that IT provision in some of the outlying hospitals was patchy. The Review Panel was concerned at the effect that this might have on students' learning and explored with IT staff the possibility of setting up laptop provision in such areas. The University had no jurisdiction in the hospitals and whilst this solution might be feasible, it could present security issues which hospitals might find unacceptable. Since provision of adequate IT facilities on all hospital sites would enhance student learning, the Panel agreed to **recommend** to the Faculty that potential solutions to this matter be explored with the NHS.

F.6 The SER highlighted that the loss of the General Office Manager, who had not been replaced as a result of financial constraints, had had a detrimental impact on the support available to students in the Study Landscape in particular and in the turnaround in requests for standard letters, references and transcripts. The Review Panel **recommends** that the Faculty review the decision to withdraw the General Office Manager post since it impacts on the effectiveness of the support available to students.

G. Summary of Key Strengths and Areas to be Improved or Enhanced in relation to Learning and Teaching and Conclusions and Recommendations

Key strengths

- The Review Panel was impressed with both the quality and the reflective nature of the SER, which had been prepared in consultation with programme staff and others and had been shared with members of the student body.
- There was a robust and sensitive system in place for providing feedback to staff and the School worked hard at encouraging staff to respond to feedback to close the loop.
- Students praised Gynaecology and Obstetrics for the production of a useful succinct list of objectives and there was universal praise for the staff of Paediatrics at the Royal Hospital for Sick Children, Yorkhill, who were good at ensuring that students understood what they needed to cover.
- Staff were clearly dedicated to the delivery of teaching and learning and the Review Panel was particularly impressed by the enthusiasm of the Vocational Studies Tutors, the hourly paid and permanent Facilitators and the probationary staff. The Panel commends the School's policy of involving research active staff in the delivery of the specialist aspects of the programme.
- The Review Panel was impressed with the range of consultations that were being undertaken in relation to the Curriculum Review and **commends** the School for consulting with Senior House Officers in the NHS to identify any gaps in years 4/5 of the curriculum.
- The Review Panel found sound evidence that students were generally well supported in the attainment of the skills necessary to support the self-directed learning ethos of the MBChB programme.
- The School had adequate systems in place to ensure that students who required learning support were identified promptly and referred to the Effective Learning Adviser.
- The Review Panel was impressed with the extensive administrative capabilities of the Undergraduate Medical School's Virtual Administrative and Learning Environment (VALE).
- Course documentation was of a high standard and its provision to students on-line was seen to be good practice.
- Students were articulate and enthusiastic about their learning, and put forward constructive suggestions for improvement.
- Students spoke highly of the majority of their clinical attachments and were particularly appreciative of the high standard of provision and support in Gynaecology and Obstetrics, in the Paediatrics Department at Yorkhill, in Glasgow Royal Infirmary and in General Practice placements.
- The MBChB is fully accredited by the General Medical Council, which has a robust process of inspection and follow-up.
- There was clear evidence from the documentation provided that the Department engaged effectively with its External Examiners.
- The School demonstrated good practice in arranging twice-yearly meetings between the chair of the Assessment Working Group and student representatives from each year of the curriculum.

- The School demonstrated good practice in undertaking, through the Evaluation Working Group, an evaluation of student perceptions of the educational environment at Glasgow's Medical School, using the web-based DREEM questionnaire designed by the University of Dundee.
- The School demonstrated good practice in its working relationships with the Learning and Teaching Service and had recently sought advice in setting up a clinical feedback form with provision for input from both the University and Hospital Subdeans.
- The Review Panel found the hourly-paid and permanent Facilitators to be a knowledgeable group who loved the ethos of problem-based learning and knew how to reassure and advise students.
- The Review Panel found probationary staff (University Teachers) to be an experienced group whose combined expertise in facilitating was impressive.
- There was evidence that the student learning experience was enhanced as a result of the Medical School's engagement in educational research and its leading edge application of modern education theory to teaching.
- Students were almost uniformly positive about studying at Glasgow and appreciated the facilities provided in the Wolfson Medical School Building. They told the Review Panel that Glasgow was a great city, that this was a great University, and that there was a great *esprit de corps* amongst students.
- Students spoke warmly of their experience of Vocational Studies Tutors and were complimentary about the welfare advice that was available from Medical School Administrators.

Areas to be improved or enhanced

- Staff expressed a willingness to redesign the list of "clinical scenarios to see" for years 4/5 since they were not considered to be particularly user-friendly.
- The School acknowledged that the range of electronic learning sources available through VALE's student portal was not extensive and that there was potential for further development.
- Students were unhappy with the Student Contract and said that they would prefer it if the University of Glasgow signed up to the CHMS Charter.
- Students told the Review Panel that the style of facilitating and the quality of feedback from PBL Facilitators varied and suggested that this might be improved if senior staff briefed the Facilitators.
- The Review Panel believed that the provision of a dedicated office for professional Facilitators would enhance their working environment.
- The Review Panel urges the School to address the students' concerns about Staff-Student Liaison Committees by means of a student-led electoral process for SSLCs and by reintroducing an agenda with a focus on promoting discussion and feedback on educational matters and curriculum review.
- The Review Panel suggested that a reduction in noise in the Study Landscape might be effected by moving noisy activity, such as the return of student work, to the floor below.

Conclusions and Recommendations

Conclusions

The Review Panel commended the School on the overall quality of its provision. The School had a robust and sensitive system in place for providing feedback to staff and the School worked hard at encouraging staff to respond to feedback to close the loop. Members of staff were found to be enthusiastic, committed and responsive to change and were dedicated to the ethos of problem based learning.

Students spoke warmly of the Undergraduate Medical School, of the University and of the city of Glasgow. They also spoke of the great *esprit de corps* amongst students.

The Medical School had prepared an honest evaluation of its strengths and weaknesses and was committed to continually assessing the content of the curricula that it offers.

The Review Panel wished to draw to the attention of the University that it found the adaptation of the University Adviser system currently in use in the Undergraduate Medical School to be inappropriate for MBChB students and **recommends** that the University permit the introduction of an alternative support mechanism to be devised by the Faculty of Medicine to meet the particular needs of undergraduate medical students.

The Review Panel also wished to draw the University's attention to the Undergraduate Medical School's Virtual Administrative Learning Environment (VALE) and to **recommend** that the University explore the potential for linking the power of VALE to Moodle with a view to providing an opportunity for other Departments to benefit from VALE's administrative capabilities.

The Panel shared the School's concern that the gender balance of medical school entrants could have workforce implications for certain specialities in the future but this is an issue which needs to be addressed nationally.

The Panel particularly wishes to draw to the Faculty's attention the need for a Clinical Skills Tutor to enhance the effectiveness of clinical skills provision for students. The Panel also identified the enormous burden placed on the staff involved in student assessment. It **recommends** that efforts should be made to increase both academic and clinical staff involvement in the assessment of undergraduates.

The Panel also noted that the identified unfilled posts appeared to be impacting on the training of staff on hospital sites and of PBL facilitators, and on the effectiveness of the administrative support available to students.

There was a strong feeling amongst University Teachers and hourly-paid Facilitators that they were not valued and the Review Panel urges the Medical School to address this matter.

Recommendations to the Department/Faculty

Recommendation 1

Following a tour of the clinical skills facilities the Review Panel concluded that the lack of a Clinical Skills Tutor reduced the effectiveness of clinical skills provision for students and **recommends** that the Faculty give priority to identifying potential resources for the creation of such a post. (*Paragraph C.6.5*)

Action: The Dean of the Faculty of Medicine

Recommendation 2

The School believed that it was essential to have someone in-house with intimate knowledge of the demands made on medical teaching staff. The Review Panel concurred with the School's view and **recommends** that the Faculty gives serious consideration to replacing the Staff Development Officer post which is key to maintaining the standard of training of staff on hospital sites and of PBL facilitators. (*Paragraph E.7*)

Action: The Dean of the Faculty of Medicine

Recommendation 3

The Review Panel **recommends** that efforts to increase both academic and clinical staff involvement in the undergraduate medical curriculum remain a priority. (*Paragraph C.6.7*)

Action: The Dean of the Faculty of Medicine

Recommendation 4

The Review Panel **recommends** that, in order to assure the quality of facilitating, the Faculty give consideration to providing security of employment for a core group of hourly-paid Facilitators. (*Paragraph E.8*)

Action: The Dean of the Faculty of Medicine

Recommendation 5

The Review Panel was concerned that University Teachers felt undervalued and believed that this group of staff could make a valuable contribution to discussions on the delivery of teaching. The Panel therefore **recommends** that University Teachers be represented on the Medical Education Committee to enable their voice to be heard. (*Paragraph E.10*)

Action: The Head of the Undergraduate Medical School

Recommendation 6

The Review Panel felt that there was insufficient clarity in terms of the support that ACT funding provided for teaching and **recommends** that clarity be sought from NHS Education for Scotland as a matter of urgency. (*Paragraph C.6.10*)

Action: The Dean of the Faculty of Medicine

Recommendation 7

Since provision of adequate IT facilities on all hospital sites would enhance student learning, the Review Panel agreed to **recommend** to the Faculty that potential solutions to this matter be explored with the NHS. (*Paragraph F.5*)

Action: The Dean of the Faculty of Medicine

Recommendation 8

To improve the consistency and quality of clinical placements, the Review Panel **recommends** that the Undergraduate Medical School review the information provided to staff in clinical areas and ascertain that the quality assurance mechanisms in all clinical areas are operating effectively. (*Paragraph C.6.13*)

Action: The Head of the Undergraduate Medical School

Recommendation 9

The Review Panel **recommends** that a half-day training session be provided by the Medical School for clinicians from the small number of hospitals where deficiencies in the standard of placement provision had been identified. (*Paragraph C.6.13*)

Action: The Head of the Undergraduate Medical School

Recommendation 10

The Review Panel **recommends** that a realistic annual budget be assigned to the Undergraduate Medical School to facilitate the effective maintenance and replacement of essential learning and teaching equipment and for the purchase of reference texts and consumables. (*Paragraph C.6.4*)

Action: The Dean of the Faculty of Medicine

Recommendation 11

The Review Panel **recommends** that the Undergraduate Medical School explore the possibility of providing students who are unsuccessful in the final MBChB examination with the opportunity to resit within the same year, since this could have financial and career implications for students. (*Paragraph C.3.8*)

Action: The Head of the Undergraduate Medical School

Recommendation 12

The Review Panel **recommends** that the Undergraduate Medical School engage in greater consultation with Facilitators and University Teachers in relation to curriculum review and development. (*Paragraph C.4.5*)

Action: The Head of the Undergraduate Medical School

Recommendation 13

The Review Panel **recommends** that the Curriculum Review be completed in sufficient time to allow the principal changes to the programme to be introduced in Session 2007-2008, with further changes introduced incrementally as appropriate. (*Paragraph C.4.3*)

Action: The Head of the Undergraduate Medical School

Recommendation 14

The Review Panel **recommends** that the Faculty review the decision to withdraw the General Office Manager post since it impacts on the effectiveness of the support available to students. (*Paragraph F.6*)

Action: The Dean of the Faculty of Medicine

Recommendations to the University

Recommendation 15

The Review Panel felt strongly that the existing Adviser system did not adequately support the needs of undergraduate medical students and **recommends** that the University permit the introduction of an alternative support mechanism to be devised by the Faculty of Medicine to meet the particular needs of undergraduate medical students. (*C.5.14*)

Action: The Clerk of Senate

Recommendation 16

The Review Panel **recommends** that the University explore the potential for linking the power of VALE to Moodle with a view to providing an opportunity for other Departments to benefit from VALE's administrative capabilities. (*Paragraphs C.5.8; C.5.10*)

Action: The Vice Principal for Learning & Teaching

Prepared by: Janet Fleming, Senate Office

Last modified on: Monday 22 May 2006