

---

# Options for the enhancement of Quality Assurance of Basic Medical Education (QABME) Response form

## Survey from 5 March – 28 May 2010

Please return your responses by 28 May 2010 to:

Education Team  
Education Directorate  
General Medical Council  
Regents Place  
350 Euston Road  
London  
NW1 3JN

Email [quality@gmc-uk.org](mailto:quality@gmc-uk.org)

Telephone 020 7189 5284

### Summary

We are seeking feedback on a number of options to enhance the quality assurance of basic medical education (QABME) programme to ensure it remains robust and fit for purpose when quality assuring the standards for delivery and outcomes for graduates set out in *Tomorrow's Doctors* 2009.

We are seeking views from people involved in basic medical education on how to enhance involvement of key interest groups.

### Other formats

Our surveys are also available, on request, in alternative formats such as large print or audio. If you would like to receive a copy of a survey in an alternative format please contact us to discuss your specific requirements in more detail.

### Freedom of information

The information you provide in your response may be subject to disclosure under the Freedom of Information Act 2000, which allows public access to information held by

the GMC. This does not necessarily mean that your response will be made available to the public as there are exemptions relating to information provided in confidence and information to which the Data Protection Act 1998 applies.

Please tick if you want us to treat your response as confidential

### **Data protection**

The information you supply will be stored and processed by the GMC in accordance with the Data Protection Act 1998 and will be used to analyse the survey responses and help us to consult more effectively in the future. Any reports published using this information will not contain any personally identifiable information. We may provide anonymised responses to the survey to third parties for quality assurance or approved research projects on request. No personal information will be provided to a third party.

### **Results**

All comments will be considered in the development of a work programme for the quality assurance of basic medical education (QABME) process for 2010/11. This work programme will be considered by the GMC Undergraduate Board during the second half of 2010. We will produce an analysis report on responses. Would you like to be emailed a copy? **Yes**  **No**

### **Background**

Medical schools in the UK must ensure that the qualifications they offer and the outcomes attained by their graduates meet the standards set out in our publication *Tomorrow's Doctors*. The GMC carries out quality assurance of medical schools through the quality assurance of basic medical education (QABME) process. QABME provides evidence and assurance that graduates of UK medical schools are fit to start employment as a foundation year one doctor.

The QABME programme consists of yearly submissions from all medical schools detailing change to curriculum, risks and innovations, and a cycle of visits to each medical school.

All medical schools have been reviewed in the first QABME visiting cycle, which concluded in November 2009. Each visit and assessment is undertaken by a team of GMC associates drawn from medical education, clinical practice and including students and lay people.

The QABME process has been subject to continuous improvement. The experience gained and lessons learned from the first QABME cycle, the publication of a revised version of *Tomorrow's Doctors* in 2009, and wider regulatory reform have pointed to areas where further enhancements to QABME are possible in the short and medium term.

**Please read the 'QABME Options for enhancement: background information' document before proceeding with the survey.**

## Questions for all respondents

### Issue 1: Sharing good practice & supporting medical schools

#### Options for enhancement:

- To hold QABME events involving multiple schools to verify information from Enhanced Annual Returns, to discuss key issues and themes from *Tomorrow's Doctors 2009* and share good practice in 2010/11.
- To circulate and publish a summary report or reports on the progress of implementation.

Please see paragraphs **28** to **34** in the 'QABME options for enhancement: background information' document.

**Question 1a:** Do you agree that GMC facilitated events involving multiple schools, to verify information from the Enhanced Annual Returns and to discuss key issues and themes, are a preferred alternative to separate verification visits or meetings with individual schools?

Yes       No       Not Sure

**Question 1b:** Please comment briefly on your reasoning.

The notion of facilitated events or seminars, involving groups of schools, could permit discussion of key issues and themes, but we are not clear how this would help to verify information. We are not clear how much verification the GMC envisages will be necessary regarding the enhanced annual returns. When first introduced, we were told that there would be no penalty if schools were unable to answer particular sections of the return, and therefore we are unsure of the process if schools are simply developing their responses (in other words this is not verification).

**Question 1c:** What other mechanisms could the GMC use to verify the information provided by schools in the Enhanced Annual Returns and/ or to discuss key issues and themes?

Our suggestion would be to have a single national event to which educational leads from all medical schools would be expected to attend. This would allow a comprehensive picture to emerge, on the one hand from the GMC regarding the direction of travel and on the other the views of all of the medical schools on the process to date and possible improvements. Such national events have already worked well with regard to fitness to practise, and MSC hosts an annual admissions tutors' event which is similarly successful. Verification of information should be done with individual schools by correspondence or by visits if necessary.

**Question 2a:** Do you agree that GMC facilitated events involving multiple schools would provide a useful opportunity for medical schools to share good practice?

Yes       No       Not Sure

**Question 2b:** What other mechanisms could be used to share good practice?

The GMC has already collected a substantial amount of information on good practice through the existing QABME visits and this, as far as we are aware, has not been widely circulated and discussed. We are also not clear how consistent QABME teams have been in their balance of activities in seeking good practice and quality assurance. Medical schools already share good practice through academic networks, ASME, publications and other routes. The GMC could adopt a consistent approach to areas of good practice in any future round of QABME visits. Schools could be invited to describe teaching innovations and examples of good practice in more detail. There is also a case for separating the assessment of good practice entirely from that of quality assurance.

## Issue 2: Quality assuring outcomes for graduates

### Option for enhancement:

- To develop a standardised student achievement record showing students' attainment of the outcomes for graduates in *Tomorrow's Doctors 2009*.

Please see paragraphs **35** to **41** in the 'QABME options for enhancement: background information' document.

**Question 3:** *Tomorrow's Doctors 2009* includes explicit outcomes for graduates from UK medical schools [Paragraphs 8 to 23]. Do you agree that the QABME process should require schools to demonstrate that their graduates are meeting these outcomes?

Yes       No       Not Sure

A 'standardised achievement record' would enable student achievement in assessments covering outcomes in *Tomorrow's Doctors 2009* to be recorded in a standardised and common format across medical schools.

**Question 4a:** Do you agree that standardised student achievement records would be an effective way for schools to demonstrate that their graduates are meeting these outcomes?

Yes       No       Not Sure

**Question 4b:** Please briefly describe your reasoning.

It would be helpful to have more detail of what is envisaged with regard to a standardised student achievement record. Provided all medical schools were involved in the creation of such an achievement record, this could be effective, but we envisage that this may prove more difficult than it initially seems! There is also work going on at a national level to design portfolios which interface between the final year of undergraduate medical education and the foundation years. To avoid duplication and unnecessary effort it would be essential to consider what is already in place and what is being planned.

**Question 4c:** What alternative approach/es could schools take to demonstrate to the GMC that their graduates are meeting these outcomes?

The template for future QABME visits could contain a detailed section which would allow schools to demonstrate that each of the outcomes has been met.

### **Issue 3: Consistency and comparability in judgements made about schools; Currency of information**

#### **Options for enhancement:**

- To alter the balance of information reported by schools so that a larger data set is returned annually and less is returned immediately prior to a visit.
- To undertake curriculum approvals separate from the QABME visit process.

Please see paragraphs **42** to **49** in the 'QABME options for enhancement: background information' document.

**Question 5a:** Do you agree that all medical schools should provide an annual submission to the GMC that reports against all outcomes and standards in *Tomorrow's Doctors*, to ensure continued oversight of all UK medical schools?

Yes       No       Not Sure

**Question 5b:** Please briefly describe your reasoning.

We are unclear why the only alternative to reducing the information prior to a visit must be something equivalent to an enhanced annual return. We agree that all medical schools must provide an annual update to the GMC, which would be brief if little change had occurred, but do not understand why all outcomes and standards in *Tomorrow's Doctors* must be reported on each year. Schools have already undertaken substantial amounts of information gathering for the GMC on two

occasions in the last six years.

**Question 6a:** Do you agree that the consistency and comparability of QABME findings would be improved if schools' submissions to the GMC were analysed by domain or theme across a number of schools as part of the QABME process?

Yes       No       Not Sure

**Question 6b:** Please briefly describe your reasoning.

We agree that if the same team were to examine the same domain or theme across a number of schools (it's not clear how many are intended) this would improve consistency, but would be very onerous for the visiting team. It would mean that an in depth review in any one school in a particular area may not be as easy to do as it is currently. There is also the risk that in dealing with certain aspects of provision in isolation, the whole picture is lost. The latter was a problem with the QAA process which focused on a single week, and thus lost the broad context of the course being inspected. As well as the potential problems for the visiting team, this proposal would mean that schools might receive a number of different teams over the course of a five year cycle. Again this will increase the burden on medical schools.

**Question 6c:** If not, what alternative approach could we take to improve consistency and comparability of QABME findings?

If the structure of each inspection visit is properly determined and if teams are properly trained, there should be a good degree of consistency and comparability. Inspections over two or three cycles, based on the present system, would achieve improved consistency over a long time frame, but we do not see any urgency from what we understand of the outcome of the first cycle. We would be interested to see the evidence that there was much inconsistency in the first cycle.

A curriculum approvals process would look in detail at the curriculum and assessment system for a particular primary medical qualification, such as a 4-year graduate entry programme or 5-year standard programme.

**Question 7a:** Do you agree that a distinct process for curriculum approvals would help to enable better targeting of QABME visits, and improve consistency in the QABME process?

Yes       No       Not Sure

**Question 7b:** Please briefly describe your reasoning.

This would allow visiting teams to focus on implementation of the curriculum and achieving the outcomes in Tomorrow's Doctors.

#### Issue 4: Enhancing the perspective of employers and those involved in Foundation Training

##### Option for enhancement:

- To include employers and/or those involved in Foundation Training on QABME visit teams.

Please see paragraphs **50** to **55** in the 'QABME options for enhancement: background information' document.

**Question 8a:** Do you agree that widening the range of QABME visitors to include employers and/or those involved with Foundation Training will help to ensure that stakeholder perspective is stronger in the QABME process?

Yes       No       Not Sure

**Question 8b:** If not, or you have any further comments, please expand further:

Some but not all QABME teams have members who represent employers. Achieving consistency here would be useful. It would also improve employer understanding of the complexities of undergraduate medical education. Teams will also have individuals who have been involved in foundation training at various levels, and again achieving consistency here would be useful, provided the teams do not increase in size.

**Question 9a:** Do you agree that introducing meetings with employer and deanery representatives as a required part of QABME review visits would effectively enhance stakeholder input into the QABME process?

Yes       No       Not Sure

**Question 9b:** If so, what particular representatives should we meet with (people in which roles)?

We support the idea of meetings with employer and deanery representatives, both to enhance stakeholder input and to broaden understanding. Key Medical Directors, representatives from the Primary Care Trust, those with educational responsibility in the SHA including the Postgraduate Dean. Many hospitals will have educational leads and these could be representatives of the Medical Director: this will also help to identify how the interface between medical schools and placement providers operate.

**Question 10:** How else could we enhance the perspective of employers and those involved in Foundation Training in the quality assurance of basic medical education?

It would be worth examining how the proposals operate in practice before extending the involvement of others.

### Issue 5: Medical student engagement

#### Options for enhancement:

- To trial student surveys with a number of schools.
- To work with schools to develop specific survey questions that they must use within individual school surveys and report on to the GMC.

Please see paragraphs **56** to **70** in the 'QABME options for enhancement: background information' document.

**Question 11:** Do you think that the GMC should develop a UK wide student survey?

Yes  No  Not Sure

**Question 12:** Do you think that the GMC should develop a student survey for use by specific medical schools in advance of their QABME visits?

Yes  No  Not Sure

**Question 13a:** Do you think that standardised questions embedded in existing medical school student surveys and evaluation questionnaires would be an effective alternative to a separate QABME student survey?

Yes  No  Not Sure

**Question 13b:** If you have any further comments please expand here:

Medical schools would be willing to incorporate standardised questions within medical school surveys or evaluation questionnaires. The difficulty would be to ensure that the answers to these questions could be retrieved easily and analysed separately.

**Question 14a:** Which approach (in Questions 11 - 13) do you consider would be the most effective means of enhancing the student perspective in QABME?

GMC UK wide survey for medical students	<input type="checkbox"/>
Student survey for specific use prior to QABME visits	<input checked="" type="checkbox"/>
Standardised questions embedded within existing student surveys e.g. NSS	<input type="checkbox"/>



**Question 14b:** Please briefly describe your reasoning.

The meetings with students should continue and be informed by the outcome of student surveys (either those conducted by medical schools or incorporating questions from the GMC in advance of the visit). The first cycle of QABME visits should have already provided the GMC with details of how student evaluation is conducted at medical schools in the UK, and recommendations could be made to medical schools based on these data as to the kind of evaluation that would be most helpful to the GMC.

MSC view on the concept of a medical student survey: We agree that engagement with medical students in the QABME process is crucial. However we have serious concerns over the introduction of a UK wide student survey. Students already undertake a considerable amount of evaluation, not just through the NSS but through local university schemes as well as through the medical schools seeking to evaluate parts of their course. There is a significant danger that the burden of feedback provided by students will be too great. Schools would have to ensure a maximum return which is proving difficult with repeated rounds of the NSS. A frequent concern from students is that their views are not immediately implemented by medical schools. Were the GMC to do a national survey, it would be very difficult for medical schools to respond individually in a timely fashion to the outcome of these results, and that might lead to further student disillusionment. The NSS itself has proved difficult to manage, and although medical schools would do all that they can to ensure that a GMC survey is done fairly, nonetheless there is a significant risk that medical students would feel pressure to complete the survey in a way which does not discredit their institution. We are not sure what evidence the GMC already has from its student survey but this evidence should be examined in depth before committing to such a significant step. Another problem with a national survey is timing: some schools believe that results from the NSS reflect the pressures students are feeling at the time of completion (for instance, when questions are asked immediately before finals examinations). We certainly feel that an annual feedback of all medical students (paragraph 60) would be excessive.

A student survey in advance of a QABME visit would provide an alternative which could produce useful information. This would be linked to the visit, would only occur once every five years, and would enable a snapshot to be obtained of the entire group of students from years one to five. It will be vital to back up the outcomes of such a survey with face to face meetings. Although there is a comment that these are “necessarily limited by the time a number of students are available” we believe that such group meetings are the best way to understand students’ views. Better use of the time could be made by surveys done in advance of the visit and by standardising the format of these meetings.

**Question 15:** What other methods could we use as part of QABME to ensure a representative student input?

As with other parts of this questionnaire, we find this issue difficult to address in the absence of further information. The GMC are in the best position at the end of the first cycle of QABME visits to understand where gaps are and how these might be

addressed. We would be delighted to discuss the evidence in detail with the GMC, bearing in mind that a single cycle of visits, during which the QABME process has evolved, may not be sufficient on which to base a need to alter very much the present style of quality assurance.

### Issue 6: Engaging patients and the public

Please see paragraphs 71 to 72 in the 'QABME options for enhancement: background information' document.

**Question 16a:** Should QABME visit teams meet patients involved in delivering, teaching and assessment of medical students during a QABME visit?

Yes  No  Not Sure

**Question 16b:** Please briefly describe your reasoning.

It would require a considerable effort to meet sufficient patients' representative locations to form a collective view of medical education. As far as we are aware the option is open already to QABME teams to interact with patients, especially those involved in patient educator programmes.

**Question 17a:** Should QABME visit teams meet local patient and the public representatives, for example lay representatives on Foundation Trust Boards or patient representative groups, during QABME visits?

Yes  No  Not Sure

**Question 17b:** Please briefly describe your reasoning

Again this proposal would add to the intensity of the QABME visits, and it would require considerable effort to get the relevant groups of people together to meet the QABME team.

**Question 18:** How else could we enhance the engagement of patients and the public in the quality assurance of basic medical education?

Lay representatives are included in each of the QABME teams and we wonder what the analysis of the first cycle of visits has made of their role? It would seem preferable to enhance this role and to ask medical schools directly how they themselves involve patients and the public in quality assuring medical education. Responses could then be assessed by the QABME team and, based on this evidence, follow up could be made at the QABME visits. One of the benefits of the present QABME system is that the visiting teams can explore in depth areas where they feel additional evidence is required, and it would seem preferable to retain this flexibility, to address areas where performance might not be clear, rather than impose additional burdens on medical schools and their partners.

**Are you responding on behalf of a UK medical school?**

Yes  Please continue from Question 19a.

No  Please go to Page 11 and complete the **'Which of the following categories best describes you'** section.

## Questions for Medical Schools only

**Question 19a:** Would a summary report or reports on the progress of the implementation of *Tomorrow's Doctors 2009* across all UK medical schools be useful to support your implementation by sharing themes and experiences?

Yes       No       Not Sure

**Question 19b:** What particular areas would you like to see covered

**Question 20:** As part of a QABME review what areas would be most useful for you to discuss face to face with:

a. QABME visitors? (For example types of potential issues or specific standards)

b. GMC staff? (For example types of potential issues or specific standards)

c. Other medical schools? (For example types of potential issues or specific standards)

d. Employers and those involved in Foundation Training? (For example types of potential issues or specific standards)

**Question 21:** Would your school be willing to help develop and trial a standardised student achievement record showing students' attainment of the outcomes for graduates in *Tomorrow's Doctors 2009*?

See paragraphs **35** to **41** in the 'QABME options for enhancement: background information' document.

Yes       No       Not Sure

**Question 22a:** Would you prefer to submit an enlarged annual data return to the GMC if it meant that less information needed to be submitted immediately prior to QABME visits?

Yes       No       Not Sure

**Question 22b:** Please briefly describe your reasoning.

**Question 23:** Would your school be willing to volunteer to trial a curriculum approvals process?

See paragraph 49 in the 'QABME options for enhancement: background information' document.

Yes       No       Not Sure

**Question 24:** Would your school be willing to volunteer for an early (2010/11) QABME review of compliance against the standards and outcomes in *Tomorrow's Doctors 2009*?

Yes       No       Not Sure

**Question 25a:** Would you be willing to trial a GMC student survey?

See paragraphs 56 to 67 in the 'QABME options for enhancement: background information' document.

Yes       No       Not Sure

**Question 25b:** Would you be willing to trial embedding QABME questions within your existing student surveys of questionnaires?

See paragraphs 68 to 70 in the 'QABME options for enhancement: background information' document.

Yes       No       Not Sure

**Question 25c:** Please briefly describe your reasoning.

**Further comments:**

Overview of MSC position on the options for enhancement to QABME as outlined in this consultation:  
The overall objectives of these proposals are to enhance the process to quality

assure basic medical education to ensure it continues to be fit for purpose as well as to widen the role of various groups in this process. As a general comment we feel that QABME has worked well and has been a significant advance over the previous round of GMC inspections. A considerable amount of information has been gathered about all UK Medical Schools and we imagine that the present consultation has emerged from a detailed review of that information. It would have been interesting and helpful to know what gaps have been identified beyond the obvious one of ensuring that medical schools are adopting the new guidance within Tomorrow's Doctors. The present QABME process has been continually refined during its first cycle, and as far as we are aware no major deficiencies were observed in any UK medical school. The burden put upon each medical school during the process has been significant, and at present medical schools are concerned at the volume and complexity of information required for the enhanced annual return. Universities and their medical schools are facing significant financial pressures, compounded by impending changes to the MPET levy. We therefore urge the GMC to consider as carefully as possible the extra burden that may be placed on medical schools by changes which may be a marginal improvement of what is already a very good system.

**Thank you for considering these options for enhancement to QABME and submitting your response.**

**To enable us to consider your response you must complete:**

**'Which of the following categories best describes you'** either in the 'Responding as an individual' or 'Responding as an organisation' sections.

**Your details**

Name	
Job Title	
Organisation	
Address	
Email	
Contact Tel	

**Responding as an individual**

Are you are responding as an individual? Yes  No

If Yes, please complete the following questions. If No, please complete the 'Responding as an organisation' section.

**Which of the following categories best describes you?\* [Mandatory]**

Doctor	<input type="checkbox"/>
Medical educator (teaching, delivering or administrating)	<input type="checkbox"/>
Medical student	<input type="checkbox"/>
Member of the public	<input type="checkbox"/>
Other healthcare professional	<input type="checkbox"/>

GMC QABME visitor	<input type="checkbox"/>
Other (please give details below)	<input type="checkbox"/>

What is your country of residence?

England	<input type="checkbox"/>
Northern Ireland	<input type="checkbox"/>
Scotland	<input type="checkbox"/>
Wales	<input type="checkbox"/>
Other – European and Economic Area	<input type="checkbox"/>
Other - rest of the world	<input type="checkbox"/>

**OR**

**Responding as an organisation**

Are you responding on behalf of an organisation? Yes  No

If Yes, please complete the following questions. If No, please complete the 'Responding as an individual' section above.

**Which of the following categories best describes your organisation?\***

**[Mandatory]**

Body representing doctors	<input type="checkbox"/>
Body representing patients or public	<input type="checkbox"/>
Government department	<input type="checkbox"/>
Independent healthcare provider	<input type="checkbox"/>
Medical School (undergraduate)	<input type="checkbox"/>
Postgraduate medical institution	<input type="checkbox"/>
NHS/HSC organisation	<input type="checkbox"/>
Regulatory body	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/> Please give details The MSC

In which country is your organisation based?

UK wide	<input checked="" type="checkbox"/>
England	<input type="checkbox"/>
Scotland	<input type="checkbox"/>
Northern Ireland	<input type="checkbox"/>
Wales	<input type="checkbox"/>
Other (European and Economic Area)	<input type="checkbox"/>
Other (rest of the world)	<input type="checkbox"/>

In our survey reports we often include quotes from respondents. Are you content for the comments you submit to be attributed to your organisation in our survey reports?

Yes  No

**Further information about you**

To help ensure that our surveys are reflecting the view of the diverse community, we request that you please fill in the information below. Although we will use this information in our analysis of the survey response, it will not be linked to your response.

The following section is not mandatory.

Are you: Female  Male

What is your age?

Under 24	<input type="checkbox"/>	45 – 54	<input type="checkbox"/>
25 – 34	<input type="checkbox"/>	55 – 64	<input type="checkbox"/>
35 – 44	<input type="checkbox"/>	65+	<input type="checkbox"/>

Do you consider yourself to have a disability according to the terms given in the Disability Discrimination Act (DDA) \*\*? Yes  No

\*\*The DDA protects disabled people. The Act defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day-to-day activities. Examples of conditions include depression, dyslexia, diabetes, hearing impairment, visual impairment, epilepsy and arthritis.

What is your ethnic origin? (Please tick one)

**Asian or Asian British**

Bangladeshi	<input type="checkbox"/>	
Indian	<input type="checkbox"/>	
Pakistani	<input type="checkbox"/>	
Any other Asian background	<input type="checkbox"/>	Please specify <input type="text"/>

**Black or Black British**

African	<input type="checkbox"/>	
Caribbean	<input type="checkbox"/>	
Any other Black background	<input type="checkbox"/>	Please specify <input type="text"/>

**Chinese or other ethnic group**

Chinese	<input type="checkbox"/>	
Any other background	<input type="checkbox"/>	Please specify <input type="text"/>

**Mixed**

White and Asian	<input type="checkbox"/>	
White and Black African	<input type="checkbox"/>	
White and Black Caribbean	<input type="checkbox"/>	
Any other Mixed background	<input type="checkbox"/>	Please specify <input type="text"/>

**White**

British	<input type="checkbox"/>
---------	--------------------------



Irish	<input type="checkbox"/>	
Any other White background	<input type="checkbox"/>	Please specify <input type="text"/>