MBBS PERIODIC REVIEW REPORT

Wednesday 5th March 2025
Heritage Room, Tooting, City St George's, University of London

PANEL MEMBERSHIP

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Ameera Rahman	Student Advisor, School of Health and Medical Sciences, Tooting Campus, City St George's, University of London
Dr Sam Thenabadu	Programme Director MBBS, GKT Medical School

In attendance

Glen Delahaye	Senior Quality Assurance and Enhancement Manager, School of Health and Medical Sciences, Tooting Campus, City St George's, University of London

Context

1) This review commenced prior to the merger between St George's, University of London and City, University of London and was therefore conducted in line with the Legacy St George's Quality Manual. The previous review of MBBS took place in June 2019.

2) The event took place over one day, in which the Panel held several private meetings and also held meetings with the course team and students. The student meeting was held without the presence of the course team and a summary of the items that were discussed is provided in this report (paragraphs 22-44).

Outcome

3) The Panel recommended reapproval of MBBS for a period of five years. The course would next be reviewed or revalidated in 2029/30.

4) It was obvious to the Panel that the course team was very dedicated, knowledgeable and passionate. While the course and the team delivering it had many strengths, the Panel was concerned about the limitations in the information and agency available to the course team. The Panel found that the course team did not have an overview of the course's costs and budget, had limited influence over Admissions processes, and lacked transparent access to student data, making it difficult for them to plan and resource the course effectively. They were concerned that

this could become a risk to student progression and attainment, the student and staff experience, and the longer-term sustainability of the course.

5) Several actions points and items of good practice were agreed by the Panel and are listed below (paragraphs 6 to 21).

<u>Good Practice</u>

6) The Panel wished to highlight the following strengths within the MBBS:

   a) The course team is proactive with student support. The Panel was particularly impressed that the team was reaching out to students at the point of joining the course to identify needs as early as possible.
   b) The clear benefits of the continuous quality improvement approach, in which the professional services team was consistently reviewing its own working methods and practices.
   c) The high-quality teaching facilities.
   d) The dedicated staff member to support external staff and ensure the effective design of Canvas pages using templates.
   e) The Panel found that the workstreams had performed a good analysis of issues, informed by students and with solid action plans
   f) The George curriculum mapping system was identified as a significant beneficial resource for students and staff

<u>Essential Actions</u>

1. **<u>Review the academic and professional services structure and resourcing and</u>**

2. **<u>increase budget awareness and gain a full overview of the cost of the course.</u>**

7) The Panel recognised that the team was not able to plan or resource itself effectively, as it did not have enough understanding of its own income and costs. The course team would need to work with the school to access this information and to compile it in a clear way.

8) In the meetings with the course team, the Panel heard that the team's requests for additional resource were generally turned down and that staff were burned out. A lot of roles (including leadership roles) were filled by clinicians and staff on sessional contracts. It was difficult for the course team to plan ahead when so many roles were being filled by staff who were part-time or non-permanent. They hoped to have larger and permanent roles, including a structure of deputies, in the future.

9) The Panel found the staff contracting arrangements to be complex and advised the course team to work with HR to gain a clearer oversight of the contracts currently in place with staff. They suggested that there should be dedicated HR support to ensure that the staffing was effective and in accordance with the Follet Principles[1]:

10) Although many students were thriving on the course, the course team did not feel they were resourced to provide sufficient support to all students (for example in relation to mental health and physical support).

3. **<u>Routinely obtain course-level data on student admissions, student entry qualifications, widening participation profiles, progression and attainment to help monitor the effectiveness of the course.</u>**

11) There were several courses within the Tooting campus that used MMIs to assess applicants. Although different questions were used for each course, the format of the MMIs was the same for all courses, which allowed the admissions team to run the MMIs in a less resource-intensive way. The MBBS course team did not feel that the current MMI format was suitable for them, as they felt that the MMIs were too short.

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[1] https://www.nhsemployers.org/publications/implementing-follett-principles-health-and-care-professionals

12) There had been changes to the entry requirements to ensure that spaces on the course could be filled. This followed a national drop in applications to medicine. The course team told the Panel that they had not been consulted on these changes and that student attainment had dropped since those changes were introduced. They were not confident that the current entry criteria and MMI format was allowing them to recruit students that the team could effectively support to graduation.

13) The Panel found that the liaison between Admissions and the course team should be improved and that more data was needed to help determine the best format for MMIs, entry requirements and what support might be needed for students once they were on the course.

<u>Advisable Actions</u>

1. Make and communicate a clear decision on how anatomy will be taught going forward.

14) The students that met with the Panel had varied experiences with anatomy teaching and it was clear to the Panel that a lot of changes had been made in recent years. The Panel advised the course team to come to a clear decision on how anatomy would be taught, which would help to ensure students were provided clear information about the course before joining it.

2. Slim down the curriculum to ease pressure on staff and students.

15) The Panel felt that the curriculum (including placement blocks) was particularly heavy and suggested taking a coordinated approach to reviewing and potentially reducing it, maintaining or increasing an emphasis on the application of knowledge. The George curriculum map could be useful in this regard.

16) An accompanying strategy for the professional development of clinical staff in their role as educators would also be beneficial.

3. Ensure clearer two-way communications with students around the merger.

17) The Panel acknowledged that part of the lack of clarity around the merger was due to the fact that the institution had not yet made key decisions around staffing and structure. The Panel hoped that the course team could keep itself as informed as possible about changes and their possible impacts and benefits, so that students could be made aware and consulted with.

4. Ensure that there is an ongoing effort to maintain currency, clinical relevance and to future proof the course.

18) In particular, the Panel suggested this should include the use of AI in medicine.

5. Continue to seek opportunities to create a joined-up infrastructure that integrates the different systems used by the course team.

19) From both students and the course team, the Panel heard that there were many different systems in use (e.g. around attendance monitoring, timetabling, SITS, placement allocation) and that these systems were not well integrated with each other. More integration would reduce siloed working and the burden on staff and could improve the student experience, as well as creating space for staff professional development.

20) The course team stated that they had not chosen PebblePad, which had replaced MyProgress, and that it was an institutional decision. PebblePad was used for work-based assessments, placement and personal tutor sign offs. It had been difficult to implement, and they anticipated that there may be negative comments in the next NSS survey about it.

21) The Panel was impressed with George, an online curriculum map available to MBBS students, designed to provide an easy-to-use tool for the learning objectives and outcomes of the curriculum. The Panel had heard about it from staff and students and several of the Panel members had also attended an earlier meeting to see a demonstration of it.

Meeting with students

22) The Panel met with nine students and the key themes that arose from the meeting are summarised below. The students were from all years of the course, including both the four- and five-year programmes. Many of the points raised by students had been noted by the course team in the Self-evaluation Document that was provided to the Panel in advance and were also discussed in the meetings with the course team.

Reason for applying

23) The students' reasons for applying to the course included the fact that the campus was within a hospital. They had heard positive feedback about placements at St George's and were of the opinion that graduates from St George's tended to be the best doctors and that they often had strong communication skills.

Learning and teaching

24) The students on the five-year MBBS had found the first term of the course to be challenging. A lot of different topics were covered in a short amount of time and it was sometimes difficult for them to see the link between the different topics.

25) The students spoke positively about the teaching of clinical skills in the early years of the course. There was a good variety of teaching methods, including about clinical skills and communication skills. In particular, they valued the sessions that allowed them to work with actors posing as patients. They found that the actors' performances closely mimicked the patients they met on placements. They also commented that disjunctions between teaching and the CCAs could leave them feeling underprepared, and also that opportunities to reflect on CCAs would be valuable.

26) The students found the Patients, Population & Society (PPS) to be disappointing. They noted that a lot of staff involved in teaching it had left. Some students felt that they would prefer to gain a strong foundation in clinical sciences before taking on PPS as a topic, and that it should not be examined in an exam but perhaps throughout the year in written assignments. Teaching via lectures, rather than small groups, was felt to be outdated. The students suggested that small group teaching would facilitate better attendance and engagement.

Anatomy teaching

27) The way in which anatomy was taught on the course had evolved over the past few years. Not all of the students that met the Panel had the same experience and it was understood that there would be further changes for the next intake.

28) Although it was no longer part of the course, some students had been able to visit King's College for anatomy teaching and they had found that to be a great experience.

29) The students had mixed opinions on the helpfulness of the plastinated specimens, as well as the teachers. The students found that some of the teachers did not have a full understanding of how to use the facilities in the anatomy suite, or how to facilitate a 'coming together' of what was learnt in lectures, making the sessions less helpful and more akin to revision sessions.

Placements

30) One of the student representatives informed that Panel that based on her interactions with students, she had found that experiences on placements varied a lot and that some sites could be quite disorganised. For example, the students might not have been expected at the wards they'd been assigned to, or teaching fellows occasionally did not attend scheduled sessions. Additionally, there had been difficulties with the signing-off process on PebblePad, sometimes leading to a student needing to get signed-off twice. There was positive mention of EYCE preparation for clinical years.

Student support

31) The personal tutor system was greatly valued by the students. They appreciated having a designated individual to seek support from and found the academic support to be excellent. However, they did find that experiences could vary, as the personal tutors could be drawn from anywhere in the Tooting Campus and therefore might not always have the best knowledge or could occasionally be slow to respond.

32) Some of the students knew students who had accessed the counselling services and found them to be very helpful. There was a high prevalence of students discovering that they had additional needs after joining the University. There was a service to assess students for additional needs and support could then be put in place and personal tutors were made aware.

33) The students suggested that there could be more support aimed at international students, who might experience additional pressures or lack the knowledge that UK students would already have about how to get a job in the UK.

George – Curriculum Map

34) The students found that George had improved a lot. They believed that it was primarily used by students to download Learning Objectives, which could be exported to Excel (though the spreadsheet could be overwhelming). The students could then refer to the Learning Objectives during lectures, to ensure that they were being covered. From an accountability angle, Course Representatives found this helpful.

35) There were a lot of impressive features on George that the students in the meeting did not use, but felt should be useful for new students joining the course if they were taught how to use George from the beginning.

36) Some of the students had concerns about writing their own notes on George, as they were not sure who else might be able to read their notes. One of the students also stated that the notes could sometimes disappear.

Attendance monitoring

37) Attendance was not monitored for lectures, but was monitored for activities that the students could not easily learn if they were not in attendance, such as anatomy teaching, Problem-Based Learning and community visits. The students were happy with this approach. They did not believe it would be feasible for all students to attend all lectures and believed that there could be an increase in students dropping out if they were required to do so, as many students had personal circumstances that could make it difficult for them to attend.

38) Attendance was related to timetabling: one student reported that in their first year there had been a good onsite/offsite balance, appreciating the one day of asynchronous learning. In their second year, however, sessions were timetabled in a more scattered way and attendance dropped off.

39) The students were typically informed of their attendance at the end of each semester, but were not aware of any way to check their attendance prior to that, and were unclear where attendance was mandatory. They stated that it would be helpful if they could check their own attendance rates, so that they could identify when they might need to improve.

40) Recordings of lectures were available online, as well as recordings of previous years. These were helpful for students who had children or other circumstances that made it difficult for them to attend, as it allowed them to study the material in their own time.

41) Although there was some flexibility if a student needed to be absent from sessions for medical reasons, they would be penalised if they were to miss a lecture in order to attend an event that might be relevant to their studies, for example a conference. Some of the students found this to be unfair.

Careers support

42) The students spoke positively about the careers support that they had received. One of them had attended an "excellent" Biomedical Science careers fair that highlighted the many different career paths available to them. There were also lectures on careers that the students found very

interesting. Meeting consultants throughout the course provided them with opportunities to discuss career options, although the extent of these opportunities was variable and often relied on students taking the initiative. It was felt that some careers advice could be better geared towards the needs of international students.

<u>The merger between City and St George's, University of London</u>

43) The merger was causing some concerns for the students, as they were worried that the sense of identity and community that St George's had might be lost. They hoped that the merged University would continue to recognise that medical students had unique needs. The students acknowledged that St George's was under-resourced and believed that the merger could lead to additional funding to expand the anatomy suite and ensure additional admin support for the course.

44) The students did not feel that communication about the merger had been very clear and also hoped that there would be more opportunities for students to be consulted when the merger led to changes for them.

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