Promoting higher quality

The Quality Assurance Agency
for Higher Education

Subject Review Report

November 1999 Q79/2000

University of Bristol

Medicine

Reviewing the Quality of Education

The Quality Assurance Agency for Higher Education (QAA) was established in 1997. It has responsibility for assessing the quality of higher education (HE) in England and Northern Ireland from 1 October 1997 under the terms of a contract with the Higher Education Funding Council for England (HEFCE).

The purposes of subject review are: to ensure that the public funding provided is supporting education of an acceptable quality, to provide public information on that education through the publication of reports such as this one, and to provide information and insights to encourage improvements in education.

The main features of the subject review method are:

Review against Aims and Objectives

The HE sector in England and Northern Ireland is diverse. The HEFCE funds education in over 140 institutions of HE and 75 further education (FE) colleges. These institutions vary greatly in size, subject provision, history and statement of purpose. Each has autonomy to determine its institutional mission, and its specific aims and objectives at subject level.

Subject review is carried out in relation to the subject aims and objectives set by each provider. It measures the extent to which each subject provider is successful in achieving its aims and objectives.

Readers should be cautious in making comparisons of subject providers solely on the basis of subject review outcomes. Comparisons between providers with substantively different aims and objectives would have little validity.

Review of the Student Learning Experience and Student Achievement

Subject review examines the wide range of influences that shape the learning experiences and achievements of students. It covers the full breadth of teaching and learning activities, including: direct observation of classroom/seminar/workshop/ laboratory situations, the methods of reviewing students' work, students' work and achievements, the curriculum, staff and staff development, the application of resources (library, information technology, equipment), and student support and guidance. This range of activities is captured within a core set of six aspects of provision, each of which is graded on a four-point scale (1 to 4), in ascending order of merit.

The aspects of provision are:

- Curriculum Design, Content and Organisation
- Teaching, Learning and Assessment
- Student Progression and Achievement
- Student Support and Guidance
- Learning Resources
- Quality Management and Enhancement.

Peer Review

Reviewers are academic and professional peers in the subject. Most are members of the academic staff of UK HE institutions. Others are drawn from industry, commerce, private practice and the professions.

Combination of Internal and External Processes

The review method has two main processes:

- Preparation by the subject provider of a self-assessment in the subject, based on the provider's own aims and objectives, and set out in the structure provided by the core set of aspects of provision.
- A three-day review visit carried out by a team of reviewers. The review team grades each of the aspects of provision to make a graded profile of the provision, and derives from that profile an overall judgement. Provided that each aspect is graded 2 or better, the quality of the education is approved.

Published Reports

In addition to individual review reports, the QAA will publish subject overview reports at the conclusion of reviews in a subject. The subject overview reports are distributed widely to schools and FE colleges, public libraries and careers services. Both the review reports and the subject overview reports are available in hard copy and are also on the world-wide web (see back cover for details).

Introduction

1. This Report presents the findings of a review in November 1999 of the quality of education in medicine provided by the University of Bristol.

2. University College, Bristol, founded in 1876, was the first institution in the UK to offer women opportunities to study in higher education on the same footing as men. The Bristol Medical School, founded in 1883, soon became associated with the College and became part of it in 1893. In 1909, the College combined with the Merchant Venturer's Technical College in Bristol and was granted a Royal Charter. The University and its medical school are situated in the Clifton area of Bristol, close to the city centre. There are over 12,200 full-time and 6,200 part-time students enrolled on its programmes. Programmes in medicine are offered in the Medical School which is one of four schools in the Faculty of Medicine. The Faculty also includes the Schools of Dentistry, Veterinary Science and Medical Sciences and other academic departments offering undergraduate programmes in their own right, as well as contributing to medical education.

3. There are some 760 undergraduates studying for the MB ChB degree and approximately 23.5 full-time equivalent postgraduate students studying for taught postgraduate qualifications. Medical education is supported by 70 full-time non-clinical staff, 63 university clinical staff and 40 staff funded from non-HEFCE sources. Clinical attachments and teaching are provided in hospital trusts and general practitioner practices in the Bristol area and throughout the south-west.

4. The following provision forms the basis of the assessment:

- MB ChB
- MSc in Diagnostic Imaging
- MSc in Molecular Neuroscience
- MSc in Palliative Medicine
- MSc in Transfusion and Transplantation Sciences.

The MSc and Diploma programmes in Ophthalmology and Optometry which are mentioned in the Aims and Objectives were formally withdrawn a week before the review in response to staffing changes following submission of the self-assessment and therefore were not considered by the reviewers.

5. The statistical data in this Introduction are provided by the institution itself. The aims and objectives are presented overleaf. These also are provided by the institution.

The Aims and Objectives for Medicine

The five-year MB ChB programme offers education and professional training as the foundation for a variety of careers within the medical profession. Students have the opportunity to intercalate in a medical science subject, providing a year of in-depth study and research in the chosen area.

MSc programmes provide experience at postgraduate level in: Diagnostic Imaging; Molecular Neuroscience; Palliative Medicine; Ophthalmology; and Clinical Optometry.

1.1 Aims

For all programmes we aim to:

1.1.1 provide a learning environment that offers a diverse experience, enabling students to attain their academic potential;

1.1.2 fulfil the principle that learning depends on collaboration between highly motivated students and staff.

For the MB ChB programme we aim to:

1.1.3 provide students with an appropriate core of medical knowledge and understanding, and cognitive and transferable skills relevant to the practice of medicine. These skills prepare graduates for their pre-registration house officer (PRHO) year and equip them for lifelong learning;

1.1.4 provide students with opportunities to explore beyond the core curriculum, gaining wider knowledge and understanding within a research environment;

1.1.5 produce doctors strongly committed to patients, who understand their patients' predicaments, respect their autonomy and wishes, and act compassionately;

1.1.6 produce graduates who will enhance the practice of medicine in the next generation, and who can act as educators for the future;

1.1.7 provide access to the medical profession to people from a wide variety of backgrounds.

For the MSc programme we aim to:

1.1.8 foster the continuing professional development of practitioners and scientists through providing specialist postgraduate education;

1.2 Objectives

1.2.1 The Learning Environment

During the MB ChB and MSc programmes, students have the opportunity to:

1. learn within the teaching and research environment of the School of Medical Sciences;
2. experience clinical research practice in the community and in hospitals across a city and region with a comprehensive mix of people, environments and problems;
3. explore and acquire knowledge and understanding in areas of particular interest to them - undergraduate opportunities are provided by the special study units;
4. interact with motivated and supportive staff for matters both academic and personal;
5. benefit from appropriate formative and summative assessments, and feedback on clinical skills during clinical attachments;
6. mix with a range of other undergraduate and graduate students, not just in medicine but also in the arts, sciences and humanities;
7. through involvement with the Galenicals Student Society, benefit from a wide student support network and participate in cultural and other activities (including charitable work) in Bristol and the surrounding area;
8. participate in the European Exchange Scheme (ECTS) and elective periods outside Bristol (UK and abroad).

1.2.2 Learning Outcomes - MB ChB

On graduation, our students will have:

1. learned how to acquire knowledge and understanding, using clinical and transferable skills they can apply throughout their professional lives;
2. acquired a knowledge and understanding of the core medical curriculum incorporating those aspects specifically designated in the General Medical Council (GMC) document 'Tomorrow's Doctors';
3. been exposed to a broad range of problems presented to doctors and the variety of approaches required for their recognition, investigation, prevention and treatment;

4. gained experience (through instruction and/or practice) in the core skills of
    i. basic clinical method
    ii. basic clinical procedures relevant to the PRHO year
    iii. written and oral communication, with patients and their relatives and with other professionals (medical and non-medical) involved in patient care
    iv. working as part of a team
    v. research methods and evaluation of evidence
    vi. clinical decision-making and dealing with uncertainty
    vii. appropriate information technology (IT);
    viii. adapting to change and taking responsibility for their own lifelong learning.
5. have acquired and demonstrated humane attitudes appropriate to the practice of medicine, including
    i. respect for individual patients and their rights
    ii. appreciation of the ethical, moral and legal issues involved in the care of both individual and populations of patients
    iii. commitment to health promotion and preventive medicine
    iv. commitment to enhancing the quality of medical care by the advancement of medical knowledge and practice
    v. awareness of the need to develop and maintain high levels of clinical competence
    vi. development of capacity for reflective practice and participation in the peer review process
    vii. awareness of personal and professional limitations and a willingness to seek help.

1.*2.3* *Learning outcomes - MSc programmes*

On completing their programme, postgraduates will:

1. have gained additional knowledge and understanding in their chosen specialism, building on prior knowledge and experience;
2. appreciate, analyse and contribute to research and scholarship in their area of study, having developed research skills appropriate to their specialist subject.

Summary of the Review

6. The graded profile in paragraph 7 indicates the extent to which the student learning experience and achievement demonstrate that the aims and objectives set by the subject provider are being met. The tests and the criteria applied by the reviewers are these:

Aspects of provision

1. Curriculum Design, Content and Organisation
2. Teaching, Learning and Assessment
3. Student Progression and Achievement
4. Student Support and Guidance
5. Learning Resources
6. Quality Management and Enhancement.

Tests to be applied

To what extent do the student learning experience and student achievement, within this aspect of provision, contribute to meeting the objectives set by the subject provider?

Do the objectives set, and the level of attainment of those objectives, allow the aims set by the subject provider to be met?

Scale points

1
The aims and/or objectives set by the subject provider are not met; there are major shortcomings that must be rectified.

2
This aspect makes an acceptable contribution to the attainment of the stated objectives, but significant improvement could be made.

The aims set by the subject provider are broadly met.

3
This aspect makes a substantial contribution to the attainment of the stated objectives; however, there is scope for improvement.

The aims set by the subject provider are substantially met.

4
This aspect makes a full contribution to the attainment of the stated objectives.

The aims set by the subject provider are met.

7. The grades awarded as a result of the review are:

Aspects of provision	Grade
Curriculum Design, Content and Organisation	4
Teaching, Learning and Assessment	2
Student Progression and Achievement	4
Student Support and Guidance	4
Learning Resources	3
Quality Management and Enhancement	3

8. The quality of education in medicine at the University of Bristol is **approved**.

The Quality of Education

Curriculum Design, Content and Organisation

9. The University of Bristol offers well-designed and up-to-date curricula in medicine which meet the intended aims and objectives. They are supported by the academic, professional and research qualifications and activities of the staff.

10. A new five-year MB ChB was introduced in 1995 and its first students will graduate in the summer of 2000. It meets the aims and objectives set for the programme and offers students the opportunity to acquire the academic knowledge, professional competencies, behaviours, attitudes and generic skills to become competent PRHOs. It provides students with the possibility of taking an intercalated degree in a wide range of subjects. Care has been taken to ensure that the programme complies with the GMC's requirements for undergraduate medical education, published in its guidelines, 'Tomorrow's Doctors'.

11. The curriculum allows students to experience medical science and its application to clinical skills as well as facilitating the development of reflective practice. In each year there is a defined core curriculum. An introductory Phase One in the first year provides a firm foundation in the relevant biological and social sciences. Phase Two runs from the third term of the first year to the end of the third year. It builds on and extends the knowledge acquired in Phase One and introduces students to clinical practice through an appropriate range of hospital and community clinical attachments. The final Phase Three consolidates students' knowledge and understanding through further study and clinical placements. Six vertical themes - communication skills, information technology skills, evidence-based approaches to medicine, ethics, psychosomatic medicine and disability - are embedded throughout the curriculum.

12. Students are encouraged to develop self-expression and self-direction skills, particularly through an innovative programme of Special Studies Units (SSMs). Each of the external SSMs offers students the choice of a range of topics and the opportunity to study areas of interest, culminating in an elective in the final year which gives students an opportunity to broaden their knowledge and experience. The optional language SSMs which are preparing students for study in various European centres under the Erasmus/Socrates Scheme are particularly welcome. They reflect the general educational objectives of the provision.

13. The reviewers note that efforts have been made to ensure that the large range of elements and units in the programme do not lead to a lack of cohesion, and noted that further mechanisms were being introduced to correct any such tendency in the future.

14. The small number of specialist MSc programmes are mostly of recent origin. They offer current, innovative and research-supported advanced curricula in line with the stated aims and objectives for the postgraduate provision. They are well designed and matched to the needs of students wishing to specialise in the areas covered. They allow flexible modes of part-time study. All taught MScs include a strong research methods element and an extensive project/dissertation providing the opportunity for subsequent research and, where relevant, research-informed clinical practice.

15. All curricula address the development of generic skills. These include communication skills and in particular report writing, computing and information technology (C&IT), teamworking and, in the undergraduate curriculum, the ethical and wider contextual aspects of medical practice.

16. This aspect makes a full contribution to the attainment of the stated objectives. The aims set by the subject provider are met.

Curriculum Design, Content and Organisation: Grade 4

Teaching, Learning and Assessment

17. There is a carefully thought-through teaching strategy which delivers the curricula and addresses the aims and learning objectives of the provision. In Phase One of the undergraduate programme, this is focused around formal lectures supported by tutorials. In Phases Two and Three, it is complemented by clinical attachments and more group work as students gain confidence and competence.

18. Clear objectives are in place for most core units, although they vary in detail, often requiring further clarity in defining some of the core components and specialist areas.

19. The reviewers made 31 teaching observations, including lectures, clinical placements, tutorials/small-group teaching and laboratory sessions, chosen from all levels of the provision. The teaching observed was generally sound with examples of good, and one example of inspirational, teaching. There were also a few instances when the conditions for learning were less than favourable. Good teaching was well paced and its content appropriate both to the subject under discussion

and the level of students being taught. Content was up to date and relevant. It was, where appropriate, research-informed. In the better clinical sessions, attention was given to integrating a wide range of relevant aspects. Good teaching was supported by comprehensive handbooks, particularly in Phase One. Poorer sessions were characterised by unsuitable accommodation which interfered with the intended learning experience, inadequate preparation and content, poor pacing and lack of proper coverage.

20. The majority of clinical attachments provide a satisfactory student experience. However, the reviewers found considerable documentary and other evidence that this is not always so. Secure structures are not in place to ensure that all students have broad exposure to a wide range of appropriate clinical attachments. In some instances clinical teaching is being hampered by inappropriate staff attitudes and competing demands on staff time.

21. The embedding of the vertical themes in the teaching and learning process is developing well and in particular the teaching of communication skills is a model of good practice.

22. The need for an overarching assessment strategy for the undergraduate programme has recently been recognised and new draft assessment guidelines were introduced a month before the review. There are several examples of good practice, particularly in the assessment of individual units. At the same time, there are areas within the programme where there is a lack of rigour in processes applied to formative and summative assessment, and further work is required to ensure that the assessment objectives of the undergraduate provision are fully achieved. The finishing touches are currently being put to final-year assessment arrangements. There is evidence that lessons learnt earlier in the programme and from elsewhere are now being applied.

23. There are clear and appropriate teaching, learning and assessment strategies for the MSc programmes. For those students who are able to continue their studies, these articulate well with the aims and objectives of the postgraduate provision. In particular, the assessed diary employed to encourage reflective practice on the MSc in Palliative Medicine is commendable.

24. This aspect makes an acceptable contribution to the attainment of the stated objectives, but significant improvement could be made. The aims set by the subject provider are broadly met.

Teaching, Learning and Assessment:
Grade 2.

Student Progression and Achievement

25. The MB ChB is much sought-after with an application-to-admissions ratio of 13:1 in 1998-99. Entry requirements are demanding. Entrants for the last intake had average GCE A-Level scores of 29 or equivalent. The University has used a number of mechanisms aimed at increasing access to medicine. A pre-medical programme is available to applicants lacking an appropriate science background. Phase One of the programme includes arrangements to enable students who need additional biology to acquire it. The Medical School is participating in a summer school to increase the intake of students from a wider range of schools than is currently the case. The ethnic and gender profile of entrants reflects that of applicants.

26. A high proportion of entrants, 95 per cent, complete the MB ChB. An impressive 26 per cent of students choose to take an intercalating BSc, with good results. The progression rates of students are also good, with a rapid reduction in the number of students having to resit examinations once the first year is past, and there are low levels of failure and transfer. This relates to a well-planned and intensive programme of remedial teaching, which is timetabled to minimise impact on other core teaching and to maximise student access.

27. The reviewers scrutinised a range of undergraduate and postgraduate work including examination scripts, objective clinical structured examinations, case studies, SSMs and other project reports. They found a satisfactory range of achievement appropriate to the intermediate and final levels of the programmes being taken. There were examples of extremely careful and thorough work, some of it was very high quality.

28. Appropriate levels of achievement are evident in key generic skills, and the programme has clearly allowed students to develop appropriate self-critical and self-motivated learning, particularly in the SSMs.

29. The external examiners are confident that successful students are well equipped academically and professionally to enter their PRHO year. This view is supported by employers, clinicians and former students who believe that Bristol graduates are well qualified, proficient and reflective practitioners, who are able to embark on a career in medicine with confidence and competence. The employment record of the undergraduate programme is good.

30. Some 70 merits and 12 distinctions have been awarded in each year of the new undergraduate programme. When invited to make comparisons with similar programmes elsewhere, the external examiners agree that Bristol students achieve a similar standard to

those in other universities. They state that the standard for the award of honours is currently too demanding, with only 2 to 3 per cent of students achieving honours degrees. The School's aim is to raise this to 10 per cent.

31. As noted above, the masters programmes are of recent origin. They have succeeded in providing those students who are able to continue their studies with the opportunity of achieving and displaying an appropriate level of knowledge in their chosen specialisms. However, progression and completion rates are variable; acceptable for the MSc in Molecular Neuroscience, but problematic for the MScs in Palliative Medicine and in Diagnostic Imaging. Some of the reasons for non-progression are related to personal and professional problems, including career moves, and to unanticipated changes in the agenda of professional bodies beyond the control of the University. The University is rightly concerned with the progression and completion profiles in the MSc programmes, particularly in diagnostic imaging, which is currently not admitting students.

32. This aspect makes a full contribution to the attainment of the stated objectives. The aims set by the subject provider are met.

Student Progression and Achievement: Grade 4.

Student Support and Guidance

33. An appropriate strategy for student support and guidance is in place, effectively combining university arrangements with those in the Faculty and Medical School. The implementation of this strategy is actively and co-operatively managed, through committees which involve staff and students, through faculty officers and the Deans of Pre-Clinical and Clinical Studies.

34. Student admission and induction processes are thorough and well managed. Members of the Admissions Committee have been trained in selection and interviewing techniques. All students are interviewed. Clear and detailed selection criteria are in place.

35. On admission, students undergo a well thought-through induction process which introduces them to their programmes, to the learning resources including the library and IT facilities, to student welfare facilities, the Students' Union and the very active Student Medical Society, the Galenicals. Students receive good and comprehensive documentation relating to these topics.

36. Considerable efforts are made to identify and help students in difficulty. Academic support and guidance is good. It is provided by a number of interlocking mechanisms including small-group tutorials. For the undergraduate programme, additional support is provided by special studies unit supervisors, and a useful developing system of formative and summative assessment which is not yet as consistently delivered as intended. The Pre-Clinical and Clinical Deans are responsible for identifying students who need support and ensuring that this is delivered. They are assisted by the regular monitoring of student progress through the curriculum and faculty offices. The Student Progress Committee considers assessment results and gives appropriate advice to students and their teachers. MSc students are well supported through academic tutor arrangements, close contact with teaching staff in small groups and good feedback on their performance.

37. Pastoral support is delivered through a variety of well-integrated and complementary mechanisms, of which the arrangements for academic support form an integral part. There is a long-standing personal adviser scheme which has recently been reviewed and further enhanced. The Galenicals Society operates a 'Mums and Dads' scheme, which 'buddies' junior students with more senior students. This is one of many examples of the active and constructive role that this student society plays in undergraduate medical education in Bristol. Clinical Sub-Deans located in NHS trusts provide personal and academic support for students on clinical attachments.

38. There are clear and appropriate arrangements for careers information and guidance, which are matched to medical students' needs. These include help with job applications, curriculum vitae and interviews, and counselling for those students who come to feel that medicine is not for them. This is supplemented by a careers fair. Advice and information on the PRHO year is provided by the Postgraduate Dean at the end of the fourth year and, in the fifth year, finals students are given the opportunity to shadow house officers in hospitals in which they themselves will be house officers on graduation.

39. This aspect makes a full contribution to the attainment of the stated objectives. The aims set by the subject provider are met.

Student Support and Guidance: Grade 4.

Learning Resources

40. A University strategy for the review and maintenance of learning resources is in the process of being implemented at faculty level. Recent attempts to relate the volume of teaching to learning resources have begun to have some impact. A competitive allocations scheme for learning resources development has assisted

the Faculty. Resources for computing and IT have been considerably improved. The grouping of the biomedical sciences and the professional schools in dentistry, medicine, and veterinary science fosters flexibility in the acquisition, use, sharing and maintenance of equipment. Learning resource requirements in the associated hospitals are managed through the Service Increment for Teaching (SIFT) arrangements and SIFT co-ordinator.

41. Library provision is in most, although not all, respects acceptable. The range of books and journals is for the most part adequate. There are more clinical texts and related journals held in libraries in the associated hospitals where clinical attachments are located than in the university libraries. Recent extensions of the Medical School library hours in response to student criticism are currently being evaluated. Access remains limited at weekends and particularly outside university terms, when medical students are still attending the University or are on clinical attachments. Problems of communication between library and academic staff concerning the availability of core texts are currently being addressed. It is important that the intended improvement in communications, as planned within the University, are extended to include better liaison with the NHS Trust libraries.

42. C&IT facilities are extensive, adequate and accessible. The inclusion of student halls of residence, student bedrooms and, increasingly, clinical attachment locations on the University's network is an example of good practice. Good arrangements for student induction and support in C&IT are well regarded by students. Good support is provided for the acquisition and consolidation of both basic skills and more advanced techniques. A thorough and early assessment of students' IT needs is another example of good practice. Students' views on the accessibility of IT resources are varied. The reviewers, however, felt that access was adequate and steps are being taken to improve it further. For students on clinical attachments, the availability and accessibility of C&IT facilities is generally good. Not infrequently, they have 24-hour access to high-quality resources, with examples of excellent provision in Southmead and Taunton Hospitals.

43. The Clinical Simulation Centre with its computerised Advanced Human Patient Simulator provides an excellent teaching resource. The presence of the National Computers in Teaching Initiative Centre for Medicine (now closed) has had a relatively small impact on teaching to date. The School recognises that there has been limited support for computer-aided learning, but recent advances are promising, including the School's new web site.

44. The range and quality of accommodation both within the University and the associated teaching hospitals is extremely variable. Some accommodation is high quality, notably within the Veterinary School and some clinical placements. Elsewhere there are examples of classrooms and clinical attachments which adversely affect teaching and learning. These include some cramped clinical placement settings and overheated and uncomfortable classrooms. The United Bristol Healthcare Trust has plans to build a new education centre to address these and other problems.

45. This aspect makes a substantial contribution to the attainment of the stated objectives; however, there is scope for improvement. The aims set by the subject provider are substantially met.

Learning Resources:
Grade 3.

Quality Management and Enhancement

46. The current procedures for quality management and enhancement are becoming increasingly secure. There is a well-established culture of quality among element and unit teams, augmented by close liaison with other departments and schools within the Faculty. Ultimate responsibility for the quality of programmes rests with the Senate and is exercised through its Teaching and Learning Committee. The University's Teaching and Learning Strategy and Guidelines provide a framework for the quality management and enhancement arrangements at faculty, school and departmental levels. Within the Faculty, the Faculty Quality Assurance Team (FQAT) carries the main responsibility for overseeing quality arrangements in schools and departments. The FQAT is a particularly strong feature of quality management, drawing staff from across the Faculty in the review of each subject area.

47. Within the Medical School, the responsibility for quality management and enhancement lies with the Medical Education Committee and its Quality Management and Enhancement Sub-group (established in 1998). However, much responsibility for quality management and enhancement is devolved to individual element and unit leaders and to heads of department. The first comprehensive annual review of the MB ChB programme took place in July 1999, recognising the need for an overview of the degree. The School will be reviewing progress on action taken at the second annual review in July 2000.

48. External examiners, current and former students, the GMC, clinicians, NHS Trusts and the mechanisms for monitoring SIFT all contribute to the management of

quality. The external examiners' comments are carefully considered and action taken promptly. Students have a variety of formal mechanisms, including unit and other questionnaires, staff-student committees and the Galenicals Society, through which they effectively and constructively comment on programmes. Students have recently become members of FQAT and participate positively in the Medical Education Committee and all its sub-committees. Their comments are taken seriously and, where appropriate, acted upon.

49. The Medical School has responded to many of the comments made by the GMC's report after its most recent visit in 1997 but not yet fully to its comments on the assessment process. Increasingly, the NHS is taking into account teaching quality in its appraisal of staff with teaching responsibility and welcomes evidence on this matter from the University.

50. There is a satisfactory staff appraisal system for medical school staff framed within the University's guidelines. There are induction and teaching programme and all new staff are expected to attend. University seminars and other activities cover various aspects of teaching, learning and assessment. Teaching effectiveness is considered at appointment and as a requirement for successful completion of probationary appointments. However, staff development activities lack the necessary co-ordination and prioritisation to ensure that they have an effective and efficient impact on the programmes.

51. The quality assurance mechanisms in operation at the time of the review have recognised but not yet sufficiently addressed the problems associated with assessment and clinical placements identified earlier in this report. The arrangements for staff development and quality enhancement are recognised as having shortcomings, but mechanisms to remedy this have yet to be fully implemented.

52. This aspect makes a substantial contribution to the stated objectives; however, there is scope for improvement. The aims set by the subject provider are substantially met.

Quality Management and Enhancement: Grade 3.

Conclusions

53. The quality of education in medicine at the University of Bristol is approved. All aspects make an acceptable contribution to the attainment of the stated objectives and the aims are at least broadly met. The reviewers come to this conclusion, based upon the review visit together with an analysis of the self-assessment and additional data provided.

54. The positive features of the education in medicine in relation to the aspects of provision include the following:

a. A well-designed undergraduate medical curriculum which meets the requirements of the General Medical Council, and which fosters appropriate academic and professional knowledge and competence relevant to students' needs as graduates and reflective practitioners (paragraph 10).

b. An undergraduate curriculum that allows students to develop key skills and appropriate professional attitudes and contains an imaginative programme of Special Studies Units (paragraphs 11; 12).

c. A small range of specialist MSc programmes which offer current, innovative, research-based curricula (paragraph 14).

d. Generally sound teaching (paragraph 19).

e. Enthusiastic and committed students, very well qualified on entry, who have low attrition rates and good levels of achievement in the undergraduate programme (paragraphs 25; 26).

f. Effective induction and admissions procedures and a variety of well-integrated channels for academic and pastoral welfare, and for careers guidance and support (paragraphs 35; 36).

g. Strong and constructive student involvement in academic and quality management, particularly through the Student Medical Society, the Galenicals (paragraphs 37; 48).

h. Extensive computing and information technology facilities, excellent networking of student accommodation and good induction and support arrangements (paragraph 42).

i. The work of the Faculty Quality Assurance Team and the very recent introduction of an annual programme review (paragraphs 46; 47).

55. The quality of education in medicine could be improved by addressing the following issues:

a. Further attention to the quality of teaching in some academic and clinical areas (paragraph 19).

b. A reduction of the variability of the student learning experience in clinical attachments (paragraph 20).

c. More rigorous administration of assessment procedures for the MB ChB (paragraph 22).

d. Continuing to improve accessibility to the library, and liaison between library and medical school staff, and improvement of the quality of accommodation used in some academic and clinical teaching (paragraphs 42; 44).

e. Continuing to improve in the robustness of the quality management system and developing a more coherent staff development policy (paragraphs 50; 51).