

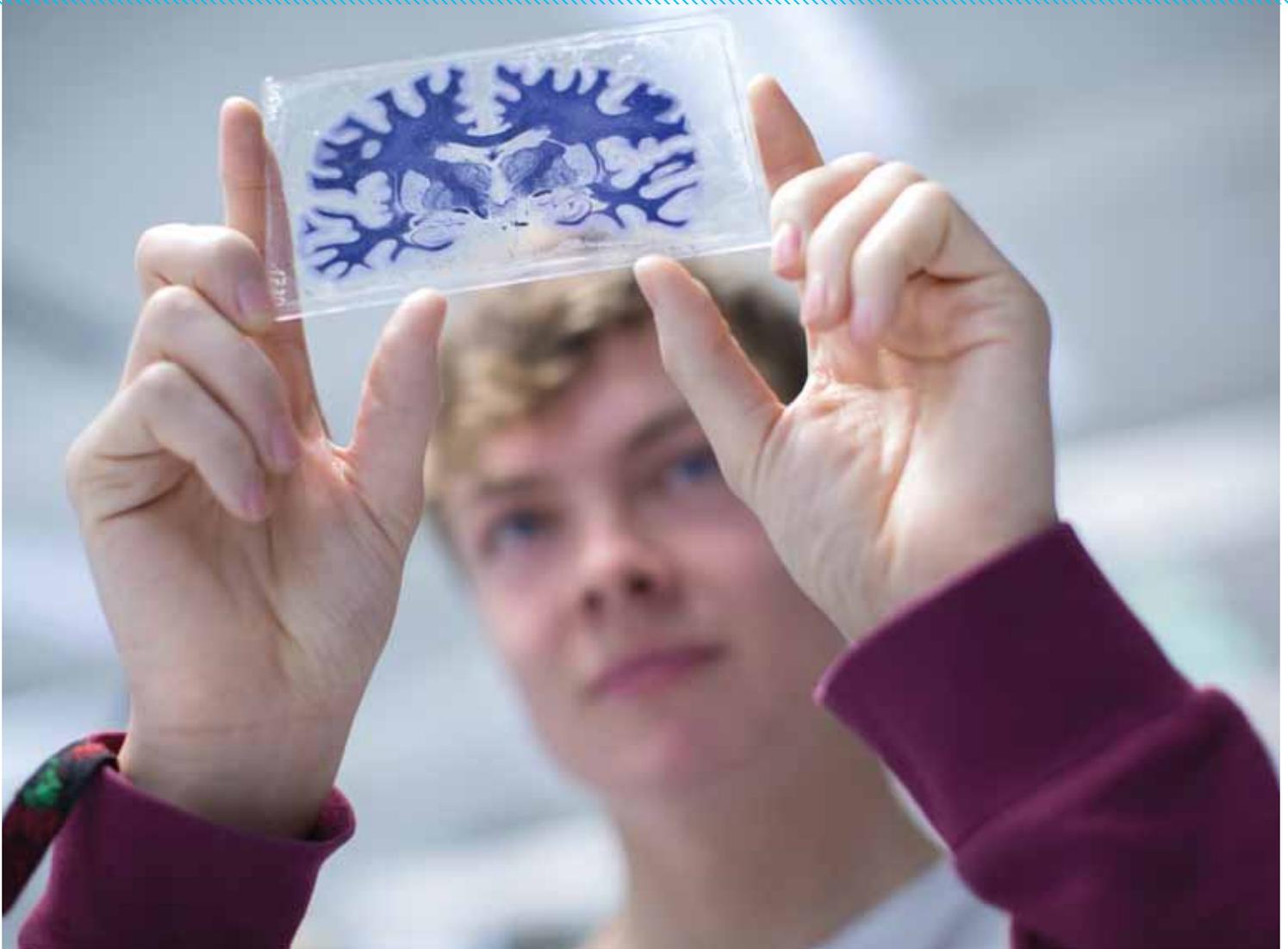
Imperial College
London

Imperial College
School of Medicine

OUR VISION FOR THE FUTURE

Part one The Medical Student • April 2015

www.imperial.ac.uk/medicine/icsm





“We must remember that intelligence is not enough. Intelligence plus character—that is the true goal of education. The complete education gives one not only power of concentration, but worthy objectives upon which to concentrate.”

MARTIN LUTHER KING JR.

Foreword

In this document, the School of Medicine outlines its vision and strategic objectives for the next five years. We have laid out some of the unique aspects of our educational offer and the attributes that make our graduates sought-after, both in the UK and overseas. We can point to having among the highest rates of entry into the Academic Foundation Programme of any medical school in the UK, as evidence for our success in producing exceptional graduates. The purpose of this strategy is to consolidate and further enhance that position.

The College's *Education and Student Strategy* was published in 2013, and our document has been aligned with the overarching commitments it makes.¹

The objectives have been developed out of the strategic planning activities of the School of Medicine Board and from extensive consultation with School of Medicine stakeholders, including students and staff. We received more than 200 comments on the document during the consultation, many of which we agreed with and have incorporated into this second draft. As a result of the feedback we received, we took the decision to publish the strategy in two parts: the first will focus on medicine and the second on medical science degrees. Accountability for delivery of the strategy will rest with the Head of the Undergraduate School, who will be supported by the Board.

Mr Martin Lupton
HEAD OF THE UNDERGRADUATE SCHOOL OF MEDICINE

Dr Jo Harris
DEPUTY HEAD OF THE UNDERGRADUATE SCHOOL
DIRECTOR OF CURRICULUM AND ASSESSMENT

Miss Susan English
PROGRAMME DIRECTOR
DIRECTOR OF EDUCATION MANAGEMENT

Mr Chris Harris
QUALITY AND EDUCATIONAL DEVELOPMENT MANAGER

ATTRIBUTES OF A SCHOOL OF MEDICINE GRADUATE





The School of Medicine trains clinicians and scientists to work primarily in the NHS, but also in other healthcare environments and related industries.

Imperial-trained doctors will be

▶ **ACADEMICALLY EXCELLENT**

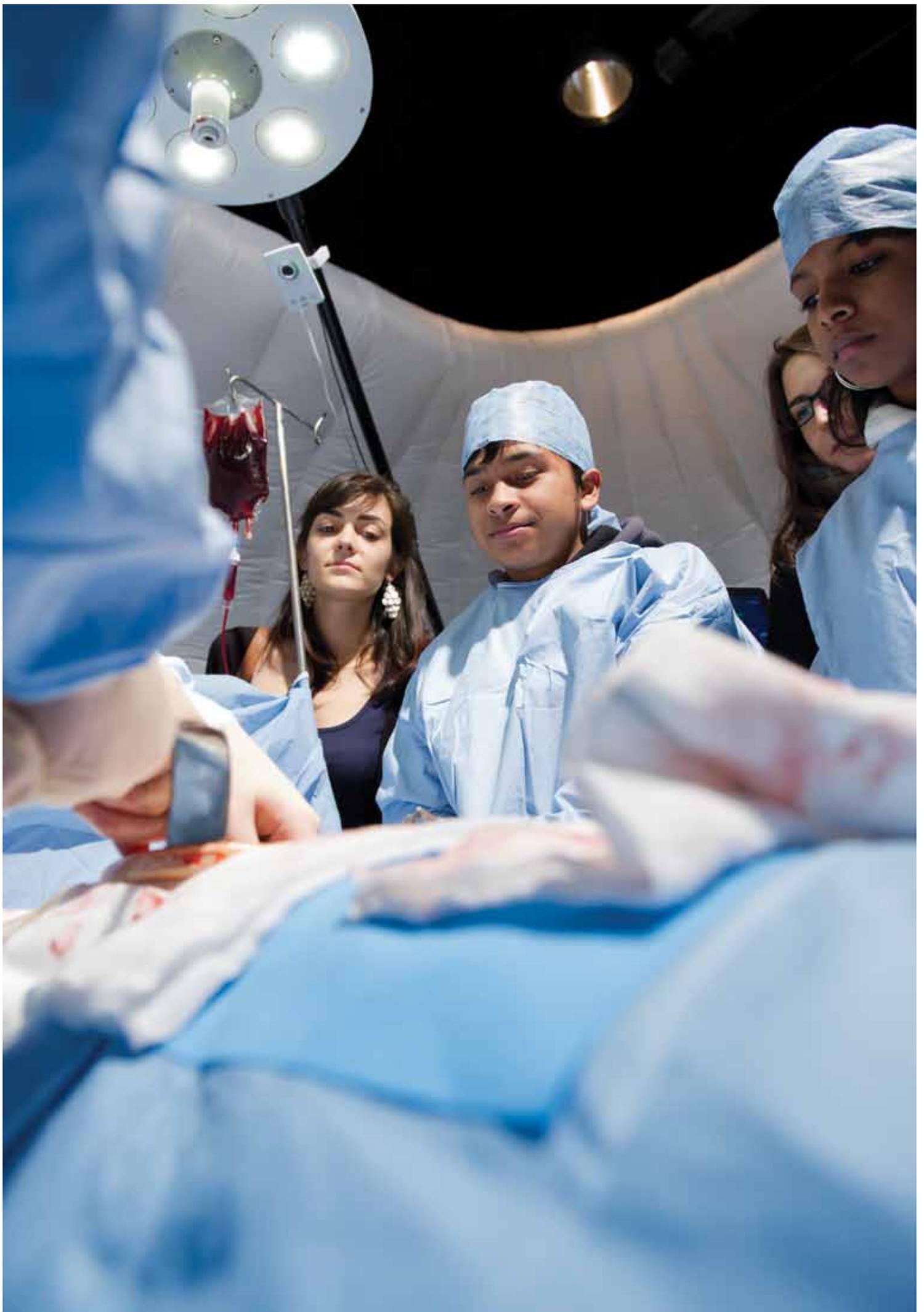
▶ **ADAPTABLE**

▶ **RESILIENT**

▶ **SOCIALLY AWARE**

They will

- feel prepared to practise medicine in their Foundation years and in changing models of healthcare
- have knowledge of the scientific method as applied to medicine across primary and secondary care, experience of its application to the advancement of clinical care and the skills to communicate effectively with patients and colleagues
- be ethical and courteous and will understand the importance of enthusiasm and creativity
- have developed a sense of duty and service and will prioritise the needs of patients
- have acquired skills to be lifelong learners and teachers
- have the ability to become future leaders in healthcare



Strategic aims

Our strategic aims have been grouped into five key themes, all of which are centrally focused on the student experience.

THE SCHOOL OF MEDICINE WILL BE RECOGNISED FOR:

- 1 A distinctive academic proposition
- 2 Developing students' professional values and behaviours
- 3 Outstanding mechanisms for student selection, support and progression: a lifelong relationship
- 4 Infrastructure for success
- 5 Educational insight through research and innovation

In addition, there are four further crosscutting aims, which will have an impact across the themes and speak to our outward-looking approach.

THE SCHOOL OF MEDICINE WILL:

- 6 Learn from and share best practice, developing partnerships within London and with other appropriate institutions in the UK and overseas
- 7 Leverage the benefits of our collaboration in Singapore, the Lee Kong Chian School of Medicine
- 8 Work closely in partnership with students to deliver change
- 9 Celebrate diversity and the many possible futures of a medical graduate

Measuring success

The School will measure success across these nine themes. A range of indicators for each theme will be developed as part of the delivery plan.

Context

The national landscape

It is the responsibility of all medical schools to produce a workforce suitable for the changing needs of the patient population and the NHS. In the last 30 years, medical care has become increasingly specialised and, while this care is clinically excellent, it is expensive to deliver and does not necessarily fulfil the needs of the patients who often have multiple co-morbidities.

An ageing population and the increasing financial pressure on the NHS have led to proposals that in future a greater proportion of healthcare will need to be delivered in the community by an expanding cohort of 'expert generalists'.²

In North West London, service reconfiguration under the umbrella of *Shaping a Healthier Future* continues to dominate the horizon.³ Its vision is to deliver more services away from hospitals and to provide more integrated pathways into specialist care. Consequently, as emergency departments close and many other services reconfigure, our students will increasingly struggle to obtain the clinical experience they need in a largely hospital-based practice.

In recent years, there have been small but successive reductions in the number of students admitted to medicine programmes in the UK. In addition, with effect from 2016, the University of Cambridge no longer intends to permit its medical students to transfer to London institutions.⁴ A smaller medical school will give us greater choice over where to place our students. This fact, coupled with the creation of Health Education North West London (HENWL) and changes in the funding tariff for undergraduate medical education, will have a considerable impact on the training environment.

In 2013, the Francis Inquiry report was published following the Mid Staffordshire Trust public inquiry.⁵ The report highlighted systemic failings, including:

"A lack of openness to criticism ... a lack of consideration for patients ... a failure to put the patient first in everything that is done."

As a result of these criticisms, Francis called for a 'fundamental culture change' and the Department of Health's initial response, *Patients First and Foremost*, makes a number of commitments to ensure that patients are treated with respect, dignity and compassion.⁶ More than ever before, it is our primary responsibility to select for high standards of professionalism and to support students to maintain those standards throughout their careers.



The future of training and medical career pathways

In 2013, the Greenaway *Shape of Training* report was published² and in 2014 NHS England also published its *Five Year Forward View*.⁷ The main focus of these reports is a need to shift the balance between specialists and generalists, with postgraduate training ensuring a broad-based training pathway. Medical schools are asked to ensure that students have realistic expectations about their future career path:

“Locally delivered care will require more doctors trained in broad specialties, including general practice. They will have to be able to manage acute situations in the community with the goal of people out of hospitals as much as possible.”

The Greenaway report also recommends that the point of full registration, currently at the end of F1, be moved forward to the point of graduation from medical school:

“Before taking this proposal forward, we would expect the relevant organisations to put in place rigorous, consistent and accountable measures to demonstrate that graduates are fit to practise to the standard of a fully registered doctor at the end of medical school.”

It is unclear what this means in terms of expectations on our medical students and whether the foundation programme will fulfil its current training function. It is however likely to impact on our assessments and curriculum and they will need to be reviewed in the light of this recommendation.

Change to the nature of the final exit exam

There have been numerous calls to introduce a final exit exam for medical students in the interests of patient safety. In September 2014, the General Medical Council stated its intention to develop a ‘national licensing examination’.⁸ The USA has had a national exit exam for many years and there is a drive to ensure a similar common standard at qualification in all 32 UK medical schools.⁹ Currently in the UK, 10% of the final written paper includes common content questions and this together with the Prescribing Safety Assessment and the Situational Judgment Test are seen as forerunners of a national exit exam. A national examination is likely to benefit Imperial students, whose overall rankings may well improve, and we therefore currently support the idea in principle. However, concerns exist about the format of the exam and the implications for excellence that a national curriculum will have.

Science in the UK

In a speech made in April 2014, the Chancellor of the Exchequer described some of the ‘extraordinary achievements’ of UK Science and the Government’s intention to continue to increase investment in the field. However, despite our record of scientific discovery, he recognised a historic weakness in translating the benefits of our science for the benefit of the economy and society.¹⁰

Imperial is well placed to respond to that challenge. The work of the Academic Health Science Centre and the wider Academic Health Science Network will translate for the benefit of patients and in order to create wealth as a primary objective.¹¹ In addition to our own reputation for excellence and developments such as the Imperial West Campus, our contributions to collaborations such as Med City and the Francis Crick Institute will further cement our world-leading position in biomedical research. For our students, learning from international experts and undertaking research under their supervision provide both an enviable, world-class training and an inspirational setting in which to prepare for a career in the science industry.

Summary

The national and local picture for the health economy is one of uncertainty, both for the School and its partners in the NHS. These changes offer unique opportunities to reshape and modernise our curricula to prepare the next generation of medical students for the healthcare challenges of the future.



A distinctive academic proposition

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- 1.1** We will provide a dynamic curriculum that anticipates the educational needs of our students and the NHS.
 - 1.2** The evolution of the curriculum map for Medicine programmes will remain a strategic priority. The map will always reflect the shape of the curriculum, systematically demonstrate compliance with national standards (currently *Tomorrow's Doctors*¹²) and facilitate strategic review and development.
 - 1.3** All assessments will be aligned to learning outcomes and will reflect both the learning opportunities and the attributes of School of Medicine graduates.
 - 1.4** All students will have access to teaching with a strong scientific emphasis throughout their degree programmes. Consequently our students will graduate with a respect for clinical research and an ability to apply evidence-based medicine wherever they practise.
 - 1.5** The outstanding pedigree of the BSc honours year will be maximised through the further strengthening of existing pathways and the development of novel ones.
 - 1.6** Learning opportunities will be delivered in the most appropriate mode and setting for the delivery of learning outcomes.
 - 1.7** In recognition of the changing structure of the NHS, we will expand the opportunities for community-based learning opportunities in clinical placements.
 - 1.8** Students will be endowed with the skills required to effectively manage transitions in their academic life.
 - 1.9** Quality outcomes and educational opportunities will govern decisions about student placements.
 - 1.10** We will set out and monitor standards to ensure consistency across our Local Education Providers.
 - 1.11** Students will be encouraged to develop a deep learning approach.
 - 1.12** Students will have access to feedback throughout their programme that recognises their strengths and facilitates their improvement.

2

Developing students' professional values and behaviours

Students will be encouraged, and equipped with the skills, to be:

- 2.1 **Compassionate:** patient-centred, empathic, and effective and respectful communicators.
- 2.2 **Resilient:** self-aware and reflective, with an understanding of their own limits.
- 2.3 **Responsible:** cognisant of their role in the multidisciplinary team and of their duty to disclose concerns about themselves and others, where necessary.
- 2.4 **Non-discriminatory:** recognise and celebrate diversity.
- 2.5 **Responsive:** manage ambiguity and make decisions on the basis of incomplete data.
- 2.6 **Well rounded:** engaged with extracurricular activities that enrich their lives and broaden their horizons.



3

Outstanding mechanisms for student selection, support and progression: a lifelong relationship

- 3.1 Students will be selected on the basis of their potential to meet the attributes of a School of Medicine graduate, the competencies set out in national standards (currently *Tomorrow's Doctors*¹²), the values in the NHS Constitution¹³ and the Values Based Recruitment Framework.¹⁴
- 3.2 Students will be selected regardless of their background. Recognising the need for a diverse workforce, we will continue to undertake a range of outreach activities to encourage applications from the widest possible audience. We will make additional support available to students identified as arriving from underrepresented backgrounds.
- 3.3 All students will have access to high quality, individual support for academic and pastoral issues.
- 3.4 We will strive to support all students in difficulty. Remediation will be available to ensure students maximise their academic potential.
- 3.5 Pastoral care and formal disciplinary processes will be clear, distinct and separate streams, led by different academic staff.
- 3.6 For all students, information about progression and attainment will be readily available. We will proactively monitor student progress from admission to qualification and act appropriately to provide additional support to students in difficulty. We will share information with appropriate parties, when it is in the best interests of the student or the public, with due regard to confidentiality and the law.
- 3.7 Students will have access to careers information and advice throughout their degree programmes.
- 3.8 We will develop a lifelong relationship with our students.



4

Infrastructure for success

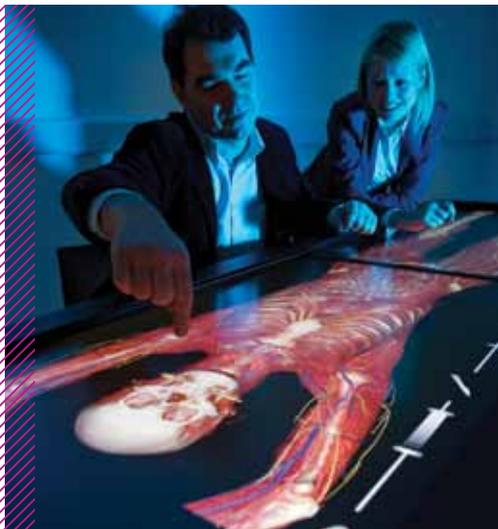
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- 4.1 The School organisational structure will be responsive and dynamic, centred around the students.
 - 4.2 The School will provide expert and comprehensive management and operational support that complements and underpins the School's educational strategy. Support structures and systems will be organised so that they are professional, cohesive, responsive and student- and teacher-focused.
 - 4.3 Communication will be appropriate, transparent, and timely.
 - 4.4 Our teachers will have structures for recognition, training and career development. We are committed to providing a wide range of professional development opportunities, including through our continuing partnership with the Educational Development Unit.
 - 4.5 Teachers who undertake educational leadership roles will be appointed, resourced and appraised in a consistent manner.
 - 4.6 All educators will understand the place of their teaching in the wider curriculum.
 - 4.7 We will develop our community's sense of identity and belonging within the School.
 - 4.8 We will take an integrated approach to systems. Where we use central College services, we will use our influence to ensure that our requirements are understood and taken into account.
 - 4.9 Space will be optimised so that it is suitable for our needs and used as efficiently as possible.
 - 4.10 The delivery of education and related activities will be measured against standards, and funded by a commissioning model in order to maintain and drive up educational quality.



5

Educational insight through research and innovation

- 5.1** We will establish a Medical Education Research Unit (MERU). MERU will become a productive and sustainable research community, recognised within the College, nationally and internationally for its high standards of innovation and scholarship in medical education research. MERU will assist all those in the School, including Imperial staff, NHS teachers and students to generate high quality education research outputs through access to existing expertise, training and resources.
- 5.2** Where appropriate, we will apply the outputs of our educational research for the benefit of the School in the delivery of our programmes.
- 5.3** Educational interventions and innovative practice will be evaluated and, where appropriate, disseminated through publication.
- 5.4** We will be a School at the cutting edge of technology. We will coordinate, support and promote technology enhanced learning, to enrich the educational experience and complement clinical training. Activities will include e-learning, mobile learning and simulation.



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