ST GEORGE'S, UNIVERSITY OF LONDON

Periodic review – 17th July 2018

MBBS (International)

(Interviews with students held on 31st October 2018)

Panel

Professor Deborah Bowman (chair)	Deputy Principal (Institutional Affairs), Professor of Ethics and Law, St George's, University of London
Dr Judith Ibison	Deputy Course Director MBBS, Reader in Primary Care, St George's, University of London
Sam Khavandi (absent for interviews with students)	Student Union President, Biomedical Science BSc Graduate, St George's, University of London
Professor Paul O'Neill (absent for interviews with students)	Professor of Medical Education, University of Manchester and Consultant Geriatric Physician, University Hospital of South Manchester NHS Foundation Trust
Annabel Strachan (for interviews with students only)	Student Union President Education and Welfare, MBBS student on sabbatical, St George's, University of London
Professor Anthony Warrens	Dean for Education, Barts and The London School of Medicine and Dentistry, Queen Mary University of London and Director, Institute of Health Sciences Education

In attendance

Derek Baldwinson	Director of Quality and Partnerships, St George's, University of London
Eduardo Ramos (Secretary)	Quality and Partnerships Officer, St George's, University of London

Introduction and context

1. The international MBBS programme was developed as a joint venture with INTO University Partnerships. It brought together SGUL's expertise in medical education and training and INTO's international recruitment network. SGUL was responsible for all aspects of the programme, including admissions decisions, curriculum, quality assurance

and student support. The international MBBS was validated in July 2012 and recruited its first intake in autumn 2012.

2. The international MBBS has two streams, a four-year stream aimed at international graduates in any discipline and a six-year stream aimed at international applicants with the equivalent of three UK A grade A-levels. The six-year stream includes a compulsory intercalated BSc taken in year 4.

3. The first three years of the six-year stream and the first two years of the four-year stream are integrated with the home MBBS programme. The international MBBS utilises a GMC-accredited course curriculum and assessment strategy, a pre-existing quality assurance framework and established staff expertise, while developing distinctiveness in preparing graduates for practice in a global setting.

4. The international MBBS programme also makes use of the organizational, management and governance structures of the home MBBS with some additions to meet the needs of the international MBBS students and manage those aspects of the programme that are unique to the international programme.

5. Recruitment to the programme has now ended – the last intakes were in 2016 – and the partnership with INTO has been dissolved. The programme is in a teach-out phase: allowing for the maximum registration period for the programmes, all International MBBS students will have completed their study by the end of the academic year 2023-24.

6. Ordinarily panels are asked to decide whether the approval period of the programme can be extended and propose a date for the next review of the programme. However, in view of its integration with the home MBBS and the process of teaching-out, the purpose of the review is slightly different to a regular periodic review, namely to:
    a. review the effectiveness of programme closure plans in the teach-out phase;
    b. consider ways in which those plans might be strengthened;
    c. assess the quality of the experience of students on the programme;
    d. propose actions that might enhance the student experience and meet the needs of students;
    e. offer further advice to SGUL Senate in relation to the international MBBS as appropriate;
    f. commend areas of good practice identified by the panel.

Conduct of the review

7. To support the review the panel received the following documents in advance of the meeting:

    MBBS (International) Self-Evaluation Document (SED) and appendices:

MBBS Self-Evaluation Document from the Periodic Review 2013
GMC report 2016 and SGUL response to GMC report
GMC report 2017 and SGUL response to GMC report
International MBBS validation document 2012
Programme Specification
Annual Programme Monitoring Reports 2014/15, 2015/16 and 2016/17
International MBBS Programme Regulations June 2018
Curriculum mapping for Marshall and TJU
Programme closure process and action plan
International MBBS Quality Framework and Quality Management
Career advice for international MBBS students
USMLE Handbook for Students and Tutors and Step 1 Preparation
Course Prospectuses 2015/16 and 2016/17
International MBBS Risk Register and Strategic risk monitoring
Allocations documents 2016-17, 2017-18 and 2018-19
Student Communication Strategy 2017
MBBS (INTO SGUL) Validation Report 2012
Validation report Joan C. Edwards School of Medicine June 2015
Validation report Sidney Kimmel Medical College July 2016
Validation report Joan C. Edwards School of Medicine September 2016
USMLE Step 1 Results Released on 11th July 2018

8. A further set of documents was provided on the day of the meeting:

Minutes of the International Medicine Operations Group from 2015 to present
International MBBS annual student survey and results

The panel met with

Dr Nicholas Annear, Undergraduate Lead for Medicine Local and International Placements
Dr Christina Baboonian, Personal Tutor Lead, International Students
Dr Debasish Banerjee, Higher Academic Education Director
Joanna Carroll, Head of Clinical Medicine and International MBBS
Prof Iain MacPhee, Dean for International Education
Paola Motta, International Programme Administrator
Ms Philippa Tostevin, MBBS Course Director

9. The panel held a private meeting at which it confirmed the issues that it would discuss with the MBBS (International) course team. Two conference calls were held with the course teams in Joan C. Edwards School of Medicine (attended by Dr Marie Frazier, Assistant Dean Academic Affairs and Dr Shaun Loudin, Chair of Curriculum Committee) and Sidney Kimmel Medical College (attended by Dr Abby Kay, Assistant Dean Undergraduate Medical Education and Dr Kristin DeSimone, Associate Dean Student Affairs).

10. The panel met students on the programme on a separate date. During the date of the initial review only one student confirmed availability and the panel concluded that meeting one single student could not ensure (a) anonymization of opinions expressed by the student and (b) gathering a representative view of the student experience.

11. The panel met fifteen (15) students on the 31st of October. Two (2) of the students were located in the U.S. and the interviews with these students were held through video-conference. The remaining thirteen (13) students were based in the UK in different years of the programme (Transition, Penultimate and Final years, and intercalated year).

12. The panel during the meetings with students was composed of Professor Deborah Bowman (chair), Dr Judith Ibison and Professor Anthony Warrens. Sam Khavandi had stood down as Students Union President and Annabel Strachan (SU Vice President Education and Welfare) replaced him as student panel member. Professor Paul O'Neill was unavailable for the student meetings.

Decision

13. The panel made no formal recommendation to Senate regarding the approval period for the programme because recruitment had ceased. The panel agreed a number of action points (see below) to support students in the successful completion of the programme and their career progression. Senate will be invited to endorse these action points.

14. The course team are invited to respond to the action points by 11th January 2019.

Action points

1 Essential	**Focus on building strong relationships with students and developing a culture/vision for the teach out phase of the programme**

15. Deficiencies in understanding and responding to student expectations seem to have had a negative and enduring impact on the student experience. For instance, student were critical of the way in which administrative matters were communicated to them. Students also felt that there was a lack of ownership and follow up when they raised issues with staff and many issues were unresolved from a student perspective.

16. Some reported key examples are noted:
    a. Structuring of personal tutoring was perceived to be different than was originally proposed, with students on the 6-year stream having less choice and continuity in the allocation of personal tutors.
    b. The Intercalated BSc remained compulsory for students not going to the U.S. and students were not allowed to intercalate externally. The rationale for these requirements was unclear.
    c. USMLE preparation was timetabled during protected time on Wednesday afternoons with perceived disregard for the wider student experience.

d. Year on year increases in tuition fees were unexpected, unexplained and applied poorly-communicated. Increases in fees were accompanied by a perceived reduction in services rendered (decommissioning of the INTO space, reduction in clinical training options in the U.S. and lack of access to UK clinical sites).
e. Perceived lack of understanding and adaptation of the support provided to existing students (e.g. financial and career support for Canadian students).
f. Perceived inadequate communication of introduction of performance-based placement allocations and the opening of new clinical placement options.

17. It was also noted that a number of students are on prolonged Interruption of Studies (IoS). This may represent a significant risk for the continuation and attainment of students given the pace of progression in medical science. The panel noted that a robust framework with specific communication measures for students in IoS was not apparent from the documentation provided.

18. The panel concluded that a member of staff should be named to work alongside the course leadership to reaffirm the vision and culture for the programme, to build strong relationships with students and attend to matters of communication, trust and confidence during the teach-out period.

19. Specifically, the designated person would work on:
    a. Creating an identity for students, helping them feel recognised, supported and valued;
    b. engaging students as partners in shaping their experience;
    c. taking responsibility for communications and monitor students' response to it;
    d. following-up with students on IoS to ensure their situation is taken into account and specific support is provided;
    e. understanding the needs of students as a group, and how they differ from other medical student groups;
    f. anticipating the way in which students might respond to institutional communications and alleviating any particular concerns that they might have.

2 Essential	**Investigate student perceptions of inequity primarily in relation to access to clinical placement opportunities in the UK**

20. Students located in the UK perceived inequity in the clinical placement options available to them vis-à-vis their peers on the 'home' MBBS programme. Specifically they highlighted:

    a. Students were not allocated to some clinical sites (and, by extension, specialties) if they remained in the UK during P and F year. Students understood this to be a consequence of the placement funding arrangements for international students. From a student perspective, any disadvantage for students that might result from the allocation process had not been mitigated.

b. A lack of opportunities to 'swap' clinical sites in the allocation process because MBBS (International) student groups were smaller than those for 'home' MBBS student groups.
c. As a consequence students perceived that they spent less time at St George's than home students and were asked to travel longer distances as a result of being assigned to outlying hospitals and Trusts.

21. The programme closure action plan does not provide specific measures to evaluate and mitigate the impact that the larger cohort of (International) MBBS students remaining in the UK for P and F years might have on their experience in comparison with 'home' MBBS programme students.

22. The panel concluded that a thorough mapping of potential, perceived and actual inequities in the academic and learning opportunities and experiences of students in clinical placements in the UK, and measures to mitigate or explain the reasons underpinning any differential treatment is required.

23. The mapping exercise should be alert to direct and indirect differences and effects. It will be important for it to be informed by the student experience and to ensure that communication is ongoing to enable students to a) understand the exercise and b) identify the response of the programme team.

3 Essential	**Introduce enhanced support measures to enable students to make informed choices, including about engagement with USMLE**

24. Students reported deficiencies in support provided to help them make informed choices. Specifically, they highlighted difficulties in combining USMLE Step 1 preparation and MBBS workload (especially during T year) that impacted negatively on their career choices. Disengagement with USMLE preparation and delayed entry to the step 1 was reported by several students.

25. The course team noted that the significance of USMLE Step 1 performance increased because Sidney Kimmel Medical College will not be accepting students with passing scores below 200 from 2018-2019.

26. There was initial evidence of progress in preparation for USMLE Step 1 examination. Students acknowledged improvement but also noted that this had come too late. It was also noted that the discontinuation of the *Academic Lead for USMLE Preparation* and the *Clinical Teaching Fellow for USMLE* positions may pose a significant risk due to reduced oversight of USMLE preparation. Students also noted that they would have welcomed advice and guidance on examination preparation ("tips for the test"). The panel understood that support for step 1 had been provided by staff who had not taken the examination.

27. The panel highlighted that evidence of measures to support informed choices in students, including on engagement with the USMLE, needs to be provided. The course team would need to think about an approach that supports informed choice in students.

28. The panel concluded that measures leading to providing options, supporting choices and enabling students to continue to maximise their potential are required, including finding curricular space necessary for adequate preparation, e.g. developing modules in the intercalated BSc towards supporting student choice and USMLE preparation.

4 Essential	**Provide support for UK-based students who wish to apply for residency programmes in the U.S. (managing their expectations and providing additional support where necessary)**

29. It was apparent that students are in need of support to help them understand what they will need to do to make them competitive applicants for residency programmes. U.S. students start preparation earlier for residency programmes and this plays to their advantage. Specifically:

    a. U.S. MD students start thinking about residency programmes in years 1 and 2 and make study choices based on career preferences;
    b. they take on extracurricular roles based on where they want to be in residency programmes, have direct support and access to knowledge and know-how so that they can align electives choices and clerkships with what they might want to do;
    c. there is a perception that they have a better chance of being accepted as a resident if they have previously taken a rotation in the hospital.

30. The Panel concluded that there remains a need to provide evidence of a coherent plan to support UK-based students in their career progression in the U.S. For example, students might be facilitated to spend time on specific rotations if they wish to pursue a career in that specialty. Other elements of the programme might also be structured to afford students the opportunities needed to undertake placements to support their matching ambitions. The diversity of the student population indicates that relatively complex and formalised mechanisms to provide advice for students who wish to progress to U.S. residency training is needed. The use of careers coaches / mentors was highlighted as a possible area to explore.

5 Essential	**Ensure that support for P and F year assessments is equivalent irrespective of where students undertake the clinical years of the programme**

31. Students in the U.S. undertake shelf exams and these exams help students to prepare for USMLE step 2. Students in the UK will not have the opportunity to take these exams. In contrast, students in the UK have support to help them prepare for T and P year assessments. Students in the US have to prepare for these examinations without the

same access to expert advice support as their UK-based counterparts. In terms of equivalence of support for high stakes assessments, there was a potential for inequity as a consequence of the geographic location of students in P and F years.

32. Linked to this and to action point 4, it was evident that much support in enhancing the competitiveness of students in the National Resident Matching Program had been provided by the Joan C. Edwards School of Medicine and the Sidney Kimmel Medical College course teams. The withdrawal of Joan C. Edwards School of Medicine as a clinical placement centre and the lack of formalisation of support currently provided 'pro bono' by the Sidney Kimmel Medical College course team represented significant risks to provision of support for USMLE step 2 and to career advice and support more generally.

33. The panel concluded that a plan needs to be drawn to ensure that there is equivalence of support for assessments in P and F years in the U.S. and the UK. Specifically support to UK based students to succeed in USMLE Step 2 is provided, and support in preparation for P and F year assessments for U.S. based students.

6 Essential	**Provide support on visas, funding and career pathways specific to key demographic groups**

34. Students understood that the course had been designed to provide routes to practice in the U.S., but it was apparent that their expectations with respect to student support related to key aspects of their studies (such as visas and finances) had not been met.

35. Students felt that the course was excessively geared to U.S. students despite other demographics being larger (e.g. Canada). Information on visas, finances and progression to practice in jurisdictions other than the U.S. was scarce regardless of the demographic composition of the class. Canadian students signalled specific difficulties in the management of their visas and the funding for their studies (student loans).

36. The panel concluded that specific information on key aspects such as visas and immigration status, access to student loans, and careers in their home country, should be improved to cater to key demographic groups (e.g. Canadians).

7 Essential	**Investigate inequities between clinical experience in the U.S. and the UK**

37. Students offered contrasting views of the clinical experience available to them in the U.S. when compared to their experiences in T year in the UK. U.S. based students indicated that they were integrated in the clinical team, fully involved in decision-making, given personal responsibility and encouraged to demonstrate their skills and knowledge. This contrasted with their T year experience in which, according to students, they were less engaged to the detriment of their learning experience.

38. Notwithstanding the fact that the expectations on students in T year are different from those in P and F years, the panel advised the team to further investigate the nature of the clinical experience of students in the U.S. and the UK to map any key differences. If

differences are material, the team will need to introduce measures to mitigate any inequities.

Good practice

39. The panel highlighted that the course team provided a comprehensive Self-evaluation Document and supporting documents that served as a starting point for the review proceedings to be conducted effectively.

40. The panel highlighted that the course team has put effort and thought into developing a wide-ranging closure plan drawing on collective learning from past experience with regards to USMLE preparation, placement of students, visas and immigration regulatory complexities and communications between students and the course team.

41. The panel noted that the course team co-operated openly and efficiently during the preparation of the event. The course team is open to suggestions and keen to improve the current state of affairs.

42. The course team's testimony and available documentary evidence (including reports from the GMC) proved that placements in the Joan C. Edwards School of Medicine and the Sidney Kimmel Medical College were a significant strength. Students praised clinical teaching and learning at Sidney Kimmel Medical College. They also noted that USMLE Step 2 preparation was being provided and was of good quality.

43. The course team at the Joan C. Edwards School of Medicine and the Sidney Kimmel Medical College indicated that students were well-regarded and that their clinical and communications skills were generally more developed than those of their U.S. counterparts (with the exception of IS testing preparation).

44. Students highlighted that the course has implemented supportive measures to improve USMLE step 1 performance, drawing on collective learning from past experience (question banks, teaching fellow, peer tutors, etc.).

45. Students indicated strong cohesiveness and sense of belonging among the student group and beyond, within the SGUL wider student community and the local Tooting community. The student experience outside the main issues of the course seems to be one of the strong points of the course, with Students Union activities and student clubs and associations support being highly appreciated.

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Appendix A –MBBS (International) Course Team

Name	Role
Dr Nicholas Annear	UG Clinical Lead for Medicine & International Placements

Soosan Atkins	Director of Academic Administration - UG
Dr Christina Baboonian	Joint Personal Tutor Lead
Dr Debasish Banerjee	Higher Academic Education Director
Joanna Carroll	Head of Clinical Medicine and International MBBS
Dr Matthew Farrant	USMLE Clinical Teaching Fellow
Prof Iain MacPhee	Dean of International Education
Paola Motta	International Programme Administrator
Ms Philippa Tostevin	MBBS Course Director
Dr Abby Kay	Assistant Dean UG Medical Education - TJU
Dr Kristin DeSimone	Associate Dean Student Affairs - TJU
Dr Bobby Miller	Vice Dean for Medical Education - Marshall
Dr Marie Frazier	Assistant Dean Academic Affairs - Marshall
Dr Shaun Loudin	Chair of Curriculum Committee - Marshall
Robert Nance	Administrative Associate - Marshall