4th January 2018

All Practice Managers in Gloucestershire

**Three Counties Medical School based in Worcester**

**Introduction**

The UK is short of doctors, particularly in primary care. The government has acknowledged this by funding 1500 new medical school places in England, the largest increase ever. Of those, 500 have already been distributed to existing schools on a pro-rata basis. The other 1000 are being allocated to existing and new schools by means of a competitive bidding process. Worcester University has decided to make a bid.

The bidding process is controlled by the Higher Education Funding Council England (HEFCE) and Health Education England (HEE). HEFCE supply the funding stream to universities and HEE the funding stream to NHS Trusts to support clinical placements. The HEE stream is larger than the HEFCE stream.

The key issues that bids should address are

* Encouraging entrants from lower participation backgrounds
* Meeting workforce need, particularly in rural and coastal areas
* Addressing the shortages in primary care and psychiatry

The University addressed these issues in its bid submitted in November. The result is expected in March.

There is an entirely separate accreditation process run by the GMC. The GMC has to approve

undergraduate medical course so that graduates of UK medical schools can be registered under the

Medical Acts. The GMC is concerned primarily about the quality of the education that the students will receive; every course must equip graduates to enter any part of the medical profession. The process is a combination of documentation and visits by a team. It has 8 stages and takes about 3 years. The University hopes to submit documentation relating to Stages 1 and 2 in March 2018.

It may be worth quoting one of the requirements from the accreditation document

 *’Please provide evidence of a clear commitment in place with the main clinical providers you wish to use for placements, including those in the community. How have you assured yourself that there is adequate capacity within these providers, and that they provide a suitable training environment for students?’*

**Why Worcester and the Three Counties?**

A neutral observer might consider that Worcester University was an outsider in any race to have a medical school. It is young as a university, small and does not rate highly in league tables. It does however, have significant strengths. There is a long history of health related courses, particularly in nursing and midwifery the graduates of which are highly regarded locally. It has recently developed a course for Physician Assistants.

At least as important is the situation of the health services of the surrounding area. The proposal is for a Three Counties Medical School, based in Worcester but with clinical placements in Gloucestershire, Hereford and Worcester. This is a large area, it is predominantly rural (a government target), the population is 1.38M and there are relatively few medical students in the area from other schools. The area is under-doctored compared with national norms and recruitment and retention of medical staff is difficult; students tend to stay in their parent university city on graduation. All these make it a good target for change.

The dispersed nature means difficulty for patients travelling to hospital; the consequence is that general practitioners in rural areas have needed to develop more specialist skills. The four main hospitals in Gloucester, Cheltenham, Worcester and Hereford are about the right size for undergraduate training with a broad range of specialties but without the tertiary-level services more appropriate for post-graduate training.

It must be acknowledged that some secondary care services in the area have given cause for concern. One way, indeed perhaps the only way, to improve is to site a medical school in the area. This will attract new staff but also greatly improve the morale of those already working in the service.

**What will the course be like and what is the timescale?**

We are in negotiations with Swansea Medical School to use their course and they will act as a partner in this development although the degree will be that of Worcester. The Swansea course is rated very highly in league tables. It is a 4-year graduate entry course with admission open to graduates in any subject, not just the biomedical sciences. A graduate model has now been tested in several UK universities over many years and produces excellent graduates. Students work longer, with no long vacations, so the time spent over 4 years is equivalent to a 5-year course.

Particular features of the Swansea course are a structured, case based approach, based around presenting problems and common, core conditions. In the early years each university based learning week integrates biomedical and social science theory, clinical skills teaching linked to the body system or area affected, an ‘expert patient’ forum and other learning events

Although the course outcomes, some of the learning material and the assessment processes will be those of Swansea, the learning framework, including clinical placements, will necessarily be different since the environment, including even the health service model, is different. In particular there is likely to be an equality in the number of placements in general practice (and the community) and in secondary care.

The requirement for the HEFCE/HEE bid is that students should start in September 2020; so will graduate in 2024. This is the timetable on which we are working.

**What will the placements be like?**

Much of the detail has yet to be agreed but what follows is an outline of the probable situation. The Swansea course has an early introduction to clinical medicine, largely in general practice, so there will a requirement for some relatively short placements in years 1 and 2 i.e. from September 2020 onwards. Most of these placements are likely to be near Worcester. Longer placements will be needed from 2022 when full-time clinical work starts.

The model for teaching and learning on clinical placements is one which re-emphasises the consultation as the primary focus in which dynamic the tutor becomes the role model and the patient becomes the teacher. This means there will be a large component of staff watching students, not the other way round. This is essential for learning consultation skills; students can do most of the rest themselves but they cannot do this. Although learning on placement may be in larger groups at times, the overall ratio of student to clinician will be 1:1. The purpose of the course is to allow the students to reach the outcomes; most can be met in either primary or secondary care. It is not the purpose to teach ‘general practice’ or indeed ‘surgery’ or ‘medicine’; those are postgraduate subjects.

**What are the requirements for a practice that wishes to have students?**

Again, some adjustments may be needed later but the facilities that a practice will need look like this;

* Consulting space for student use with video recording facilities.
* Consulting space large enough for students to shadow GP consultations.
* Examination rooms
* Treatment rooms
* Social space for shared use – common room, staff kitchen etc
* Tutorial/ Meeting room available for small group teaching and/or self-directed learning
* Video conferencing capability
* Computer access
* Access to Library information

In addition practices should not be single-handed, there should be a commitment by all partners to be supportive of teaching partners and teaching partners should attend training courses run by the school. Teachers should be prepared to reduce their consultation rate to allow time for the kind of teaching described above and there should be opportunities for students to engage with the multi-disciplinary team.

**What are the resources?**

Clinical placement teaching is supported by funds from HEE called the Tariff (formerly SIFT). This funding stays within the NHS, it does not go through the university. While it is not possible to give a precise figure at this stage, the normal arrangement is that funding should provide sufficient clinical cover for surgery time to enable allow tutors to be released for teaching without compromising patient safety. The implication is that funding can and should be largely directed to support learning within the consultation and to compensate for any reduction in patients seen.

**Are there any other activities apart from placements?**

Yes. There is no doubt that the success or otherwise of a medical school depends on the quality of the engagement with the NHS. The University has formal responsibility for the degree but it cannot exercise that without full engagement from clinicians at every level. This is particularly true in the Three Counties where the university is relatively small but the area served by the local NHS is large. The bulk of the course will be the clinical areas, not the classroom. The teachers will mostly be members of the clinical staff (augmented with new appointments) not professors. Although the curriculum is based on one at Swansea Medical School, there is a major opportunity for the local clinicians to shape the learning to the needs of the local community, with the hope that graduates will remain to serve the area. Indeed early involvement by clinicians is built into the Swansea curriculum and the hope is that general practitioners will play a full part.

**Who is running this?**

Professor John Cookson MD, FRCP, has been appointed as the Development Dean. John Cookson is a retired general and respiratory physician. In Leicester he reorganised the clinical curriculum in response to *Tomorrow’s Doctors 1993,* and helped set up Warwick Medical School. He was then the inaugural Professor of Medical Education and Undergraduate Dean at the new Hull York Medical School. He also helped set up a new Medical School in Botswana. He is widely published in medical education. He reports to the Deputy Vice Chancellor at Worcester, Professor Sarah Greer. Although never in general practice himself, his father was a Gloucestershire GP and daughter also in Wiltshire, so he claims an understanding.

**Whom do I contact for more information or to express an interest?**

John Cookson at j.cookson@worc.ac.uk at the moment. If the bid is successful there will be a need for local ‘champions’ for primary care to develop the plans.