



*Manchester  
Medical School  
Strategic Plan 2013*

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# Introduction

Manchester Medical School is at the heart of the Faculty of Medical and Human Sciences, educating and training the doctors of the future. We are the largest medical school in the UK, supplying the majority of the medical workforce across Greater Manchester and the Northwest of England.



Manchester Medical School has a long tradition of creating outstanding doctors as both scholars and practitioners and our graduates are recognised throughout the world for their high standards of professionalism.

Our new strategy has been developed against a background of a time of extraordinary change. The introduction of the new fee regime for undergraduate students has created a climate where students are sometimes viewed as customers rather than active participants in a partnership of education provider and student. Also the unprecedented changes to health and social care from April 2013 and, most significantly, to the funding of medical education, are both opportunities and concerns for the future.

Our strategy has, therefore, to be ambitious and focussed, always keeping our aim to be a leading provider of excellent medical education with our partner NHS Trusts at the forefront, but ensuring that the delivery of this aim is kept under review to be as flexible as possible. Whilst our National Student Survey (NSS) score has not always been as high as we would have liked, our now steadily increasing score demonstrates the efforts we have made into helping our students understand the Manchester ethos for learning. As the UK's largest medical school we are also aware that our size, whilst presenting unparalleled opportunities for diversity of learning, also presents challenges around clinical placements that no other medical school faces. However, I am confident that we will meet these challenges head on, build on our past achievements and forge ahead to make Manchester the acknowledged leader in education provision for tomorrow's doctors.

Professor Tony Freemont  
Head of Undergraduate Medical Education  
Manchester Medical School

“What Manchester thinks today  
England will think tomorrow.”

JB Priestly: The English Journey 1934



# Manchester Medical School: background and organisation

Manchester Medical School (MMS) is focussed on undergraduate medical education, with over 2100 undergraduate students studying at any one time on the MBChB programme. The School has one small intercalated BSc in Pathology (around 7 students per year) and hosts the PGT provision for the wider School of Medicine.

The School has no Research Groups, however scholarship around medical education is active in the School specifically through interactions between students and staff. This document focuses on the School's undergraduate medical education provision alone and lays out the future direction of the School as well as the immediate operational priorities.

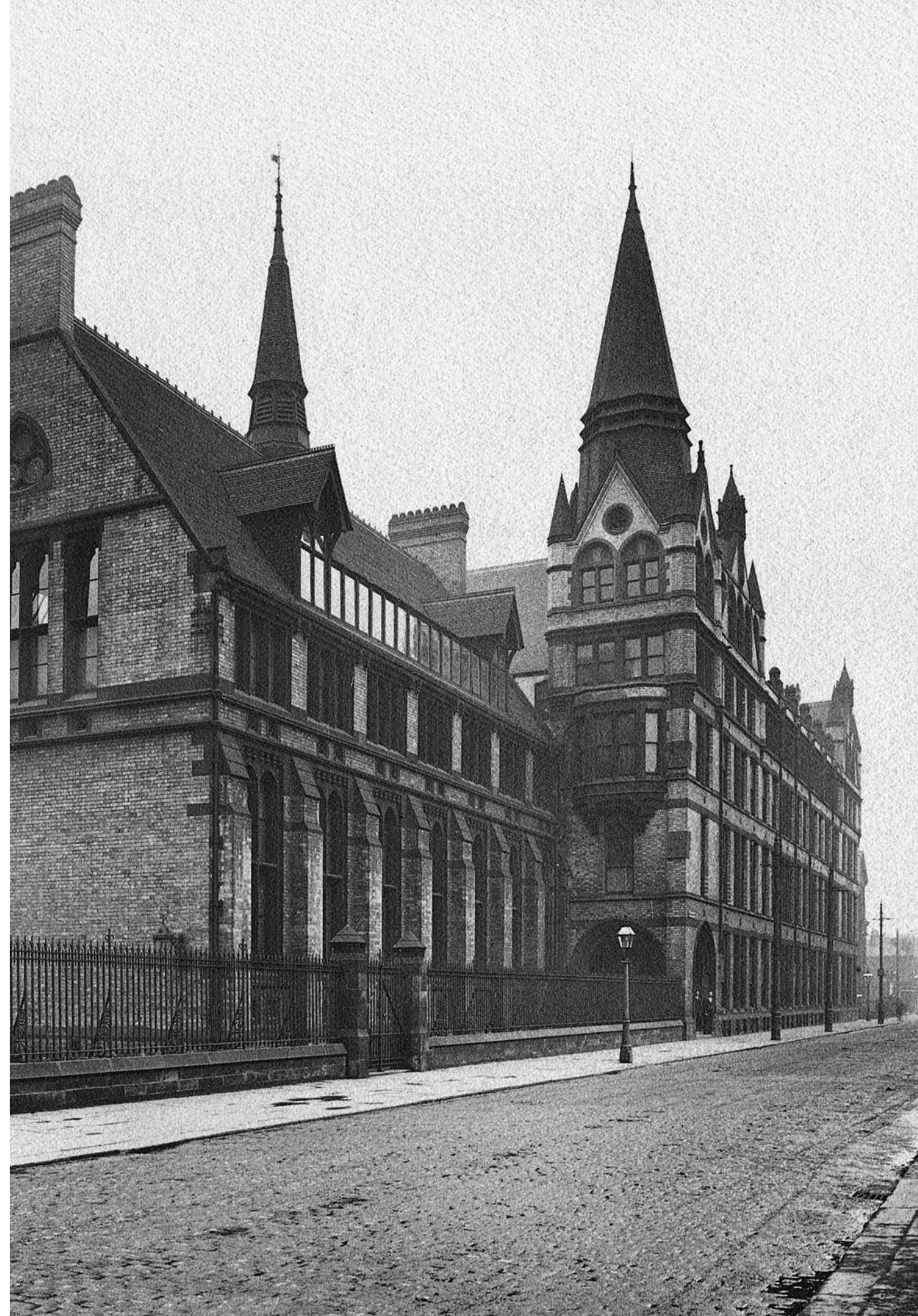
The School is managed via a **Senior Executive** (Head of Undergraduate Medical Education –HUME) and Head of School Administration - HoSA) which meets on a weekly basis, with the School Accountant and the Faculty Human Resources Manager joining the meeting once each month. The **School Senior Team** (SST) is advisory to the Senior Executive and comprises the lead academic staff for various areas of the programme and senior PSS staff. It meets on a monthly basis and members of the SST are invited to the Senior Executive as appropriate. The MBChB is managed by the **Programme Committee** (PC). Various other committees (see Appendix A) involved in managing the programme report to the PC.

The School has a team of Professional Support Staff (PSS) who, in the main, support the programme. The Senior PSS staff meet on a fortnightly basis and there are regular team meetings for overarching and smaller teams.

The School has a number of partners involved in the delivery of education. The Faculty of Life Sciences (FLS), staff in the broader School of Medicine, St Andrews University, Xavarian College, the NHS and International Medical University Malaysia are involved in educating our students in the preclinical years and the NHS in Years 3, 4 and 5.

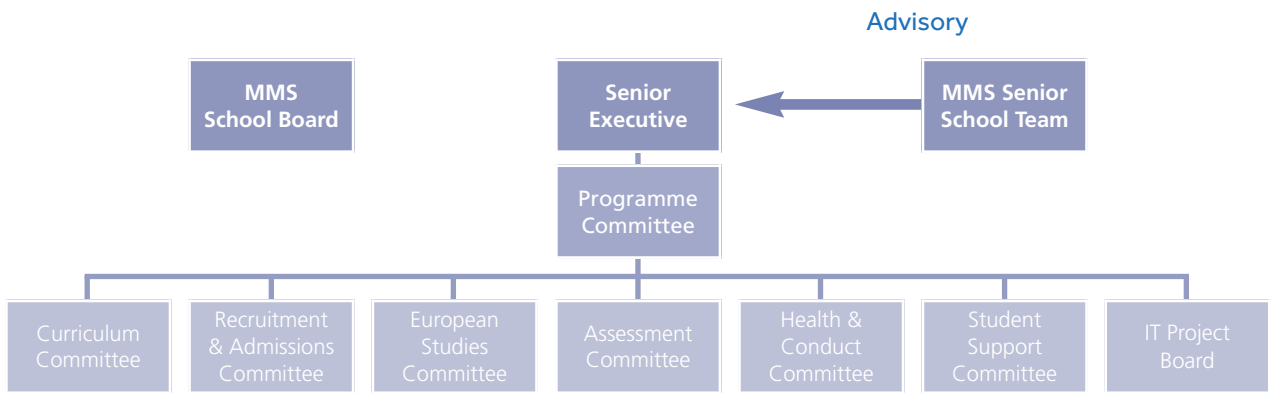
Each base hospital sector has a team of clinical and administrative staff who manage medical education locally, under the direction of a Hospital Dean.

Old Medical School 1908 (Coupland 3 Building)





Manchester Medical School: Committee structure



MMS Academic staff team leads

Head of School Tony Freemont			
Phase 1 Doug Corfield	Phase 2 Mahesh Nirmalan	Phase 3 Mike Horan	Assessment Emyr Benbow
Recruitment & Admissions Brian Pollard	Quality Assurance & Enhancement David Thompson	Evaluation Ioan Davies	E-learning Colin Lumsden
Academic support for learning Isobel Braidman	Student Welfare & Professionalism Jon Shaffer	Education in the community Sarah Smithson	Communication teaching Nicky Barr & Sarah Collins
Doctor as Scholar Paul Dark	Doctor as Practitioner Philip Burns	Doctor as Professional Paul O'Neill	Intellectual component Neil Pendleton
Staff Development Don Bradley	Prescribing Kurt Wilson	Student Experience Leena Patel	Career Development Ed Johnstone



**Isobel Braidman**  
Professor of Medical Education and Athena Swan lead for the School of Medicine, has been at the University of Manchester Medical School since 1979. She began her teaching interests as a Problem-Based Learning tutor in 1996 and quickly became interested in developing students as independent learners. Isobel successfully introduced Personal and Professional Development (PPD) portfolios to MMS which she has further developed into an e-portfolio. The PPDportfolio is now an essential component of the MBChB programme and has been one of the key features that prepare students so well for their careers in medicine after graduation.

Professor Braidman said of recent promotion to Professor of Medical Education “I am delighted, it means so much to me as it came through the “Teaching Track”. I hope it will be an encouragement to all colleagues in MMS, who are focussing on teaching. It will be very important to pass my experiences on to those who are still developing their careers in Medical Education”.

MMS Academic staff team leads

Head of School Administration Alison Howorth		
Programme Team Alison Howard	Recruitment & Admissions Team Linda Harding	Education Informatics Hilary Dexter
Quality Assurance & Enhancement Team Siobhan Cartwright	Communications Kate Tidman	Project Management Tim Cappelli

MMS Professional Support Staff (PSS) programme team

Programme Manager Alison Howard	
Phase Team (Phase 1, 2, 3, intercalation, portfolio, European Studies Laura Jones	Assessment Team Caroline Berry
Student Welfare & Professionalism Helen Appleton & Julia Hopkinson	Education in the Community Team Philippa Cunningham



**Don Bradley**  
Many hundreds of clinicians participate in a staff development workshop each year, whether training to become a PBL Tutor, OSCE examiner or an Academic Advisor. Don leads the staff development programme, providing workshops on a variety of topics from clinicians teaching and/or assessing on the MBChB programme. Don is also Programme Director for the MSc ‘Medical Education’ – a three Yr part time programme for clinicians, dealing with scholarship and research in relation to medical education.

“Medical education is what we do in MMS. It can only be a good thing that we have many clinicians who have conducted scholarship and research in medical education and who are passionately interested in teaching and learning. They will help form the bedrock of succession planning for leading the MBChB programme in the next 10 years.”



The interaction with the NHS is vital for MMS. Students undertake their learning in Years 3, 4 (Phase 2) and 5 (Phase 3) in clinical settings across the Northwest. Students are based in one of four hospital sectors, each of which have a number of District General Hospitals (DGHs) to which they send students on placements. The four base hospital sectors are:

- Central Manchester University Hospitals NHS Foundation Trust (CMFT);
- Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr);
- Salford Royal Hospitals NHS Foundation Trust (SRHT);
- University Hospital of South Manchester NHS Foundation Trust (UHSM).

Each base hospital sector has a team of clinical and administrative staff who manage medical education locally, under the direction of a Hospital Dean

Hospital Deans
<b>CMFT</b> Professor Ray McMahon
<b>LTHTr</b> Professor Mark Pugh
<b>SRHT</b> Professor Felicity Stewart
<b>UHSM</b> Professor Steve Hawes

Each DGH has an Undergraduate Tutor who leads on undergraduate medical education for that Trust.

Undergraduate tutors at DGHs

<b>Base Hospital:</b> <b>Salford Royal Hospitals NHS Foundation Trust</b>
<b>Blackburn Royal Infirmary (DGH)</b> Dr Damien Lynch
<b>Royal Bolton (DGH)</b> Dr Heidi Northover
<b>Royal Albert Edward Infirmary (DGH)</b> Dr Alastair Cairns
<b>Greater Manchester West Mental Health Trust (DGH)</b> Dr Abid Malik
<b>Trafford General (DGH)</b> Mr Amyr Al Dabbagh

<b>Base Hospital:</b> <b>University Hospital of South Manchester</b>
<b>Leighton (DGH)</b> Dr Zubair Quershí
<b>Stepping Hill (DGH)</b> Dr Effi Eyong
<b>Macclesfield (DGH)</b> Dr S Srivavasta

<b>Base Hospital:</b> <b>Central Manchester University Hospitals NHS Foundation Trust</b>
<b>Glan Clwyd Hospital (DGH)</b> Mr Philip Banfield
<b>Noble Isle of Man Hospital (DGH)</b> Dr Anna Kurien
<b>North Manchester (DGH)</b> Dr Iain Lawrie
<b>Royal Oldham (DGH)</b> Dr Raj Parikh
<b>Tameside (DGH)</b> Dr Beth Hammersley
<b>Wrexham Maelor Hospital (DGH)</b> Dr Fiona Rae

There are regular meetings with the HUME, HoSA, PSS Senior Team and the four Hospital Deans and Managers. In addition, there are a number of regular meetings between PSS and NHS administrative staff at the base hospitals around delivery of the programme and implementation of developments in the MBChB programme.

Students on the MBChB programme also undertake a range of placements in primary care settings as part of the programme. The School interacts with community placement providers via Associate Community Deans (based at each of the four base hospital sectors) and through the GP Education Facilitators (16 in total). The School is responsible for disbursing a significant amount of funding, received from NHS North of England, to GP Practices to fund student placements (£4.5million).



**Enam Ul-Haque**  
Dr Enam Haque is a part time GP at Levenshulme Medical Practice, Manchester.He is a Clinical Lecturer with the Community Based Medical Education team, and has helped to develop diversity focused teaching sessions with the team. He co-leads the Early Clinical Experience Programme with Dr Sarah Collins,

which aims to introduce students to key components of consultation skills early in the programme. This includes introducing them to the Calgary Cambridge consultation model and key clinical examination skills. With the introduction of the consultation skills learning centre, new innovative sessions are being developed to enhance the consultation skills experience for phase 1 students. Dr Haque has also taken up the new role of widening participation academic lead for Manchester Medical school, to work closely with a well established team to develop widening participation events and develop an effective widening participation policy for the medical school.



**Alison Howorth**  
“Every day is different and brings its own set of challenges!”. Alison Howorth is responsible for a team of almost 60 members of Professional and Support Services (PSS) staff which support over 2100 students based across the Northwest. Her team has to be flexible and always focussed on the student experience to deliver the best service possible. “I am very proud of the team here. They juggle competing demands on a daily basis and as medical students are studying for most of the year, they are always on call to help, advise and sort out problems”.



# Manchester Medical School: strategy, aims and objectives

The function of the School at both UG and PG level is to manage programmes and to ensure they are relevant and delivered to the highest academic standards as defined by our regulators, the University of Manchester and the General Medical Council.

## Strategic Focus

Our strategic foci are to:

- Ensure the best learning experience for our students;
- Produce safe, knowledgeable, trustworthy and self motivated doctors and biomedical researchers best equipped for working within the modern NHS and HEIs;
- Enable our students, through seeing real doctors and biomedical scientists in the widest diversity of clinical, research and geographic settings across our "campus", to make the best career and life style decisions possible.

Our major thrust is to produce safe, knowledgeable, caring doctors. An appropriate learning environment is central to this goal and therefore over the next five years, the School will achieve a significant increase in student satisfaction (as measured by the National Student Survey), lifting it from its current low position compared to other UK medical schools.

The School will facilitate a sea-change in the culture of the student body with the aim of having a positive, engaged student body and alumni, proud to call themselves students and graduates of Manchester Medical School.



**Caroline Berry**

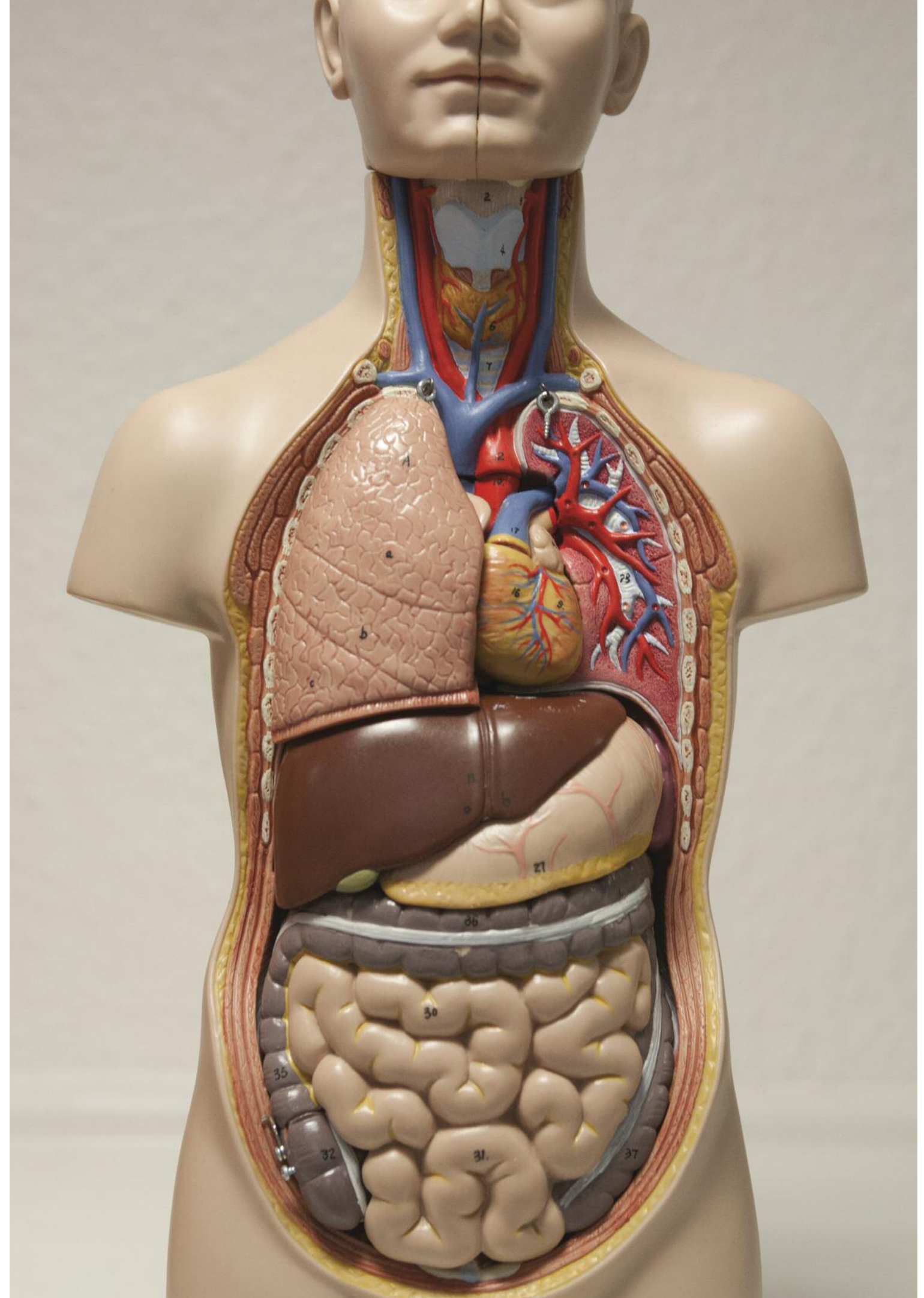
Caroline joined the School as Assessments Manager in 2010: "The organisation of examinations in medicine is very complex! Assessments take place both on campus and at NHS Trust sites, within the University semesters and outside those periods and include both written and clinical

examinations. My team work very hard and frequently liaise with colleagues in the University and at NHS trust sites to make sure the exams are reliable and run like clockwork."

The School will continue to enhance its reputation for innovation in teaching and learning via new teaching methods and staff who are nationally recognised for their educational expertise.

We regard the significant reorganisation, funding and changing ethos of the NHS locally and nationally will be a stimulus, rather than a barrier, to achieving these goals. The School will engage fully with their NHS partners in primary care, secondary care and at the level of the Strategic Health Authority.

Staff will be key to these ambitious goals, both within the Medical School itself, the Faculty Institutes and the NHS. The School values the contribution each of these categories make and will seek to engage with staff as much as possible, recognising and rewarding their important input.



Priority 1

# Excellence in education and training for health professionals

Manchester Medical School (MMS) is proud of its history of innovation around curriculum design and delivery. Within the confines of the General Medical Council (GMC) guidelines, directives from external bodies (including Medical Schools Council) and the changing NHS environment, the School aims to deliver a programme of high quality which is responsive to student feedback.

**The student experience** - Recent results from the recent National Student Survey (NSS) have been disappointing and it is clear that the School has some way to go to transform the student experience. A key focus of this will be a significant improvement in feedback to students, both on placement and following examinations, as this is clearly an area of concern to the student body as evident in the results of the NSS survey.

NSS results for the European Studies degree have now been separated out of the main NSS results and they are very disappointing with a 56% satisfaction level (albeit on low student numbers). To tease out the issues causing concern to students, a review of this part of the programme will be held in 2012/13, with implementation of recommendations in 2013/14.

**Innovation in teaching** - The School has had significant success with the iPads project and the introduction of mobile learning. The School will build on this success and capitalise on the immediacy and mobility that the iPads provide by striving to support and integrate innovating approaches to teaching and learning using mobile technologies. Through research into best practice of this new field and application of that research via adoption of policies, process, training and support, the School seeks to embed the use of mobile technology teaching into the core of our programme delivery and the students' learning experience.

**Quality Assurance and Enhancement** - All medical schools are dependent on their NHS partners to deliver a significant part of the undergraduate medical programme. Ensuring that a medical school specifies clearly what needs to be delivered and then monitors whether this is being delivered is extremely challenging for all medical schools, as clinical placements are increasingly being offered in a variety of settings (primary care, secondary care, non-NHS placements) and at a distance from the school. Manchester is tackling this issue by devoting significant resource to Quality Assurance and Enhancement, working closely with NHS Northwest (Strategic Health Authority and its successors).

**Rewarding teaching excellence**  
- See *Enabling Goal One*

**Involvement in University College**  
- See *Impact and Importance*

Key performance indicator	Target
1. Year-on-year increase in student satisfaction as measured by the National Student Survey (NSS).	MBChB NSS score to reach 90% by 2015. 2012 baseline: 71%  Responsibility: Tony Freemont (HUME)
2. Increase in student satisfaction in the area of assessment and feedback.	Achieve 50% student satisfaction for Q2 in the NSS by 2015. 2012 baseline: 29%  Responsibility: Tony Freemont, Emyr Benbow (HUME and assessment lead)
3. Increase in the perceived positive impact of the iPad on the learning experience.	70% of students feel that the iPad has become a significant part of their workplace learning. 2011 baseline: 39%  Responsibility: Colin Lumsden, Tim Cappelli (E Learning team)
4. Increase the impact of QAE on the student experience	Ensure the programme has a robust QAE process by end of academic year 2013/4 QAE process  Responsibility: David Thompson QA lead (until July 2013)

Priority 2

# World leading research in medical and health sciences

Manchester Medical School (MMS) is focussed on UG and PG medical education. Therefore in this context, the School will foster a research environment where students are expected to participate in research and are better prepared for Foundation training and specifically a research-based academic career.

The Personal Excellence Path (PEP) is a new innovation which allows students to develop scholarly and critical skills, including skills in applied research methods. The PEP is a unique feature of the MBChB at Manchester and seeks to provide students with a flexible framework of modules in which they can focus on specialised topics of study. Each year, students progress through the PEP modules, culminating in Yr 4 where students design and conduct a novel audit or research project PEPs were introduced in Yr 1 in 2011 and will roll out sequentially. The impact of PEPs will be evaluated in due course but as with so many aspects of the UG programme that run as a thread through all 5 years, this will take time.

Students are encouraged to present their work at conferences. In 2012, funding was made available to assist students who had been successful in having their work accepted. Each student receives a grant of £50, with the expectation that their academic or NHS supervisor will also make a contribution (and that MMS is acknowledged in the presentation/poster).

The School is keen to foster a culture of scholarship and research into medical education. To that end an academic lead has been appointed together with an international mentor and a new academic network of students and their supervisors have been formed which incorporates UG students and students on our MScI in Work-based Medical Education.

The School is anxious to see its academic staff achieving career goals. To which end we are encouraging them to study for higher degrees in Medical Education.

Key performance indicator	Target
1. 1) To ensure a continuation of the student defined components of their education.	All students participating in PEP by 2015/16 (Currently 40%)  Responsibility: Neil Pendleton
2. Increase number of students attending conferences to present their research.	100 MBChB students attending a conference to present their research (with financial contribution from MMS) by 2015. 2011/12 baseline: 37  Responsibility: Tony Freemont, SST
3. Have a stable framework within the School that promotes scholarship.	Annual meeting to showcase achievements in scholarship  Responsibility: Jo Hart



Priority 3

Social responsibility –  
a contribution to the greater good

Manchester Medical School (MMS) produces some of the best doctors in the country. This contributes directly to the well being of our population in the NW and beyond (see Impact and Importance)

In addition MMS, a national leader, will further improve accessibility to the undergraduate medical programme and ensure that the Manchester undergraduate medical programme engenders a strong sense of social responsibility, both nationally in accordance with GMC guidelines and internationally through our Global Health PEP, iconic appointments, our European Studies programme and intercalated degrees with University of Manchester partners in Ethics and Law and Humanitarian Conflict Response Institute.

MMS will support the University of Manchester’s aim to embed environmental sustainability as a key priority across the range of its activities. The focus within the School will be particularly on reducing printing costs and cutting down student travel. This will be based on the use of mobile learning technologies (currently iPad based) for students in their clinical years. From 2012/13, all students in Yrs 3, 4 and 5 have received an iPad. As the project rolls out, both staff and students are exploring innovative new ways to use the devices, which include novel impacts on sustainability.

Key performance indicator	Target
1. Refocus Year 0 to increase the number of students entering medical education from disadvantaged backgrounds.	Carry out and implement review of Year 0 by end of 2012/3. Baseline - No current structure around WP in Year 0.  Responsibility: Doug Corfield
2. Appoint an academic lead for WP.	Make appointment by end 2012/3.  Responsibility: Brian Pollard
3. Reduce the number of printed handbooks for the MBChB.	25% reduction in printing costs by 2015. 2011/12 baseline: £10k.  Responsibility: Alison Howard, Tim Cappelli





## Enabling goal 1

*People of quality*

Manchester Medical School (MMS) will form a continuing group of engaged academic (clinical and non-clinical) staff who are intent on improving the development and delivery of the MB ChB programme and student experience over the next 10 years. The School will build on the changes of the past 12 months by embedding the School Senior Team and commit to active succession planning to secure the future.

The School has worked over the past 12 months to create cohesive teams of academic and PSS staff working in distinctive activity areas, with a lead academic. Now these have been established, each activity area is in the process of identifying a deputy lead to ensure contingency and succession planning.

The School has made significant strides in carrying out Performance and Development Reviews (PDRs) for academic staff. In 2011/12, 89% of academic staff had a PDR (compared to 34% of staff in 2010/11).

The School is justifiably proud of its record of successful nominations for National Teaching Fellows (the most recent being Professor Isobel Braidman 2011). To continue with this, senior staff in the School need to be identifying, coaching and mentoring staff to ensure that this tradition will continue. As part of this process staff will be actively encouraged to take higher degrees as part of career progression.

The Athena Swan programme is a common thread running through our vision for enhancing the quality and gender spread of our staff. The lead is Professor Braidman, who also leads for the wider School of Medicine. She is in the early stages of engaging with this programme. The thrust of the scheme will be to join with the other institutions to gain a bronze award for the wider School of Medicine.

The School must adopt a culture of continuing to horizon scan for best practice in the sector, both nationally and internationally. To that end, an ambitious goal of recruiting an iconic appointment in medical education has been set. This appointment will ensure that the School remains at the cutting edge of medical education for the future.

The School will encourage contribution to the Faculty of Human and Medical Sciences FMHS Education Academy to assist in creating a culture of excellence in teaching and learning.

Key performance indicator	Target
1. Nominations of strong candidates for 'Teaching Excellence Awards' in 2012/13 and in successive years.	One nomination per year from 2012/13 onwards. 2011/12 baseline: zero. <b>Responsibility:</b> <b>Isobel Braidman</b>
2. Ensure we build on our tradition of National Teaching Fellows (NTF).	Identify a potential candidate in 2012/13 and nurture their development & portfolio for submission in 2014/15. 2012 baseline: none identified. <b>Responsibility:</b> <b>Tony Freemont/Isobel Braidman</b>
3. Athena Swan award	Achieve a Bronze Athena Swan award by spring 2013 and Silver by 2015. 2012 baseline: no Athena Swan award. <b>Responsibility:</b> <b>Isobel Braidman</b>
4. Iconic appointment in medical education	Identify a potential iconic appointment in 2013/14 with the aim of recruiting in 2014/15. 2012 baseline: no iconic appointment. <b>Responsibility:</b> <b>Tony Freemont</b>

**The links**

[www.mhs.manchester.ac.uk/about-us/structure/educationacademy/](http://www.mhs.manchester.ac.uk/about-us/structure/educationacademy/)

## Enabling goal 2

*Quality management and support structures*

Manchester Medical School (MMS) will ensure efficient and effective management systems that support academic activity (teaching and learning) and the student experience.

A key area for the School is the development of an appropriate information management system.

There are significant drivers for the School to develop a new management system: the need to track students accurately and easily (improving the student experience and for welfare and professional issues) and good record keeping (ensuring data security and compliance and the issue of unsustainable physical storage space requirements). The programme is a particularly complex course of study due to its 5 year length of study, professional accreditation (General Medical Council), clinical placements and the frequency which students interrupt from the programme for a variety of reasons. An internal study was carried out in 2011 stressed the need for sharing comprehensive, current and accurate information across School and Teaching Hospital Sectors (where clinical placements take place) and the efficient and quality controlled handling of assessment data. It also highlighted the concerns in maintaining the local software system (Medlea) which supports many of the School's programme management and administration processes.

The School will work with colleagues within the Faculty of Medical and Human Sciences and central University of Manchester IS staff to commission a new information management system. A central tenet of development will be that existing University of Manchester IS systems (e.g. Campus Solutions) will be core service components and their use maximised. It will, as far as possible, build on the existing knowledge in Medlea.

Development of a Curriculum Mapping Tool (CMT) is an absolute requirement for curriculum management and to allow both students and teachers to 'visualise' the curriculum. Currently, the curriculum outcomes are mapped in Excel; a time-consuming and laborious task which does not allow rapid interrogation, nor allows curriculum designers to see the impact of any changes and does not make curricular outcomes visible to students. Funding has been secured and the CMT has been commissioned.

Key performance indicator	Target
1. Development of 1-Med.	First benefits delivered in September 2013 with full development completed by September 2014. 2011/12 baseline: no development <b>Responsibility:</b> <b>Tony Freemont, Alison Howorth, Hilary Dexter</b>
2. Development of a Curriculum Mapping Tool (CMT)	CMT in place by July 2013. 2011/12 baseline: no development. <b>Responsibility:</b> <b>Doug Corfield, Tim Cappelli</b>



Enabling goal 3

# World-class infrastructure

Manchester Medical School (MMS) will work with the central University of Manchester to improve the teaching facilities for undergraduate medical students and teaching staff.

The Consultation Skills Learning Centre has been a huge boost to the School: high quality, high specification space which is being used to the maximum within term time and will have a positive impact on the student experience. The School is working with Faculty of Medical and Human Sciences to ensure that staffing resource is sufficient for the optimal use of this facility.

Students are however still required to travel between venues on campus due to the lack of appropriate teaching space (particularly the small number of large lecture theatres suitable for a cohort of almost 400 in Yrs 1 and 2). This has a negative impact on the experience of students with a full timetable. The School will continue to lobby for a large lecture theatre facility to benefit its students. The recent (October 2012) announcement of a new Medical School building on the Dover Street site is welcome as is the construction of lecture theatres in the Simon building (although as the largest has a capacity of around 400, it will not house the cohorts in Yrs 3, 4 and 5).

Office space within the Undergraduate Offices has been steadily improving (starting with the new reception area) and almost all staff moves (following the space review in 2011) have been completed. The School now has a recognisable 'presence' within the Stopford Building; offering a better service to students and siting academic and administrative staff in coherent units as much as possible.

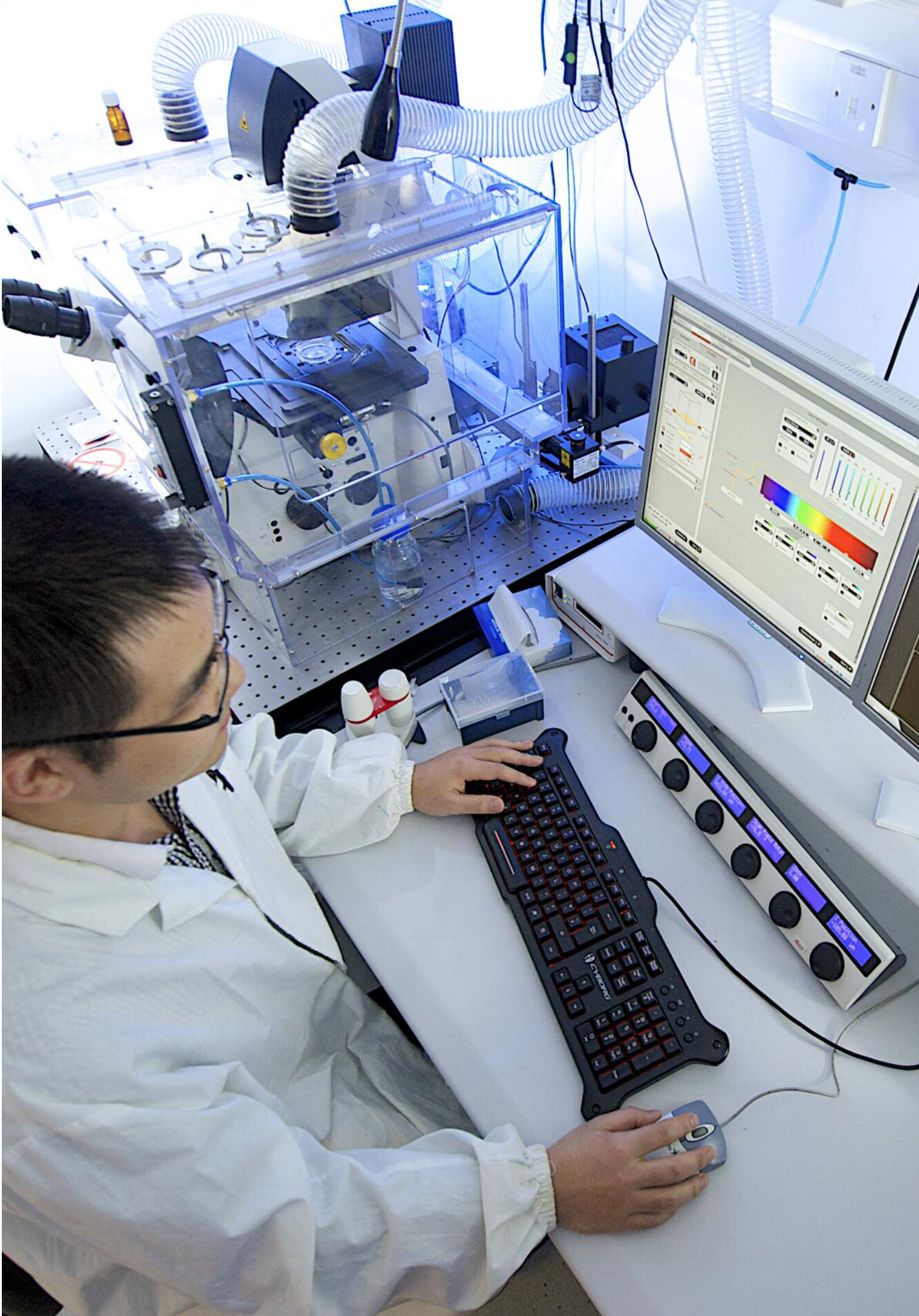
There is however still a need for additional space adjacent to the Undergraduate Offices. Teaching and administrative staff often need to see students in quiet, private space and it can prove difficult to find rooms to accommodate this. Therefore the School will continue to press for additional office space should this become available.

The School will work with the Faculty in the design of a new Medical School Building.

Key performance indicator	Target
1. Open discussions with the Director of Estates and the Director of the Student Experience re: large lecture theatre & development of new Medical School.	Proposal for large lecture theatre by 2014. 2011/12 baseline: no discussions held.  Responsibility: Tony Freemont
2. New office space contiguous to current Undergraduate Offices.	2 new student interview rooms by 2014. 2011/12 baseline: no additional rooms.  Responsibility: Alison Howorth



**Sarah Collins**  
Coming from Hull York Medical School in 2010, Sarah is a co-lead for Clinical Communication within the medical programme. The Consultation Skills Learning Centre has been purpose-built to help students learn to communicate by simulating the environment of an outpatients clinic or GP practice. Sarah has been closely involved in its development: "It has been very exciting to see how students have taken to this amazing facility. It means that the students can consult with a simulated patient or patient visitor in a realistic setting and share their experiences afterwards."





Enabling goal 4

Effective communication, collaboration and partnership

Manchester Medical School (MMS) will have a strong communication strategy and partnerships. To deliver a modern UG Medical Undergraduate Programme requires that we draw on the very best resources for our students. These cannot be incorporated directly within the School because such people are by nature employed in activities other than teaching.

Communicating the vision and requirements of the School is important particularly to the ≈3.500 NHS based teachers as without this the student experience can appear fragmented and undirected.

The School will start to develop closer and more nurturing relationships with its students and alumni.

The School will become a major partner in the University's "University College" teaching initiative.

Significant strides have been made since the appointment of a dedicated Communications Manager to improve communication with staff associated with the MBChB programme (University of Manchester and NHS staff). 'MMS Matters', the School's regular weekly communications has a wide circulation and has improved the connection of teaching and administrative staff with the programme. Improved web presence (with student videos), a dedicated pre-arrival website for students about to enter Yr 1 and another for students transferring from St Andrews University, are key developments in the School's communication strategy, all aimed at increasing awareness of the programme for associated teaching staff and/or students.

The focus will now shift to student communications. An initial report has been drafted and the plan will now enter the implementation phase. Student engagement will be the main theme: from pre-application through student life to graduation and then to alumni.

Effective communication with the NHS as the deliverers of a significant part of the MBChB programme is vital. At the heart of this must be to maintain and continually improve the positive interaction with the Teaching Hospital Sectors. A detailed requirement for the educational needs of our students is being developed through a Manchester-specific Schedule to the overarching Learning and Development Agreement MOU. This schedule will be agreed with every NHS Trust wishing to be involved in the education of our students.

The Head of Undergraduate Medical Education and the Head of School Administration now attend liaison meetings with the main partner NHS Trusts to ensure that medical education is discussed at the highest level with the Trust. Engagement at the Manchester Academic Health Science Centre (MAHSC) level (via the Dean of the Faculty) will also be vital to improve collaboration. These activities will be rolled out to a greater number of partner Trusts.

Key performance indicator	Target
1. Implementation of student communications plan	Social networking survey completed , 2012/13. Baseline: no report.  Responsibility: Kate Tidman
2. Appointment of Operational Communications Officer	Appointment by end 2012/13.  Responsibility: Kate Tidman
3. Implementation of Manchester-specific Schedule	Completion by end of 2012/13  Responsibility: Tony Freemont

Enabling goal 5

Fiscal sustainability and new income streams

Manchester Medical School (MMS) derives a considerable amount of funding from the recruitment and retention of overseas students. In addition, the School has had a valuable contract with Mansoura University, Egypt, to license the use of the undergraduate medical curriculum.

The realignment of Central Government goals around overseas students and the numbers of Foundation Year doctors has lead to a significant downward pressure on student numbers. This threatens the significant income stream into the School of Medicine.

The School has recently formed a link with INTO, a UK study centre for international students, partnered with the University of Manchester. Kuwaiti students on the INTO programme are guaranteed an interview to study medicine at Manchester. The School has recently entered into a 'one plus three' arrangement whereby for each Kuwait student accepted onto the programme as part of the international student numbers, three tuition fee plus SIFT paying students will also be accepted (should they meet the School's entry requirements). The School will increasingly involve themselves in the selection for the INTO programme and preparation for the medicine interview process to ensure that the best students are selected for the programme.

Loss of any student from the MBChB programme is a cause for concern for the School. However, the international reputation of the School is a cause for particular concern which could be impacted upon by loss of international students as this has reputational consequences and could undermine our mission to promote the recognised high standards of a Manchester Medical education across the globe. Although historically losses of international students are very small, the School is particularly conscious of the impact dissatisfaction with the course can have on our ability to recruit overseas students. Therefore a root cause analysis will be carried out for any overseas who leaves the programme. Currently, this does not take place.

The School is in the process of negotiating the renewal of its licensing agreement with Mansoura University, Egypt. Mansoura University is among the top 100 Higher Education Institutions under the age of 50. The licensing agreement for the Manchester curriculum was set up in 2007. It is now due for renewal but the current political situation in the Middle East has delayed the process.

Key performance indicator	Target
1. INTO Manchester: recruitment of Kuwait student onto the INTO programme who will progress to the Manchester MBChB	Recruit 3 x (1 plus 3 with SIFT) suitable Kuwait students by 2015. 2013 entry baseline: TBC.  Responsibility: Brian Pollard
2. Conduct a root cause analysis of the loss of any international student from the MBChB programme	Carry out root cause analysis. 2012 baseline: no analysis.  Responsibility: Brian Pollard
3. Renew the licensing agreement with Mansoura by December 2012, ensuring a favourable financial outcome	New agreement. 2012 baseline: No renewal agreement at present.  Responsibility: Tony Freemont, Alison Howorth

Enabling goal 6

# A Faculty structure able to support and deliver excellence

One of the deliverables of the change in structure for the Faculty (from 1 August 2012 onwards) is to facilitate greater engagement in teaching by research-active staff, making the contractual process between MMS and the Institutes explicit in the structure.

The School will contract with each of the Faculty Institutes for delivery of an agreed number of hours of high quality teaching each year. Staff in the Institutes are expected to deliver high quality teaching and learning alongside their research.

Heads of Institutes will therefore require accurate information to ensure that their Institute is fulfilling their teaching requirement. Topcat, the Faculty of Medical and Human Sciences Teaching Load Database, has become unwieldy and needs reviewing (particularly in the area of defining teaching duties). Topcat will be revised to ensure that it is fit for purpose going forward.

Key performance indicator	Target
1. Revision of Topcat	Revision completed by March 2013. 2011/12 baseline: no review.  Responsibility: Tony Freemont



**Colin Lumsden**  
Dr Lumsden is a Paediatric Consultant based at Lancashire Teaching Hospital and the Academic Lead for e-learning in MMS where he has pioneered the use of iPads in undergraduate medicine, with MMS being the first medical school in the UK to introduce them. "The iPad project has been illuminating – it has been amazing to see the innovative ways the students have used them to learn and to organise their learning [or other words]

A Manchester and St Andrews graduate, Colin is passionate about working with medical students: "I get massive satisfaction seeing the next generation of colleagues come through the system. Most of the people I work with are far more talented than me and it is a privilege to help them succeed in life."





# Manchester Medical School: resources



**Alison Howard**  
Alison Howard has the challenging job of Programme Manager for the MB ChB. Her previous post as Graduate Manager for the School of Medicine has prepared her well for the role: "Making sure that the students have the best experience possible is paramount."

## Space resource

Recently we have successfully created a number of high quality teaching and learning spaces within the Stopford building. Even early in their use, these facilities are substantially improving the student experience. The new Consultation Skills Learning Centre (CSLC) together with the refurbished library and Anatomy dissection room offer facilities that now lead those of comparable national and international institutions. To further improve the student experience and to enhance our competitiveness in student recruitment, we aim to develop other key teaching areas to an equivalent standard. Our priorities are to refurbish IT/micro-lab teaching spaces and the 1st floor multi-user laboratories, to create a large lecture theatre in close proximity to other teaching spaces and to extend the CSLC to increase capacity for student-lead learning activities. Our strategic aim is to develop world leading teaching spaces for the undergraduate programme either cohesively within the existing Stopford Building or within a new undergraduate medical school building (see Goal Three: World-Class infrastructure).

Office space within the Undergraduate Offices has been steadily improving (starting with the new reception area) and almost all staff moves (following the space review in 2011) have been completed. The School now has a recognisable 'presence' within the Stopford Building; offering a better service to students and sitting academic and administrative staff in coherent units.

The new space created in the Stopford Building library has been a welcome addition to the building. Although not dedicated MMS resource, it is widely used by medical students.

To complete this process there is an urgent imperative for additional space adjacent to the Undergraduate Offices. In addition, as teaching and administrative staff often need to see students in quiet, private space and it can prove difficult to find rooms to accommodate this. Therefore the School will continue to press for additional office space (particularly in the form of student interview rooms) should this become available.

## Financial resource

The School faces (as does the wider Higher Education sector) uncertain financial times. The impact of higher tuition fees does not seem to have had an effect on the School's home student recruitment and overseas student recruitment is buoyant. However there has been a 7% reduction in new student recruitment which will impact significantly on income.

In addition there has been a £9M reduction in the Department of Health income stream for educating medical students to our NHS partner institutions. We must work with these partners to ensure the educational experience is preserved.

There has been significant investment in improvement in the facilities for the School and also in mobile technology (iPad project). These are having a positive effect on the student experience both in early and later years of the programme. We are currently examining the roll out of the project into earlier years which will result in a one-off doubling of the annual iPad expenditure.

We are diversifying our income streams however international disquiet affects some of these plans. For instance, there are uncertainties around the renewal of the agreement with Mansoura University in Egypt (see Goal Five). Thus the situation in the Middle East has delayed the signing of a new contract but recent activity has been positive and the School is optimistic that a new agreement can be reached which brings a steady stream of income into the School.

A long-standing relationship with the International Malaysian University is under threat. The School had an existing contract with IMU to take 16 students into Yr 3 of the MBChB programme, outside its capped overseas student numbers. This is under review (alongside other Medical Schools' agreements with IMU) and a local or national solution is being actively pursued with discussions with IMU and the Medical Schools Council (MSC).







**Mahesh Nirmalan**  
Dr Mahesh Nirmalan is a Senior Lecturer and Consultant in Anaesthesia and Intensive Care Medicine at Manchester Royal Infirmary. He is also the Academic Lead for years 3 & 4 at the Manchester Medical School. In this role he led a programme of work that led to a complete overhaul and revamping of the Phase 2 curriculum. As part of this process E-Learning packages were introduced in relation to the core syllabus and minimum standards were defined for clinical placements. In relation to the above changes he stated “scientific depth and parity in the delivery of the programme between the different education providers are key priorities for the School”.

Staff

Athena SWAN is a national scheme designed to promote equality of opportunity and achievement for women in Science Engineering and Technology. It has 3 levels, bronze, silver and gold and brings, in its own right, benefits both for women in academic life and for the public face of the institution.

In 2011 Dame Professor Sally Davies announced that “all medical schools who wish to apply for NIHR Biomedical Research Centres and Units funding need to have achieved an Athena SWAN Charter for women in science Silver Award by 2015”.

Manchester Medical School (MMS) has begun preliminary activities in order to plan an application initially for bronze level, which will pave the way to apply for a silver level award. Professor Isobel Braidman has agreed to be the lead for Athena Swan in MMS. A key initial decision, however, is whether it would be more advantageous for the application, initially for the bronze award, to be made by the components of the School of Medicine, including MMS, acting together under the School “heading” or if they should proceed as entirely separate entities. This will be decided by the Faculty SMT and MMS has recently learnt that the application will be made by the wider School of Medicine.

Information systems

Development of a Curriculum Mapping Tool (CMT) is an absolute requirement for curriculum management and to allow both students and teachers to ‘visualise’ the curriculum. Currently, the curriculum outcomes are mapped in Excel; a time-consuming and laborious task which does not allow rapid interrogation, nor allows curriculum designers to see the impact of any changes and does not make curricular outcomes visible to students. Funding has been secured and the CMT has been commissioned.

MMS has established Education Informatics (focusing on software applications, systems and networks that support delivery of education) as an integral part of supporting the delivery of the MBChB Programme. MMS now has an Education Informatics strategy to steer requirements management and information system provision, including full systems lifecycle management and evaluation. As part of the foundation for teaching and learning support, MMS has recruited an IT Systems Administrator. This role supports a comprehensive requirements management and user liaison process for the School.

MMS is also embarking on the implementation of a new student lifecycle information system, 1Med. The suite of services in 1Med, to be delivered incrementally over a two year period, will serve MMS and the Sectors with a single comprehensive and current picture of all undergraduate medical students, at all stages of their journey through the Programme. It will allow the School to phase out paper-based student records, saving a great deal of effort by the administration teams, storage space and paper in MMS and in the Sectors, and bring in a range of new information services for students, administrators, tutors and managers. 1Med will be developed according to the SSO’s principles as a ‘trusted system’ in the University’s information systems constellation.





# Manchester Medical School: areas of excellence



**Kate Tidman**

"As the UK's largest medical school, excellent communication and effective interaction with our multiple delivery partners and stakeholders is vital to the continued success and growth of our MBCHB programme". Kate Tidman is responsible for the ongoing development and evaluation of all communications

relating to the programme across all stakeholder groups, including staff, students and NHS delivery partners. Outcomes of a recent audit has resulted in more streamlined and targeted communications, which has improved stakeholder engagement, both internally and externally.

## Innovation around mobile learning

MMS is now a global leader in mobile undergraduate learning (eg. <http://vimeo.com/user8895511/videos>). This brings huge advantages to our students and also some challenges. In particular it questions how and what our students are taught. The concept of replacing the need for doctors to carry a huge amount of sometimes incompletely remembered and out of date knowledge with the ability to better use knowledge and skills is one we are actively pursuing through scholarship.

## Preparing for practice

The five years of the Manchester MB ChB degree culminates in a final year entitled "Preparation for Practice", which prepares students to assume responsibilities for the lives and well being of others. It requires application of knowledge and skills together with a sound understanding of professional judgments. This is challenging for all newly qualified doctors and the two foundation years post qualification is when some will encounter professional difficulties.

Over 66% of our medical students stay in the North West region and evidence from the North West Deanery demonstrates that a student's medical school is most influential in ensuring he/she progress seamlessly into life as a Foundation (junior) doctor. Further, they show that students from MMS are significantly less likely to have professional difficulties than those from any other medical school in the UK, by being far better prepared than their counterparts.

There are two features of Year 5 which account for this. First is the introduction of "Student Assistantships", which is a GMC requirement for all medical schools. Led by Professor Mike Horan, Manchester's Assistantships not only ensure that students undertake the responsibilities of a Foundation doctor, but that students learn reflectively from their experiences and that Assistantships are rigorously quality controlled. Over 90% of students rated their Assistantships at between 80 – 100% satisfaction.

Second is the assessment of Personal and Professional Development Portfolios (PPDportfolios) in Year 5, led by Professor Isobel Braidman, building on the importance that MMS attaches to professional development throughout the programme. Students require satisfactory PPDportfolios for graduation, modeled on the approach adopted in Foundation years and throughout medical careers. This requires rigorous training of portfolio reviewers, and, in contrast to other medical schools, further demonstrates the significance this has in the Manchester programme. Students recognise the importance of reflective learning skills learnt through professional development and PPD portfolio, in the words of a Manchester graduate "skills that I will take through life".



## Communications teaching

This area of the curriculum is consistently highly evaluated by the MMS students. In the 2012 National Student Survey, 96% of students agreed or strongly agreed that their clinical communication skills had improved during their undergraduate experience. A comprehensive, experiential curriculum is delivered, largely through facilitation of small groups of 6-10 students.

The curriculum extends through all years of the MB ChB programme, and is delivered by a dedicated team of teachers comprising clinicians, academics and communication specialists.

The clinical communication team is committed to tutor excellence through peer review and feedback, staff development and training. Annual reviews of all formal taught courses using tutor and student feedback are carried out by the team and the curriculum content is developed accordingly. The team are committed to innovative curriculum development including Simulated Patient involvement, student involvement, patient educators, and variations in methods and approaches to enhance teaching and learning.

MMS' established group of trained simulated patients (SPs) provide high quality, realistic patients, trained to support and prepare students for encounters with real patients, through role play, detailed feedback and discussion.

The new Consultation Skills Learning Centre has been designed to promote and support high quality interactive learning, integrating communication, clinical, and professional skills, with input from science and arts disciplines, to model a patient-centred approach to consulting.

## Areas of leadership

### Nationally:

- Full representation on the UK Council for Undergraduate Clinical Communication.
- Organisers of the biennial UK conference for Clinical Communication in Undergraduate Medical Education.
- Our simulated patient group is one of the leading groups in the UK, providing a model and exemplar. Most of our simulated patients are trained actors; many have experience of teaching and facilitation; all perform to a consistent and high standard.
- Our students have taken a lead role in researching clinical communication education and developing new areas of curriculum activity, which has been presented at a range of national conferences.

### Europe:

- Members of the team regularly contribute to European conferences.

### Globally:

- The clinical communication team have shared their curriculum with Mansoura Medical School Egypt, and provided tutor training to the school
- The curriculum is regularly shared and delivered at Gulu Medical School, Uganda
- Every year we have visitors from various medical schools overseas who observe sessions and participate in discussions with our teaching team.



# Manchester Medical School: challenges

## National student survey

The disappointing results for the National Student Survey (NSS) is of prime concern to the School in that there is an assumption that this reflects the actual student experience of students across all five years of the programme. The School has put an enormous amount of staff time (academic and Professional and Support Services) and financial resource into improving the student experience across the board which is starting to bear fruit. Indications are that there will be a steady increase student satisfaction as measured by the NSS survey over the next few years.

The NSS results have had no effect on student recruitment (either home or overseas) although we are not complacent and continue to review and improve recruitment activities (the 'offer holder day' for students holding an offer to study medicine at Manchester introduced in 2011 is one example of this). The School keeps a watching brief on the external environment and on recruitment figures: a possible link to funding in the future would have a significant effect on the School should the NSS survey results not improve.

We are aware too that the effect on staff morale could be detrimental. However the effect has been for undergraduate teachers and support staff to redouble their efforts to improve the student experience and continue to improve the programme.

## Embedding recent changes in the delivery and content of the programme

In times of great financial pressure on ourselves and our partners leadership is required from the School to ensure continuity of and improvement in the student experience. This requires that the School embeds its vision across the curriculum and its delivery. We are engaging with our partners to ensure we can take this forward in a non-confrontational and positive manner.

## Quality assurance

Any quality assurance within MMS must be linked to both GMC and University of Manchester

requirements. One of the key challenges facing the Quality Assurance and Enhancement Team (QAET) is that currently there are numerous quality assurance systems operating across the MBChB. Some of these systems are not aligned to the School's and need to be in order for the School to be compliant both with its internal and external regulators.

A further challenge is that many staff involved in programme delivery are NHS employees who speak of 'training' our students rather than 'educating' them. There is a difference! Therefore, whilst the programme continues to be delivered in a University it is vital that any quality assurance system takes this into account.

Finally, to date MMS quality assurance activity has operated within the programme which has meant that at times some of the Quality Assurance and Enhancement Team (QAET) have found themselves operating in two different capacities. The first, as assessing delivery, the second, as addressing the problem and becoming part of the solution. This is problematic insofar as the QAET can never be truly objective - if it is part of the solution it also can be part of the problem.



As a means of addressing these issues the QAET will establish appropriate systems for quality assurance of the programme. It will provide appropriate links to Faculty (to ensure that we are linked to the University of Manchester quality assurance framework). Finally, a significant change will be that the QAET will sit outside of the programme. The Team will report to the Head of Undergraduate Medical Education acting as his internal auditors. This will safeguard the necessary impartiality needed.

## Information Systems issues: need for a student lifecycle IT system

MMS requires a suite of fit-for-purpose information systems to underpin the key processes in the design, development and delivery of the MBChB Programme. These information systems need to ensure that all relevant data and information are collected, quality assured, secure and available where and when needed. A new student information and tracking system is urgently needed to complement the core University systems and replace the School's current support and administration system, Medlea.

The Medlea system has grown in a demand-driven, but unplanned way over a number of years and now serves numerous support and administration processes across the School and Base Hospitals. It has, however, become increasingly unwieldy and challenging to extend and maintain. There is urgent need to improve student support, record keeping, information security, and communications between all parties involved in the delivery of the Programme. A new, bespoke system is required to handle the complexity of the MBChB Programme and its distributed delivery in partnership with the NHS.

Following internal review of information systems and requirements, two studies commissioned by MMS from external expert analysts have shown that the current information management systems serving MMS are not meeting the requirements for running the MBChB Programme. They conclude that immediate implementation of a student lifecycle information system is needed to address the demands placed on existing systems and personnel. Having carried out extensive preparations, MMS has selected a service based solution that will utilise and complement existing university systems where appropriate. This service will be delivered incrementally over a two year timeframe. It is expected that having a shared, current, coherent and comprehensive picture of the entire Programme pathway for all students will lead to a significant improvement in the student learning experience.



**Doug Corfield**

Professor Doug Corfield joined the School from Keele Medical School in 2010, taking up the role as Director of Studies for Phase 1 (Yrs 1 and 2): "Medicine at Manchester is like nowhere else – huge student numbers, many partners within the University (including Life Sciences, the Language School,

Ethics and Law) and innumerable interactions with the NHS in all its forms (tertiary referral centres, district general hospitals, GP Practices, community clinics etc). Until you are part of it, it's hard to grasp the complexity and richness of the student journey. For students, this means fantastic opportunities for study and personal development that would be hard to match at other institutions. These are great reasons to be at Manchester"

Doug also chairs the School's Curriculum Committee and is a key member of the Faculty of Medical and Human Sciences Education Academy in his role as the academic lead for Promoting and Rewarding Teaching Excellence.



# Manchester Medical School: impact and importance



## Graduating doctors for northwest

The contribution of the School to the healthcare system across the Northwest (and wider UK) cannot be underestimated. As the largest Medical School in the UK (graduating some 450 doctors per year) it has an important part to play in producing excellent well-rounded scholars, scientists, professionals and practitioners. Our graduates not only meet the core requirements as junior doctors but also, through personalised themes, create a bespoke education suited to their areas of interest.

## Contribution to University College for interdisciplinary learning (University College)

In the academic year 2012-2013 the University of Manchester will see the introduction of University College. The University College arose from University of Manchester 2007/08 'Review of Undergraduate Education'. It is a cross-University approach to contribution to the University's strategic vision for students: that all students will benefit from the University College provided wider educational experience and that this may lead to enhancing their future employability or further study.

The students of the University of Manchester are currently starting to engage with this exciting new initiative with the future plan that all students will have opportunity to engage with College units. There is however, a challenge to students on some programmes to take up current University College opportunities. One programme where students are affected is the Manchester Medical School undergraduate degree course. The nature of the Medical School programme (non-credit rated) and intensity of the vocational training offer barriers to undergraduates participating in many of the exciting courses offered by University College.

The Manchester Medical School is committed to offering medical students the opportunities the interdisciplinary learning University College offers. We see this as a clear opportunity to provide important contribution to undergraduates across the University of Manchester. We have two directions to approach this aim: supporting MMS undergraduates' engagement with University College modules; developing MMS led courses within the University College portfolio for all University of Manchester students.

Representatives of the senior management team of MMS have been in discussion with the Director of University College throughout the last year considering how MMS undergraduates will engage. The Medical School has a history of encouraging interdisciplinary learning through the option medical students have in the Student Selected Components of the programme. Medical students are also supported and encouraged to participate in the Manchester Leadership Programme (MLP) in Years 1 and 2 of the course. Looking forward now to the University College course, clearly MMS will continue to support the engagement of medical students in MLP modules which are now part of the College portfolio. The online module is suitable to the medical students' intensive experiential nature of the MMS programme. We are working with the director of University College to manage access and availability of University College modules to MMS undergraduates now and in the future whilst managing their expectations.

Manchester Medical School in the first academic year of University College developed an approved module led by a member of the senior management team in collaboration with the Faculty of Humanities. The module 'Who wants to live forever: challenging myths in human ageing?'. This module will support undergraduates in developing an appreciation of human ageing from an interdisciplinary direction. The module is a mixture of lectures, seminars and experiential events assessed by oral presentation/web poster outputs. This course uses the strengths of its direct integration with the Manchester Centre for Collaboration in Research in Ageing. This allows students educational opportunities directly related to research in ageing such as the MRC FRAILL programme. In addition to the currently available module described the Manchester Medical School has proposed or is developing other modules from its academic education staff. This contribution to the University College will be a focal priority for the medical schools engagement.

## Contribution to the economy of Manchester and the NW

The Medical School is a major employer in the NW and through its income streams stimulates medicine delivery and research. The current reduction in student numbers and funding per student risk putting this vital aspect of our work in jeopardy.



### Leena Patel

Dr Leena Patel joined the University in 1992. She is Senior Lecturer in Child Health and Honorary Consultant Paediatric Endocrinologist based at the Royal Manchester Children's Hospital. Her major interest in medical education was aroused during her studies at a traditional medical school in India and she

subsequently obtained the Masters in Health Professionals Education from Maastricht in 1996. She has contributed to a wide range of activities at MMS, including development and delivery of the new curriculum in 1994, pertinent staff training and an MSc in Medical Education. As the Academic Lead for Student Experience, the Student Rep team structure and support mechanisms that Leena has established mean that there is strong representation by students in all aspects of our complex MBChB programme. This is deemed exemplary practice by the University's Student Representation Working Group. The input from student reps has been pivotal in major changes and developments within the programme, and they have also initiated successful projects such as the student-led Teaching Excellence Award. Leena describes the student reps as "dynamic, an absolute asset to MMS and a delight to work with". Leena is also the Academic Lead for Student Support in the Faculty of Medical & Human Sciences.



# Manchester Medical School: future developments

The opportunities and developments are discussed at length above. Briefly they can be listed as:

- Improve the student experience as evidenced by an increase in the score at NSS
- Maximising our ability to improve healthcare in the NW, the UK and globally
- Ensure we work with our partners to improve educational opportunities and delivery for our students
- Maximise the career development of all our staff
- Protecting income streams



**Mike Horan**

Professor Mike Horan joined the University of Manchester from the Instituut voor Experimentele Gerontologie TNO, the Netherlands, in 1986. He became Professor of Geriatric Medicine in 1991. He has a special interest in Medical Law and Ethics and he chaired the Board of Governors of the Linacre Centre (now the Anscombe Centre), the largest Roman Catholic bioethics centre in Europe. In response to “challenge” by a student about whether “he was still up to study at a degree level”, he studied law with the Open University and then Healthcare Law at the University of Salford. He is also an accredited mediator for civil and commercial litigation and is currently studying Early Modern Dutch (by distance learning)!

His first responsibility in the Undergraduate Programme was the implementing the new format for clinical examinations in Phase 3 of the curriculum. He subsequently became the Academic Lead for Phase 3, when he was responsible for its restructuring to meet the needs of students progressing to the Foundation Programme. “My underlying philosophy for this task was and is still that Phase 3 should ‘enable and assist students to become the best doctors that they can be’ and to ensure that our students are as well prepared as possible to start their careers in medicine”.





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