



The Hull York Medical School

**Code of Practice on Management  
of the MB BS Curriculum**

<b>Updated:</b>	10.09.03
<b>Frequency of Update:</b>	As required
<b>Responsibility to Update:</b>	The Director of the Medical Education Unit

## **1. Scope**

- a. This document defines the management structure for the HYMS MB BS curriculum, and outlines the committee structure, the responsibilities of individuals, and reporting lines. Assessment issues are covered in the two sections of the *HYMS Code of Practice for Assessment and Examination*.

## **2. Academic responsibility**

- a. Responsibility for the HYMS MB BS curriculum rests the HYMS Board of Studies, which is accountable to the HYMS Joint Senate Committee (HJSC) through the Teaching and Learning Committee of the University of Hull and the Teaching Committee of the University of York acting jointly. Its membership and terms of reference are in *HYMS Code of Practice on Academic Committees*.
- b. The HYMS Curriculum Committee is appointed by and is accountable to the HYMS Board of Studies of HYMS. It is serviced by the Medical Education Unit. Its membership and terms of reference are in *HYMS Code of Practice on Academic Committees*.

## **3) The Director of the Medical Education Unit**

- a) The Director of the Medical Education Unit is a senior academic manager in the medical school and is accountable to the Dean and to the Board of Studies for the operation of the curriculum.
- b) The Director is responsible for
  - i) chairing the Curriculum Committee which determines the educational strategies and policies for MB BS
  - ii) ensuring that the MB BS curriculum is delivered to students as specified in the relevant course documents and in accordance with the decisions of the Curriculum Committee
  - iii) management of the team of curriculum managers to ensure effective curriculum delivery
  - iv) participation in the broader management of the Medical School by membership of the Board of Studies and other relevant committees
  - v) participation in the identification and management of the resources necessary to deliver the MB BS curriculum
  - vi) participation in the management of the quality assurance and enhancement mechanisms of the School

## **4) Organisation of the Curriculum in Phases I and II**

- a) The HYMS curriculum uses 6 Systems as the main building blocks of the course. The Systems and the spiral nature of the curriculum provide the vertical

integration through the course. Management structures are therefore based on Systems and are similar throughout the course.

- b) Blocks titles are different in Phases 1 and II and are compared in the table. A generic title covering both Phases is given in the 3<sup>rd</sup> column.

Phase I	Phase II	System Group
1. Pathology, immunology, cancer & skin	1. Cancer	1. Pathology, immunology, cancer & skin
2. Circulation & respiration	2. Respiration, cardiovascular medicine & dermatology	2. Respiration, cardiovascular medicine & dermatology
3. Nutrition, digestion, metabolism, excretion	3. Gastrointestinal medicine, metabolic & renal medicine	3. Gastrointestinal medicine, metabolic & renal medicine
4. Development & reproduction	4. Women's health 5. Child Health	4. Reproduction and child health
5. Psychological health	6. Mental Health	5. Mental Health
6. Locomotor, neurology, special senses & elderly	7. Musculo-skeletal medicine & rehabilitation 8. Older persons medicine, neurological medicine	6. Locomotor, neurology, special senses & elderly

### 5. System Block Groups and Basic Science & Clinical Leads

- a. Each of the 6 System Groups is led by a basic science lead and a clinical science lead acting together. The basic science lead leads for phase I and the clinical lead for phase II. The Groups also contain up to 4 additional members drawn from appropriate specialties and from general practice.

- b. Both system group leads sit on the curriculum committee.
- c. Each System Group is responsible to the Curriculum Committee for the effective delivery of the curriculum as described in the agreed course documents. The System Groups Leads for each System are, acting together, accountable to the Phase I and Phase II co-ordinators as appropriate for the functioning of the Group.
- d. System Group Leads are appointed by HYMS, for three years in the first instance, but may recruit additional members (up to 4) to assist. In doing so they will take into account the need to maintain a balanced representation across sites, themes and disciplines.
- e. The responsibilities of group leads are:
  - i. To develop and refine the outcomes for each Block for each Phase of the curriculum for approval by the curriculum committee
  - ii. To ensure that the relevant System Blocks as described in the course documentation are delivered effectively to students
  - iii. To co-ordinate the production of relevant curriculum materials
  - iv. To liaise with appropriate staff in both Universities and the NHS to ensure that the necessary personnel are available to deliver the curriculum
  - v. To liaise with other System Block Leads to ensure co-ordination and integration of curriculum delivery
  - vi. To liaise with others having specific responsibilities for longitudinal elements of the course, including communication skills teaching, clinical placements, ethics teaching and community-based teaching
  - vii. To arrange for appropriate formative assessment for each Block in accordance with the Code of Practice on Assessment
  - viii. To participate in the production of materials for summative assessment in accordance with the Code of Practice on Assessment
  - ix. To report to the Associate Dean for Students any student obviously experiencing problems during the Block.
  - x. To lead continuing discussions on the development of the Block and to present proposals for change to the Curriculum Committee
  - xi. To facilitate dissemination of good practice across System Blocks by discussion with other Block Leads
  - xii. To monitor the delivery of the System Block formally and informally and deal with problems as they arise
  - xiii. To receive and respond to Block evaluation by student questionnaire and report action to the Quality Assurance and Enhancement Committee
  - xiv. To facilitate periodic review by the appropriate bodies

## **6) Phase I System Leaders Group**

- a) The Phase I System Leaders Group will consist of all the System Block Leads together with those having lead managerial responsibility for longitudinal elements of the curriculum including communication skills teaching, clinical attachments, ethics teaching and community-based teaching. It will be chaired by the Phase I Co-ordinator who will report to the Curriculum Committee. It will meet at regular intervals and will be responsible for the co-ordination of the day-to-day operation of Phase I of the curriculum. It will be serviced by the Medical Education Unit and the Curriculum and Assessment Manager. It will:

- i) Provide a forum for effective dissemination of good practice across Phase I of the curriculum
- ii) Review the delivery of the whole of Phase I of the curriculum and recommend solution to difficulties that are encountered
- iii) Discuss co-ordination of curriculum delivery between Blocks so that appropriate links are made and unnecessary duplication avoided
- iv) To ensure that the longitudinal elements of the course, including communication skills teaching, clinical placements, ethics teaching and community-based teaching are delivered appropriately
- v) Review proposals for change in the content and structure of System Blocks
- vi) Co-ordinate the logistical resources necessary to support the curriculum such as space, equipment and other resources
- vii) Prepare proposals for the allocation of resources to teaching equipment and tutorial support
- viii) Respond to formal analysis of student feedback on the Phase as a whole and recommend change as required
- ix) Perform such other functions as may reasonably be delegated by the Curriculum Committee

## **7) Phase II System Leaders Group**

- a) The Phase II System Leaders Group will consist of all the System Block Leads together with those having managerial responsibility for the organising and monitoring of clinical placements in each clinical area (currently designated clinical co-ordinators) and the clinical placements co-ordinator. It will be chaired by the Phase II Co-ordinator who will report to the Curriculum Committee. It will meet at regular intervals and will be responsible for the co-ordination of the day-to-day operation of Phase II of the curriculum. It will be serviced by the Medical Education Unit and the Curriculum and Assessment Manager. It will:
  - i) Develop the outcomes for Phase II of the curriculum
  - ii) Provide a forum for effective dissemination of good practice across Phase II of the curriculum
  - iii) Review the delivery of the whole of the Phase II curriculum and recommend solutions to difficulties that are encountered
  - iv) Discuss co-ordination of curriculum delivery between Blocks so that appropriate links are made and unnecessary duplication avoided
  - v) Review proposals for change in the content and structure of System Blocks
  - vi) Advise on suitable clinical placements
  - vii) Prepare proposals for the allocation of resources to teaching equipment and tutorial support
  - viii) Respond to formal analysis of student feedback on the Phase as a whole and recommend change as required
  - ix) Perform such other functions as may reasonably be delegated by the Curriculum Committee

## 8) Phase I Co-ordinator

- a) The Phase I co-ordinator will be responsible for the horizontal and vertical integration of the curriculum for Phase I. He/she will be accountable to the Director of the Medical Education Unit, with specific responsibility for:
  - i) Chairing the Phase I System Leaders group
  - ii) Liaising with System Block Leads for the proper co-ordination of the Phase I System Blocks
  - iii) Liaising with others in both universities and with appropriate NHS staff to ensure the smooth running of Phase I
  - iv) Liaising with others having responsibility for longitudinal elements of Phase I of the course for the proper co-ordination of these elements across System Blocks
  - v) With the Associate Dean for Students, monitoring the progress of individual students through Phase I
  - vi) Facilitating the collection of student feedback in Phase I and participating in its analysis and incorporation into decision making
  - vii) Reporting to the Curriculum Committee on the overall functioning of Phase I

## 9) Phase II Co-ordinator

- a) The Phase II co-ordinator will be responsible for the horizontal and vertical integration of the curriculum for Phase II. He/she will be accountable to the Director of the Medical Education Unit, with specific responsibility for:
  - i) Chairing the Phase II System Leaders group
  - ii) Liaising with System Block Leads for the proper co-ordination of the Phase II System Blocks
  - iii) Liaising with others having responsibility for longitudinal elements of Phase II of the course for the proper co-ordination of these elements across System Blocks
  - iv) Liaising with the local clinical co-ordinators and the clinical attachments officer to ensure the smooth running of clinical attachments
  - v) Liaising with local clinicians about the delivery of the Phase II curriculum in each clinical area
  - vi) With the Associate Dean for Students, monitoring the progress of individual students through Phase II
  - vii) Receiving and acting upon reports of students with pastoral problems
  - viii) Facilitating the collection of student feedback about clinical attachments and participating in its analysis and incorporation into decision making
  - ix) Reporting to the Curriculum Committee on the overall functioning of Phase II

## 10) Phase III Co-ordinator

- a) The Phase III co-ordinator will be responsible for the horizontal and vertical integration of the curriculum for Phase III. He/she will be accountable to the Director of the Medical Education Unit, with specific responsibility for:
  - i) Chairing the Phase III Block Leaders group (Electives Co-ordinator, Surgical Trainee Intern Co-ordinator, Medical Trainee Intern Co-ordinator, and General Practice Trainee Intern Co-ordinator .
  - ii) Liaising with the Phase III Block Leaders for the proper co-ordination of the Phase III attachments, ensuring a clinical experience at trainee intern level, which takes account of student preferences, but ensures appropriate balance.
  - iii) Liaising with others having responsibility for longitudinal elements of Phase III of the course for the continued integration of these elements.
  - iv) Liaising with the local clinical co-ordinators and the clinical attachments officer to ensure the smooth running of clinical attachments
  - v) Liaising with local clinicians about the delivery of the Phase III curriculum in each clinical area
  - vi) With the Associate Dean for Students, monitoring the progress of individual students through Phase III
  - vii) Receiving and acting upon reports of students with pastoral problems
  - viii) Facilitating the collection of student feedback about clinical attachments and participating in its analysis and incorporation into decision making
  - ix) Reporting to the Curriculum Committee on the overall functioning of Phase III