

Guest Editorial

The birth of the School of Medicine at Ulster University

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Accepted August 2021

In the late summer of 2021, some 16 months into a global pandemic which has reshaped the profile of disease worldwide, shown us the immense value of all healthcare professions, and highlighted yet again the appalling inequality in healthcare provision around the world¹ both in terms of disease burden and mortality, and availability of vaccination, I write this editorial: as a General Practitioner and Medical Educator on the threshold of opening the doors on a new medical school. When I started on my personal journey to bring this medical school into being, I chose to focus on the social contract held by a University with the community within which it is sited, and the wide value a School of Medicine can bring to a region. The Covid-19 pandemic has presented us all significant challenges personally and professionally, but it has the benefit of offering an additional lens through which to examine the journey. I therefore now add the wider dimension of “transformative learning” in all its aspects as outlined by Frenk and colleagues in their influential paper published in the *Lancet* in 2010, “Health Professionals for a New Century: Transforming education to strengthen health systems in an interdependent world”²

If ever we have seen evidence of an interdependent world it has been as the Covid-19 pandemic has unfolded ; so it seems timely to pay attention to this publication and I would encourage all readers to explore it, either to read for the first time, or to re-read as I have done in preparing this piece.

Whilst it is not good practice to lift large elements of others’ work into one’s own, I provide a quote here as a means of framing what I will write about:

“Health is all about people. Beyond the glittering surface of modern technology, the core space of every health system is occupied by the unique encounter between one set of people who need services and another who have been entrusted to deliver them. This trust is earned through a special blend of technical competence and service orientation, steered by ethical commitment and social accountability, which forms the essence of professional work. Developing such a blend requires a lengthy period of education and a substantial investment by student and society. Through a chain of events flowing from effective learning to high-quality services to improved health, professional education at its best makes an essential contribution to the wellbeing of individuals, families and communities” .²

I will indulge one other intellectual diversion here in reference to the title of my piece: that is to reference Michel Foucault. Foucault has long been a philosopher who I have found stimulating and challenging in equal measures (at times mostly challenging if I am to be honest). In “the Birth of the Clinic” Foucault challenged the way in which doctors think about the body and illness and the dominant paradigm of the Teaching Hospital where clinical medicine was viewed from a positivist perspective, maintaining the Cartesian dualism of mind and body.³ A 2014 editorial by a colleague, Professor Jennifer Johnston, in which she invited readers to be inspired by Foucault to think differently , challenge a dominant discourse and “taken for granted” assumptions may also help to frame my reflections;⁴ and for a further overview into the relevance of Foucault as a challenge to us as doctors and educators in “thinking, saying and being”, I would encourage readers to seek the words of Brian Hodges and colleagues from 2014.⁵

June 1st 2018: I felt like a new starter at School. I had arrived at Ulster University as Foundation Dean of a Medical School whose birth had been affected by slow and complex decision making due to the unique political sensitivities in Northern Ireland. That there was a need for Northern Ireland to grow its medical workforce was undeniable.⁶ Yet despite the obvious need, with the absence of a devolved assembly until January 2020, it was not possible for the University to progress the development of the School. I was nonetheless able to contribute to the care of patients working a day a week as a GP in the city of Derry-Londonderry, starting the lengthy process of meeting a wide range of stakeholders necessary to enable us to reach a point at which we could open the doors to the MBBS programme.

With a long history of commitment to Widening Access to Higher Education, alongside its stated commitment as a Civic University, Ulster University had determined that its MBBS programme would be Graduate Entry, purchasing a curriculum from St George’s University of London, selected because it had a high percentage of GP based education (addressing the “By Choice not by Chance” challenge set by Val Wass in her report for Health Education England in 2016) ; and because the University of Limerick had already implemented the same curriculum some years beforehand.

Let me introduce our MBBS programme to you: this is a Graduate Entry 4 year Medical Programme. Applicants require a minimum of a 2.1 degree in any subject as the academic condition of acceptance to study, together with satisfactory performance in the Graduate Medical School Admissions Test (GAMSAT) which assesses, amongst other things, candidates' reasoning in the physical and biological sciences. Once the academic hurdle has been passed and candidates have achieved a satisfactory score in the GAMSAT they are invited for interview. Ulster University is using Multiple Mini Interviews although these were conducted virtually for 2021 entry.⁷

The four-year Ulster Graduate Entry medical degree is quite different to a traditional 5-year degree: students work hard over long university terms. There are no opportunities for intercalation because students already have a degree at the point of entry. Our students undertake Problem Based learning in their first two years.⁸ Anatomy learning will not be cadaveric. The first clinical placements will be in General Practice in year 1, and GP placements will feature in each year of the programme. Much however is similar to a 5 year degree, most notably that the learning outcomes are the same, and of course when our graduates take their Finals examination in 2025 they will take the GMCs Medical Licensing Assessment before entering the UK Foundation programme.

The University had embarked on the process of GMC accreditation for a new MBBS programme in 2016, progressing through initial expression of interest, through financial audits, to full submission of a comprehensive range of documents for Stage 3 of the process. This mammoth task was where the GMC sought evidence that the University could support a medical degree programme at every level, from library and computing, to student support, staff expertise, experience in assessment, systems for quality assurance, and appropriate governance.⁹

Following scrutiny of Stage 3 documentation, and the provision of follow up documentation which formed Stage 4, I was keen to progress as far as we could despite the political situation; so we progressed to a GMC visit to Ulster University's Magee campus in July 2019. We all have moments in our working lives where we take a brave decision that stands us in good stead for the future, and the GMC visit at that point proved to be one such decision. We had a positive assessment from the GMC, having met key members of the University whose roles were to support the MBBS programme, as well as key local stakeholders. Whilst we did not at that stage have a medical school building to show the GMC team, they were able to see our campus facilities as well as meet the team in person.

Thereafter the GMC process was paused from September 2019 until May 2020 when a political announcement of our places was made, after which we were able to resume

the accreditation process to the point of a Stage 6 decision in July 2020, enabling the University to start to recruit students for 2021 entry.

We are expecting 70 medical students to join us on August 23rd 2021, so by the time you read this editorial they will be with us, already embarked on their journeys to become doctors.

How will they compare to medical students you might have taught in the past? What journey will they undertake?

Students will be older as they enter the programme, and with prior degrees in a range of subjects they are likely to see life from a different perspective to that of school leavers. Their lines of enquiry on their journey towards their MBBS degree are likely to be different. Readers who are clinical teachers will notice a difference. They will however also notice similarities to the many students with whom they have previously interacted. Ulster University's MBBS students will take the same Medical Licensing Assessment in the summer of 2025 as students graduating from Queen's University Belfast, and more widely throughout the UK. They will be "Foundation programme ready" and will complement and enhance your workplaces from 2025 onwards.

Before concluding however, I wish to return to Foucault, and introduce another concept, that of "Disruptive Innovation", introduced in the business world in 1995. In business terms, "disruption" occurs when a small company can successfully challenge an established incumbent business; and it could be argued that in establishing a Graduate Entry Medical programme where none previously existed in Northern Ireland, Ulster University has provided disruption and innovation.¹⁰ I propose though, that in establishing the School not at a hospital, but on a University campus, within a community, the innovation is less about the nature of the degree itself, but more about the nature of the population we serve, the commitment to challenge the dominant paradigm of medicine as a hospital-based speciality, and reframe it in the Community, with patients and general practice at its heart, helping to pick up the gauntlet laid down by Wass in 2016, enabling students to see General Practice and community based medicine as an attractive career choice, challenge the hidden curriculum and stigma associated with General Practice. As a GP leader, I intend that General Practice and hospital medicine have equal value in our MBBS programme. It is my intention to reframe some of the power relationships in medical education and refocus some of the discourse around what "counts".

I would like to conclude by saying that to arrive in Northern Ireland, work in the North West alongside remarkable colleagues within the University, in clinical settings, and at Queen's University Belfast has been a remarkable privilege. Daily I observe work of the highest quality, aimed to enable us all to deliver on what is, I think,



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the most important theme, the Social Accountability of Medical Schools, defined by the WHO as “the obligation of medical schools to direct education, research and service activities towards addressing the priority needs of the community, region or nation that they are mandated to serve. The priority health concerns are to be identified jointly by governments, healthcare organisations, health professionals and the public”.¹¹

The birth of the School of Medicine at Ulster University for all its philosophical underpinnings, has demonstrated practical joint working by government, university, health professionals and wider stakeholders in an unprecedented way, and I look forward to the next stage in our development to demonstrate the value of that shared commitment.

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