C21: the new medical curriculum for Cardiff
An opportunity to have your say
Consultation January 2012
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Foreword

Dear colleagues,

Our ambitions to be a world-leading university require us to have a first-class medical school with an outstanding education programme. Therefore the modernisation of undergraduate medical education remains a top priority for the University.

This consultation marks another important point in the progress of this project and our ambitious plans for medical education.

We are delighted with the progress that has been made since the last consultation. The proposals outlined for the new curriculum herein are the culmination of much hard work over the past 18 months and we want to take this opportunity to thank all of those who have contributed to the development of these proposals and for their continuing support. We believe they are the basis upon which a truly world-class medical programme will be built.

However, to ensure that we succeed we need your support and want to ensure that all concerned with the education and training of our future doctors, for Wales and for the UK, are able to voice their own ideas about how this may best be achieved.

We hope you will take the time to read about the proposal for the new curriculum, and then respond to the consultation questions so that we obtain the widest census of views possible before implementing it in 2013.

Thank you for your help.

Yours sincerely,

Dr David Grant
Vice Chancellor
Cardiff University

Professor Paul Morgan
C21 Project Board Chair
Dean of Medicine
Head of School
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Executive Summary

Consultation summary
We are seeking feedback from people involved in medical education in Wales on proposals for the renewal and development of Cardiff University’s undergraduate medical curriculum.

This is the second and final consultation planned before the introduction of a new curriculum for the MB BCh programme in August 2013. The initial consultation took place between January and February 2011 and sought feedback on the vision, values, objectives and the development of the C21 project.

The consultation period ends with a formal reporting back event – the Curriculum Conference - on 2nd March 2012.

To respond to this consultation, go to https://www.surveys.cardiff.ac.uk/c21consultation2012 or visit www.cardiff.ac.uk/c21

Purpose
Medical schools in the UK must ensure that the qualifications they offer and the outcomes attained by their graduates meet the standards set out in the General Medical Council (GMC) publication Tomorrow’s Doctors (2009). The medical school at Cardiff University is working to enhance the quality of its undergraduate medical education programme in light of changes to GMC requirements and the university’s own ambition to be recognised as a world-leading university through the quality of its research-led teaching.

C21 is the complex and ambitious project set up to manage the modernisation and enhancement of undergraduate medical education at Cardiff University. Since the initial consultation in January 2011, considerable work has been carried out to explore the options available and develop proposals for the new curriculum. A summary of that work is presented in this consultation and we are seeking views from people involved in teaching medical students, and in medical education more widely, on these proposals. We are also seeking the views of students, lay people and other key interest groups to ensure that the new curriculum not only meets the requirements of the GMC but that it provides a world-class learning experience for students and produces the very best doctors for Wales.

Results
All comments will be considered in the development of the final curriculum before it is submitted for validation in December 2012. A final detailed report of the findings of this consultation will be published online and a summary will be presented at the Curriculum Conference on 2nd March 2012.

Freedom of information
The information you provide may be subject to disclosure under the Freedom of Information Act 2000, which allows public access to information held by the University. This does not necessarily mean that your response will be made available to the public as there are exemptions relating to information provided in confidence and information to which the Data Protection Act 1998 applies.

Data protection
The information you supply will be stored and processed in accordance with the Data Protection Act 1998 and will be used to analyse the survey responses and help us to consult more effectively in the future. Any reports published using this information will not contain personally identifiable information. We may provide anonymised responses to third parties for quality assurance or approved research projects on request. No personal information will be provided to a third party.
Development of the Curriculum

The development of the new curriculum is an iterative process involving extensive consultation and engagement.

In April 2011, 24 Discipline Focused Learning Outcome Groups were commissioned to develop learning outcomes for their respective specialities. The groups were asked to consult widely within their disciplines and to complete a Delphi study to agree on core and optional learning outcomes across the five years of the MB BCh programme. In addition to the discipline focused ones, learning outcomes were also developed separately for clinical skills, work place based learning, ‘doctoring’, and leadership and service improvement. As a result, in excess of 3,500 learning outcomes have been identified and will be used to guide the development of the new syllabus.

Simultaneously the leads for Phase 1, 2 and Harmonisation were asked to agree high-level end of phase learning outcomes mapped against the requirements of Tomorrow’s Doctors (2009) and to identify the key teaching blocks/units/cases etc. as a framework around which the new curriculum could be structured and the final learning outcomes allocated.

A small executive group of biomedical and clinical academics are now editing and categorising the learning outcomes according to; the GMC outcomes, the C21 framework (Science, Service, Safety and Scholarship) and the most appropriate point of delivery (phase/year/unit/case) and location (class room environment, simulated environment, and/or clinical environment).

Once completed, the matrix will provide a curriculum map and should aid the development of the final timetables, delivery methods, learning materials and assessment schedules.

**Question 1**
To what extent do you agree that this approach will provide the best possible set of learning outcomes, syllabus and curriculum?
Curriculum Overview

While the proposals for the new curriculum retain the strengths and many of the elements of the existing programme, there will be a number of significant differences:

- A complete review of curriculum content and its distribution to ensure consistency with GMC outcomes and the requirements of the NHS and Foundation programme entry.
- Explicit learning outcomes, centrally managed assessment and strong management coordinating activity across delivery partners but with flexibility for tailoring local delivery.
- Integration of clinical and basic science learning throughout the programme.
- Clearer identification of teaching time for clinicians with formal recognition, robust staff development and a transparent method of allocating funds.
- Greater emphasis on student centred independent learning with more formative feedback and student reflection.
- Strong focus on developing the skills of clinical reasoning.
- Much earlier and continuous patient contact throughout the course.
- Less classroom based learning with more learning in simulated and real clinical settings.
- Structured small group teaching using clinical cases throughout the programme and less reliance upon large group teaching.
- Coordinated programmes of ‘Doctoring’, Clinical Skills, and Leadership and Service Improvement running throughout the course.
- Greater continuity and longer placements with students embedded in clinical teams.
- Earlier final exams allowing students to prepare for the work place through an extended period of placements and student assistantships.
- Programme of ‘internships’ offering students a continuity of relationships and providing them with the opportunity to participate in a range of longitudinal activities including, for example, public health initiatives, research and service improvement projects etc.
- Greater emphasis on:
  a) Science – modern science delivered in the right context throughout the programme
  b) Scholarship – stimulating curiosity and a ‘love for life-long learning’
  c) Service – establishing a sense of service i.e. giving something back and a recognition that they have a role to play in improving teaching, training, service and clinical practice
  d) Safety – clinical skills training and a prescribing theme running throughout the programme.
Development of the key themes

At the heart of the new curriculum are four cross cutting themes:

Science and Scholarship – the proposals for the new curriculum are designed to generate curiosity and inspire students to develop as scientists with an interest in, and an understanding of, scientific research and its application to clinical practice. Therefore the Introduction to Science and Health will introduce students to the scientific building blocks which underpin medicine as well as teach basic research skills such as statistics, critical analysis etc. As the course progresses students will have a lecture series from leading academic and clinical experts and be taught Simultaneous Science and Clinical practice to ensure that they understand its relevance and clinical application. In years 3, 4 and 5, under the banner of ‘Science in Practice’ students will be exposed to cutting edge science and given the opportunity to get involved in research projects and showcase their academic work, through a variety of SSC projects, core teaching, and a science symposium, which will revisit and reinforce the importance of science in medicine. The built in flexibility in the SSC programme will allow students to either undertake a variety of short unrelated projects or a longitudinal study/internship spread across the duration of the course and this could be extended further through an Intercalated Degree between years 2 and 3, 3 and 4, or 4 and 5.

Safety – Patient safety is absolutely paramount. At the same time students need more meaningful real-life clinical experience. They need to do, as well as observe. Therefore we have developed programmes of Clinical Skills teaching which will run throughout course. Using simulation and technology enhanced learning students will learn and practise in safety the skills they will need to treat patients. The introduction stage will allow students to practice the basic skills in a safe environment before spending any time with patients. During the remainder of Phase 1, each week students will have a 90 minute clinical skills session where they will develop and practice relevant clinical and communication skills which will be reinforced by observing the skills in practice during their weekly clinical placements. By the end of Phase 1 students should be confident to examine the major systems and take a patient history. As the course progresses, students will learn more complex clinical skills during their weekly skills sessions, which will underpin their clinical experience with students beginning to use their skills on patients under supervision. The emphasis of the final year of the programme is on consolidating the skills required to perform at the highest level within the NHS. Each student will assist a junior doctor and under supervision, undertake most of the duties of an F1 doctor. Students will also have access to self-directed clinical skills labs throughout which will allow them to revisit and practice skills independently. Therapeutics will be embedded within the core teaching and students will consider the treatment and management of clinical conditions as they are introduced to new cases throughout the programme.

Service – Instilling a sense of responsibility and providing students with the experience, opportunities and expertise to lead service improvement in the future is an important part of the proposals for the medical curriculum. A ‘Leadership and Service Improvement’ curriculum will run throughout the programme and dovetail with other core learning and clinical experience in the curriculum. In the early years students will be introduced to the academic building blocks which underpin evidence-based medicine and service improvement and will use real world settings and materials drawn directly from contemporary healthcare in Wales and beyond as triggers for learning. As the course progresses reflection on experience will be increasingly important. Patient descriptions of their diseases and the healthcare that they receive through the pathways of care in years 3 and 4 will be used to expose inconsistencies between the theory and practice of how teams work, professional behaviour, and the rudiments of managing clinical services. Students will be encouraged to recognise that service improvement starts with a better understanding of the patient
experience. Assessment methods will also be used that simulate reality, with students undertaking and presenting service improvement projects to clinical teams.

In addition, a 'Doctoring' theme will run throughout the curriculum which will focus on the professional knowledge and attitudes that define doctors as members of a profession dedicated to the service of patients. The theme will cover a variety of sub-areas including ethics, professionalism, personal development and self awareness, an understanding of which are crucial to being able to provide service. Although there will be dedicated core time included throughout the programme, much of the learning will be reliant on reflection of students' experiences while on placement and in small group discussions around 'trigger' materials.

| Question 2 |
| In your opinion, do you agree that the proposals for Science and Scholarship will encourage students to develop research interests and possible future academic careers? |

| Question 3 |
| To what extent do you agree that the proposals for Doctoring, Clinical Skills and Therapeutics will improve patient safety? |

| Question 4 |
| The proposals for Doctoring and Leadership and Service improvement are intended to ensure that Cardiff’s medical graduate will have a good understanding of professionalism and health care improvement. Please indicate the extent to which you believe that this outcome will be achieved? |
Off-campus learning

In order to produce the best doctors, we believe that patients must be the focus of the MB BCh programme. Therefore clinical experience will start earlier and throughout the course, students will spend time with patients in clinical settings in order to provide a context for their learning. As the course progresses their exposure to patients increases as does the complexity of clinical cases and their responsibilities for patient care.

Each placement will have a set of explicit learning outcomes to facilitate the design of the students’ daily timetable and each centre/hospital will be expected to provide the opportunities which will allow the students to learn and fulfil these outcomes. However it is not expected that timetables will be identical. Each centre/hospital will have the freedom to develop the programme according to the local environment and the additional learning opportunities afforded.

It is expected that throughout, clinical experience will be supported by a programme of small group teaching using virtual and real patient cases, clinical skills training and core teaching covering professionalism and the relevant science. Increasingly, work-place based assessments will be used to demonstrate competence and complement the assessment of knowledge.

For extended placements, students will be embedded within a clinical team providing opportunities for the student to learn and practice generic skills e.g. team work, communication skills, phlebotomy etc. and start to get an understanding of ‘what it is to be a junior doctor’. Each student will be assigned a named mentor (usually the supervising consultant or nominated deputy) who will monitor their general progress, provide feedback on performance and ensure that they are taking advantage of the learning opportunities available to them.

Question 5
Do you feel there is sufficient capacity within clinical teams to deliver specialist teaching for students on placement, monitoring them and providing general support?

Phase 1

• **Early clinical experience** – During the introductory block students will spend time in a hospital and a primary care setting to gain insight into the functioning of the health service and the patient experience. Students will be asked to observe and discuss with individual patients and doctors their experiences and this will form part of a reflective learning portfolio linking to their ongoing professional development.

• **Clinical context** - Students will spend on average half a day per week in local hospitals, general practices and other community based services around South East Wales. These placements are designed to reinforce the cases, by exposing students to patients with relevant clinical conditions, and set them in the context of the NHS and patient communities.

Phase 2

**Patient Pathways** - In years 3 and 4, students will spend the majority of their time on placements (six 8-10 week placements) in a variety of clinical settings across Wales. The students’ focus will be on observing and engaging with the patients’ journey through the health care system. By mirroring clinical practice, the placements should provide; insight into the patients experience of illness and the health care systems, and opportunities to spend time with a variety of specialist clinical teams as well as in primary care.
Harmonisation

- **Junior Attachments** – Students will have two 8-week placements throughout Wales, which are designed to allow students to become increasingly competent in their clinical skills and in planning patient care. One placement will be in a hospital based acute care speciality where the students will have a defined role and responsibilities within the medical team with the emphasis on clinical responsibility, communication and team working. The second attachment will take place in GP surgeries, providing extensive opportunities to develop history taking and examination skills, with one to one feedback from their GP tutor. Students will also learn to deal with the disorganised patient presentations and gain experience of consulting alone.

- **Senior Assistantships** – Students will be attached to a secondary care team managing acutely ill patients for the final 8-weeks of the course. Wherever possible students will be placed in the hospital of their first F1 post, if in Wales. Each student will assist a junior doctor and under supervision, undertake most of the duties of an F1 doctor, which will include making recommendations for the prescription of drugs.

**Question 6**

Do you agree that learning from clinical experience will be optimised in the new programme?

To ensure that demand upon clinical placements is managed a group has been established to identify the available capacity within both primary and secondary care providers and consider the flow and timetabling of student placements across the whole programme. The group will highlight ‘pinch points’ and work with providers and phase leads to identify alternative and practical solutions.
Year 1 and 2 – Core Science and Clinical Practice

The early years of the course will be divided into two stages: an introductory stage, and a period of study involving clinical scenarios.

The first stage of the course (Introduction to Science and Health) will last approximately 12 weeks and introduces students to the building blocks of the basic sciences that need to be learned during the medical course, linking these with key concepts in clinical skills, professional behaviour, structure and function of the health service and social and psychological medicine. The focus will be on normal structure and function and provide the basic principles of anatomy, biochemistry, physiology, cell and molecular biology, immunology, microbiology and nutrition. To provide clinical relevance, students will undertake some short early clinical experience days and develop the fundamental communication, clinical and professional skills required of a doctor. There will also be an emphasis on transferable skills such as information technology and literacy, writing, numeracy and statistical skills.

After the initial 12 weeks period, the Science and Health programme will continue part time throughout Phase 1.

The second stage is based on a series of clinical scenarios (cases), studied in small groups, that open ‘windows’ to the basic sciences. This will provide understanding of common clinical conditions e.g. heart disease, diabetes, hypertension, obesity etc. This approach will allow students to learn the basic science in context as well as develop a diagnostic appraisal approach. The case-based learning allows the students to build on the Science and Health Foundation and advance to understand abnormal structure and function. It also teaches students to address medical problems from first principles and develops their reasoning skills. The cases are drawn from a life course, to aid the understanding of the determinants and variance of health across the lifespan, and will principally be arranged around key themes (systems) although some may also be linked according to clinical/social settings. For information, an initial list of the possible cases is available at www.cardiff.ac.uk/C21.

Small group learning will be supported by a coordinated series of lectures and seminars, access to relevant life science and clinical skills resources and a ‘Doctoring’ programme, all of which will be closely linked to the cases being considered. To reinforce the cases and to set them in the context of the NHS and patient communities, students will spend on average half a day per week seeing patients with relevant conditions in local hospitals, general practices and other community based services around South East Wales.

| Question 7 |
| How well do you feel the proposals for Phase 1 will integrate scientific and clinical learning? |

| Question 8 |
| The proposals for Phase 1 are intended to provide sufficient preparation for extended periods of clinical learning in years 3-5. To what extent do you agree that this will be the case? |

| Question 9 |
| To what extent do you agree that the proposals for Phase 1 will be an improvement on the existing programme? |
Years 3 and 4 – Learning to Care

In years 3 and 4, students will spend the majority of their time on placements in a variety of clinical settings across Wales. The overarching aim of Phase 2 is to develop ‘thinking’ students; who are inquisitive, proactive and able to make the most of the opportunities provided while on placement. Students should also learn the fundamentals of excellent clinical care, become proficient in performing clinical assessment, begin to formulate differential diagnosis and understand the principles of investigation, management and treatment of common diseases. By the end of Phase 2, students should also have acquired the necessary core knowledge to allow them to graduate at the end of year 5.

Each year will be divided into three 8-10 week extended placements providing students with variety of clinical learning experiences as well as earlier exposure to life as a front line foundation doctor. While on placement, it is envisaged that students will be attached to a clinical team and assigned a named mentor who should meet weekly to review progress, provide feedback on performance, and ensure that the student is taking full advantage of the opportunities available to them.

Although, embedded in a clinical team, students will witness and follow a variety of patient journeys through the health care system. As well as providing insight into the patients’ experiences of illness and health care, this is designed to provide exposure and access to a variety of clinical specialities and opportunities to return to primary care.

During year 3 students will be based in South East Wales (although there may be an option for students to undertake one or more placement in North Wales) and they will be expected to ‘follow’ patients with malignant diseases and a variety of common chronic diseases. The three blocks are provisionally titled; ‘Oncology’, ‘Hospital Front Door’ and ‘Chronic Disease’.

In year 4 placements will be across the whole of Wales and the emphasis will be on more specialist and complex cases, with students spending dedicated time with paediatricians, obstetricians, psychiatrists, physicians and general practitioners. The three placements in year 4 will be ‘Children, Women and Family’, ‘Chronic Disease 2’, and ‘Clinical Neuroscience and Psychological Medicine’.

Each placement will linked by a short introduction and consolidation period where the fundamentals of good medical practice and underpinning science will be emphasised and specific instruction provided on the relevant pathology, therapeutics, social sciences and ethics. It is proposed that these weeks will take place in Cardiff. Throughout both years the importance of the doctor as a professional will be continually reinforced, with students maintaining a comprehensive clinical portfolio facilitating reflection on attitude, conduct and behaviour and aiding their professional development.

In addition to the patient pathways, there will also be a 'Science in Practice' block at the end of year 4, and opportunities for either a variety of short projects or an extended longitudinal project interspersed throughout year 3. Both the ‘Science in Practice’ block and project(s) provide students with exposure to leading experts and researchers at Cardiff University and partner health boards and revisits, reinforces and enhances the core learning in the early years of the programme and relates it to current medical practice.

**Question 10**
To what extent do you agree that the proposals for Phase 2 will be an improvement on the existing programme?
Year 5 – Consolidated Preparation for Practice

The emphasis of the final year is on consolidating the skills and knowledge required to perform at the highest level within the NHS, particularly on the assessment and management of acute clinical presentations. It has been designed to provide a seamless transition from the final year of the undergraduate programme to the first year of foundation study. This is achieved by building students’ confidence and ability to work as part of a team and attain the necessary clinical competencies for work in the NHS and entry into foundation training.

The majority of the final year is spent on clinical practice, divided between four 8-week placements; two junior attachments one in primary and one in secondary care, an elective period and a student assistantship. The two ‘junior attachments’, one in primary and one in secondary care, are designed to encourage the students to deal with increasing complexity of patient presentations and management and to build on their prior experiences and knowledge across these different clinical settings. The ‘elective’ provides a unique opportunity to explore a subject in depth and experience medicine in different cultural situations, anywhere in the world. Finally, the ‘Student Assistantship’ aims to ease the transition from medical student to doctor by embedding students within an acute care hospital team, usually in the same clinical environment where the student will be placed for foundation studies. Prior to commencing the first Foundation job the students will undertake a four-day induction/shadowing attachment.

In order to get the most out of these clinical experiences there will also be four short blocks of core learning, throughout the year themed "Preparing for Practice", "Changing Practice", "Science in Practice" and "Practice for Practice". These modules will focus on the development of essential skills required to become a functioning member of the NHS.

- Preparing for practice - introduces the student to the expectations and principles of the final year. These will include: an introduction to working in the NHS, prescribing in practice and the use of the Foundation e-portfolio and workplace-based assessments.
- Changing practice - revisits the concepts of both internal and external influences on practice. These will include: audit, research, innovation and other external organisations. There will be the opportunity to review the e-portfolio with an experienced clinician and facilitate individual and group feedback, and students will be expected to present and discuss their service improvement projects from phase 2.
- Science in practice - reintroduces the student to the role of science in clinical practice. One format will be a science symposium, which allows students to participate in its design and delivery. There will be the opportunity to showcase academic work – to present current projects and to plan future proposals.
- Practice for Practice - reinforces the principles of Good Medical Practice, and supports the move from student to doctor.

All together this final year will ensure that students are in the best possible position in which to start work within the NHS and their postgraduate studies.

Question 11

Do you believe that the proposed harmonised year 5 is an improvement on the existing programme?
Resources

Changes to the curriculum will have an impact on the resources required to support medical education. There is a commitment from all relevant parties to support undergraduate medical education in the future and to ensure that the programme is adequately resourced and delivers value for money.

The School of Medicine is therefore working closely with the Wales Deanery, and colleagues in the NHS on a number of projects aimed at developing systems to recognise and reward teaching activity.

Staff Development

To ensure that clinical and academic educators are able to adapt their teaching practice to allow the new curriculum, a Staff Development strand of the C21 project was established in April 2011. As well as considering the impact of curriculum change on training and CPD requirements, the group will also review the current processes for the recruitment, ‘job planning’ and appraisal of academic and clinical educators.

To date much work has been done to establish what training and CPD opportunities currently exists and to ensure that all staff involved in medical education are aware of these. For example a framework mapping opportunities against the various professional standards for medical educators has been developed and role descriptions with entry/progression criteria for undergraduate teachers have been established. The next stage of the project is focusing on identifying gaps in existing provision considering what additional training and development will be needed in light of the proposals for curriculum change.

Question 12
Do you believe the proposed curriculum will require changes in teaching methods and practice?

Question 13
What do you think should be the early priorities for a programme of staff development?

Funding

There is previous precedent that curriculum change should be cost neutral, therefore Phase leads will be asked to ensure that the final proposals for the curriculum can be delivered within existing budgets. However, a sub-group of the project board has been established to review the allocation models for both HEFCW/tuition fee and SIFT funding.

The resources group has been asked to identify and explore the issues around funding allocation and make recommendations for a transparent and fair method which will ensure accountability, value for money and raise the profile of teaching activity. Although it is anticipated that many of the issues and recommendations are likely to fall outside of the project’s control and timescale, the proposals will be used to stimulate discussions at a national policy making level.

Question 14
Do you agree with the principle that funding should follow activity?

Question 15
To what extent do you feel that a funding allocation model should recognise the quality of teaching being provided as well as the quantity?
Getting Involved

Communication
Communication is an essential element of any change project. Regardless of how meticulously planned a project might be, it will be impossible to implement change unless it is communicated effectively to all stakeholders. Since the project started there have been a variety of different media and channels used to communicate developments and progress within the project. These have included conferences, e-newsletters, project web-pages, annual reports, consultations, local presentations, news articles, stakeholder representation on project groups, and a stakeholder group mirroring the project executive. However, there is always more which can be done.

| Question 16 |
| What communication about the new curriculum would you like to receive/have access to in order to better understand how the project is developing and how the curriculum will be delivered? |

| Question 17 |
| What training or events would you be prepared to attend or host in order to learn more about the proposals for the new curriculum? |

| Question 18 – For academics and clinicians only |
| On the basis of these proposals, to what extent and in what capacity would you be prepared to support the delivery of the new curriculum? |

And Finally...

| Question 11 |
| If you disagree with the proposals for the new curriculum, please tell us why? |

| Question 11b |
| What suggestions do you have for improving the proposals for the new curriculum? |

This initial consultation runs to 19 February 2011. We will report on the consultation at the 2nd Annual Curriculum Conference to be held on Friday 2nd March 2011.

To find out more visit [www.cardiff.ac.uk/C21](http://www.cardiff.ac.uk/C21) and to respond to the consultation go to [https://www.surveys.cardiff.ac.uk/c21consultation2012](https://www.surveys.cardiff.ac.uk/c21consultation2012)

If you would like to receive a copy of the consultation document in an alternative format please contact us to discuss your specific requirements in more detail.

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