



Faculty News

Welcome from the Dean

Issue 2

February 2009

Welcome to the second edition of our new Faculty newsletter: a belated Happy New Year to you all and I hope 2009 brings success and happiness.

The long-awaited outcome of the Research Assessment Exercise (RAE) came just before Christmas and the news was generally good for our Faculty. Interpretation is complex, with many different league tables each containing different information and there will inevitably be a tendency for universities, groups and individuals to cherry pick the data that portrays them in the best light! I have asked Tim Peters, Faculty Research Director and architect of much of our submission, to write a piece explaining his interpretation of the results (q.v.). I have just two comments: first that of course the detailed financial ramifications remain unknown, and until March we can only look at the various financial models. They all predict that Bristol as a whole will do reasonably well, maintaining its healthy position from 2001, whereas most other Russell Group universities will lose income compared to 2001, in some cases by substantial amounts. The main reason for Bristol being different is that the Faculty of Medicine & Dentistry has improved its contribution so markedly from 2001. This brings me to my second point: instead of

our Faculty being the weakest link in the University of Bristol, and always being blamed for the 2001 RAE outcome, we can justifiably claim to be the reason that the university held its position in 2008. We have lost RAE pariah status and I would like to offer my congratulations to all concerned. Large parts of the Faculty were judged as truly world-class: we should be very proud of them. Those parts that did not do as well should aspire to match them.

The current financial situation is not such good news: the global financial downturn cannot have escaped anyone's notice and the UK university sector is no more immune from its effects than any other major employer. There are also "local" factors causing financial concern such as the growth in staff costs and the reduction in student numbers. Together these have created a major financial challenge for the university, both in-year and for the future. We will be expected to make substantial savings: the university needs to reduce its staff costs. In tough times, it is worth remembering that the public sector is generally better off than the private sector and that the future of the UK economy is not likely to be in manufacturing so for both

these reasons being employed in a major university should give some grounds for optimism. However, tough choices face all areas of the university: we will need to assess activity and productivity in all areas, balanced against their costs, and decide on strategic priorities for the future. Clearer messages will emerge from the university's senior management team in the near future about the details of possible responses to the financial situation.

In terms of the way forward, I am delighted by the extent of intra-Faculty collaboration that already occurs and is growing: one example is the recent very successful joint research day between Social Medicine and Clinical Science North Bristol. The first of many I hope. We also need more inter-Faculty collaboration with the rest of the University: many workers in other parts of the organisation are very keen to collaborate with us and develop medical and/or dental applications of their research and/or of their teaching. We are actively discussing ways of facilitating these links. We are also looking beyond Bristol: the MRC-funded translational medicine initiative has allowed the appointment of Lars Sundstrom as the director of SARTRE, the Severnside Alliance for Translational Medicine,

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Inside this issue:

<i>Welcome from the Dean</i>	1
<i>Welcome from the Dean (cont)</i>	2
<i>People News</i>	2
<i>News from the Department of Oral and Dental Sciences</i>	3
<i>GMC Visit to Bristol</i>	3
<i>RAE Results</i>	4
<i>Teaching and Learning Conference—22nd October 2008</i>	5
<i>Research Grant Awards</i>	5
<i>Galenicals—Medical Students Conference</i>	6
<i>MBChB Programme Administration Team</i>	6
<i>Comment and Feedback</i>	6

Newsletter Name
Can you think of a name for our Newsletter?
Please send any ideas to Ann Hooper, via email: pa-dean@bristol.ac.uk

Welcome from the Dean (cont from cover)

a joint initiative with Cardiff University. Cardiff was also closely involved, together with the Peninsula School of Medicine & Dentistry, in our bid to the Department of Health (DoH) for designation as an Academic Health Science Centre (AHSC). Although we were unsuccessful in this very competitive process I am absolutely confident that the work done and the time spent on the AHSC application will bear fruit. Closer links with Cardiff and Peninsula, plus the superb support we have received from our partners in the NHS, particularly Sir Ian Carruthers at the Strategic Health Authority (SHA) augur very well for the future of health-care related research and education in our region.

Finally, that brings me to the NHS, our most important strategic partner. The SHA recently approved the plan to build the new hospital on the Southmead site, and this is a massive boost for Bristol. I have been closely involved in discussions about the optimal configuration of health service delivery in Bristol once the new hospital is available and I have been impressed by the mature and constructive manner in which the various parts of the NHS have engaged. I am confident that the days of division and counter-productive NHS rivalries in Bristol are behind us and that we can proceed with a joined-up attitude for the future. I will continue to strive to ensure that the University's views and needs are represented in the ongoing debates.

Thank you to you all for your continuing work for the Faculty. I hope you enjoy the newsletter: as ever, it is your newsletter and we are dependent upon you to provide its content. Please read, comment and contribute. If you don't like it, you can change it for the next one!

Best regards,

Peter Mathieson

People News

Sylvia Elliott

Sylvia Elliott gave birth to a baby boy, Luke, on Saturday 31st January 2009. Mother and baby are both well.

Professor Gareth Williams

Gareth Williams, together with Gema Fruhbeck of the University of Navarra, has edited a major new textbook on obesity, which is due to be published by Wiley this spring. Obesity: science to practice is a 500-page book containing contributions by experts from around the world, including Julian Shield, Rob Andrews and Mimi Chen from Bristol.

Gareth Williams and Colin Dayan, have written the chapter on diabetes in the new fifth edition of the Oxford Textbook of Medicine, also to be published this spring.

Professor Gene Feder, Professor Harry Hemingway of University College London and Professor Adam Timmis of the University of York, have collectively been shortlisted for a [BMJ Group Award](#) in the Outstanding Achievement in Evidence Based Health Care category for their work to promote effective cardiac health care through relevant research.

Professor Kei Cho, Professor Graham Collingridge and Professor Stafford Lightman recently visited South Korea with the British Neuroscience Association Roadshow presenting neuroscience to the general public at Yonsei University in Seoul. The event was supported by the British Embassy in South Korea.

Students Excelling

Our undergraduate medical students work hard, we know, but occasionally we see some outstanding markers of excellence. **Gauri Verma**, now in Year 5, was given permission to go to Oxford to undertake her Year 3 External SSC in July 2007. Her project was called "Analysis of the mass media coverage of the Gates Foundation Grand Challenges in Global Health initiative". She has subsequently submitted and had this work accepted for publication in the Journal of Medical Ethics.

Two students, **Hajeb Kamali** and **Owen Lewis**, recently competed for and won the Sarah Arnold Prize for the best Year 3 External SSC in a joint project using e-Learning to demonstrate neurological examination. Well done to all.

David Cahill

News from the Department of Oral and Dental Sciences

The Department, like all Departments in the Faculty, is now in a position to consider its direction of travel, post-RAE and post-Departmental Review. We were given clear statements on matters we should consider from the Review and the Department has met to consider these over a number of months. The major changes are the removal of teaching divisions and an attempt to focus on Departmental issues, rather than divisional aspects. The new management structure is more functional in that the major activities (teaching, research and clinical service) are represented on the executive which will meet more frequently and hopefully be more effective.

The management structure has also changed, with much closer alliance between the NHS and the University. We have, over the last twelve months, appointed a Dental Services Manager, Mike Wheeler and a Finance Manager, Emily Willis. These appointments are funded on a 50:50 basis between the NHS and University. The position of Lead Doctor has also changed in that the current Head of Department has now taken on this as a double role. It is hoped that with this approach opportunities for both organisations will be fully grasped and opti-

mised. Examples of this are the increased research funding available through NIHR and development of training courses of relevance to both organisations. Recent examples of the latter are the MSc in Implantology led by Dr Dominic O'Sullivan and the training of Orthodontic Therapists led by Mr Christian Day who is an NHS consultant. Both organisations benefit from this approach.

The student expansion continues apace and in 2009/2010 we will have increased our student numbers by 44%. Staffing levels are currently below those we had before the expansion started.

The RAE returned dentistry in Bristol with a profile that exactly matches the average profile of the University. We are slightly subdued, considering we were a five star return in 2001 and at that time rated as the best dental school for research in the country overall. The financial state of the Faculty meant it was impossible to invest in the period 2001-2008 and our current position reflects that inability.

We have recently recruited an educational support team who are currently working through the curriculum to look at assessments, learning technologies and methods. We have also seen successes with teaching

awards to Dr Angela Hague (Faculty Teaching and Learning Award) and Dr Dominic O'Sullivan (Faculty e-Learning Award). Professor Daryll Jagger has recently taken on the role of chairing the Dental Education Committee.

We wish to look forward, the work post Departmental Review has given us the opportunity to think clearly on our staffing and organisation needs, we have had some recent successes with major grants from the Wellcome Trust and the NIHR and been alive to opportunities in the Walport Scheme to recruit Academic Clinical Fellows. Our first Academic Clinical Fellow (Helen Petersen) was successful in obtaining a Wellcome Trust Research Training Fellowship under the supervision of Professor Howard Jenkinson. We hope to develop this model and recruit further Walport posts to support the development of fledging academics who we hope will remain within the academic environment.

Jonathan Sandy
Head of Department

General Medical Council Visit to Bristol

The GMC Quality Assurance of Basic Medical Education (QABME) review of the medical school is continuing and since the publication of the last Faculty newsletter important milestones have been met and progress is brisk in preparing for the next visit.

Over 50 additional documents were requested by the visiting team after their introductory visit in October. These were delivered by the deadline of 2nd February. The next event is a two day visit on 5-6 March where the team will divide in order to visit four Academies (Bath, Gloucestershire, North Bristol and South Bristol), a number of GP practices, tour

the central medical school facilities and also meet a panel to discuss curriculum matters. They will also review more documentation on the day, which is presently being collated.

The GMC Visit Planning Group would like to take this opportunity to thank all those who have contributed to date in the production of documents and agreed to represent the school at meetings. The visiting team will return to Bristol again on 8 May to meet more school staff.

There will again be more documents to compile and deliver. David Cahill (d.j.cahill@bristol.ac.uk) and Richard Edwards (r.h.edwards@bristol.ac.uk)

will be in touch with relevant staff to ask them to contribute. Thank you in advance for your continuing support.

The programme for the visits will be available on the www.medicibristol.ac.uk website.

Further updates on the progress of these visits will be given in future editions of the Faculty newsletter.

RAE results—Lies, damned lies and league tables

In the lull between the publication in December of the 'percentage profile' results of RAE2008 and the key letter due on 5 March from HEFCE informing the University of how much income it will derive from its performance in the exercise, it's perhaps as good a time as any to reflect on the achievements of staff in the Faculty. First, though, a few notes of explanation of the presentation of the outcome, with apologies for those of you all too familiar with this already.

In the previous RAE (remember 2001?) the final result couldn't have been much simpler; ignoring issues of proportions of staff submitted (and mostly setting aside statistical pedantry about ordered categorical scales), it was just a single 'number'. In 2008 the methodology changed considerably, for various reasons including the desire for greater differentiation within research deemed of international quality and in an attempt to reduce 'games playing' by removing the impact of the large step changes in funding that resulted from the single categorisation in 2001. Now the result for each University's submission to a given Unit of Assessment (UOA) comprises five percentages (in rounded blocks of 5%'s) making up its profile of research in the categories 4* ("world-leading"), 3* ("internationally excellent"), 2* ("internationally recognised"), 1* ("nationally recognised") and UC ("unclassified" – for various reasons and, as they say, don't go there). As well as an overall profile there are also sub-profiles for the three constituent parts of the panels' ratings – outputs, research environment and esteem indicators – but it's the overall one that counts.

In the Faculty of Medicine and Dentistry, the University submitted about 164 FTE staff to nine UOAs within the medical, dental and pre-clinical science areas, and a handful to other areas. The nine UOAs were: cardiovascular (UOA1); infection and immunology (UOA3); other hospital-based clinical subjects

(UOA4); epidemiology & public health (UOA6); health services research (UOA7); primary care (UOA8); psychiatry & clinical neuroscience (UOA9); dentistry (UOA10) and pre-clinical biological sciences (UOA15).

So how did we do? In brief, extremely well! Somewhat less briefly, the areas that stand out in terms of profiles are principally those areas that also performed excellently in 2001 – in particular, population health research (UOAs 6, 7 and 8), and dentistry (UOA10). The UOAs that correspond to the other two University research themes to which we are major contributors also performed very well – cardiovascular research (UOA1) and neuroscience (a combination of UOAs 9 and 15). Especially bearing in mind the difficulties of comparing profiles across different UOAs (judged by different panels) we can also be very pleased with the results for UOAs 3 and 4, with in particular the latter being considerably improved compared with the closest comparator in 2001. Overall, then, there are demonstrably no weak points in our portfolio of research as submitted to RAE2008. The various UOA coordinators are due special thanks and recognition for their input, but all staff in the Faculty can be justifiably proud of these achievements, which have certainly been emphasised at the University Research Committee (and not just by me!).

So how can we express quantitatively how well we've done, for example in grant applications? One implication of having a profile rather than a single category is that there is now a wide choice of summary statistics available for use and abuse, and in various fora (from the press through individual Universities' publicity material to fellowship and grant proposals) there are already a myriad of measures, barely half-decent statistics and the inevitable compet-

ing league tables. At times it seems a bit like different versions of the Premier League table moderated by the extent of the managers' complaints about unfair refereeing, but it does have important implications. Examples of rankings include: so-called 'medal tables' of the percentages of 4* and of 4* plus 3*); a "grade point average" (GPA, derived as a simple average of the star ratings according to the percentage in each category); a multiplication of GPA and the number of FTE staff submitted (known as "research power"); other weighted averages of the five percentages; and seriously inventive combinations of the above measures and relative positions of Universities within the UOA.

We do at least now know the relative weightings that HEFCE will use for their quality-related (QR) funding formula – namely, with 2* given a weight of one, research in the 4* category will receive seven times the unit funding, 3* will receive three times the unit funding and 1* will not attract any funding. However, even this does not yield a uniquely optimal summary statistic amongst the above options – and as indicated at the start of this report there remains the as yet unknown but crucial measure that has a £ sign in front of it. Some advice is called for, though, and in my opinion any report of a given UOA's performance should rely on absolute values rather than relative positions in a league table. If you can, give the whole profile – after all, it is the result in all its glory. If you need a single number then many will give the GPA but personally I think that one or other of the 'medal table' percentages is to be preferred, since again they don't rely on arbitrary weightings. Or am I just failing to resist the temptations of half-decent statistics ...

Tim Peters CStat

Research Director, Faculty of Medicine and Dentistry

Teaching and Learning Conference, Burwalls, October 22nd 2008

The 2008 conference, organised by the Teaching and Learning for Health Professionals course (TLHP) course team and supported by the Centre for Medical Education as part of the Faculty Education Innovation strategy, was attended by over 75 delegates. Faculty members and Academy tutors had the opportunity to network with each other and with current and past members of the TLHP certificate, diploma and M.Sc course. The theme 'How does Learning Happen?' was addressed by sixteen diverse presentations and interactive workshops from 'Using Feature Films in Medical Teaching' to 'Gestalt and Visual Learning', 'Coping with the Bulge Year' and Podcasts in Teaching: Why and How?'

A group of medical undergraduates delivered a presentation on what they had gained from their intercalated year studying Medical Humanities in the English and Philosophy departments and Professor Karen Forbes gave a moving plenary 'Which Comes First, the Good Teacher or the Good Learner?' addressing personal and ethical issues relating to the

boundaries of professional behaviour and how experienced doctors, as well as those in training, can learn from their patients.

The demands of clinical work, combined with administration and the everyday job of teaching seem to leave few opportunities for sharing ideas, concerns and creativity in medical teaching at a local level. The annual conference provides a forum for just such sharing, enabling colleagues to present potential new initiatives for discussion as well as sharing the success of fully formed projects. The emphasis is upon active participation, making this a somewhat novel style of conference as illustrated in the comment: *First conference I've been to where I felt I could contribute.* Other evaluation comments included:

- *Inspired new ideas to use*
- *Lots of new teaching techniques*
- *Sense of commitment to and enthusiasm for teaching and for improving students' experience.*

After the more serious business of the day, four fearless volunteers, Jonathan Evans, Peter Fletcher, Damian Kenny and Trevor Thompson formed a panel to play 'Just a Minute' creating a light-hearted transition into the conference dinner.

The next conference is provisionally booked for Wednesday 21st October 2009. We are looking for contributors who wish to run interactive sessions of all kinds on any relevant aspect of medical teaching and learning. Please contact Tricia.Thorpe@bris.ac.uk for further information or to offer a workshop/presentation.

Tricia Thorpe

Research Grant Awards

Recent grant awards to the Faculty include the following awards of over £100,000:

Alzheimer's Society: £136,000 three year grant to Dr Shelley J Allen and Dr David Dawbarn. To investigate neurodegenerative changes in Alzheimer's disease. £136K

£1,935,000 from the National Institute of Health Research (NIHR) for research into quality of care for heart patients. The work is a collaboration between Bristol University, University College London and Queen Mary college University of London.

National Eye Research Centre award of £150,000 to W J Armitage for a corneal transplant follow-up study.

World Health Organisation award of £100,000 to Julian Hamilton-Shield :

Type 2 diabetes in childhood: building a platform to support novel intervention strategies.

Award of £548,000 to Debbie Lawlor from the MRC for study on the utility of biomarkers for non-alcoholic fatty liver disease in adolescents

MRC award of £520,000 to M Hickman for ALSPAC study of causal pathways to substance use and dependence in young people.

MRC award of £1.2m to Barney Reeves for CRISP (coronary artery grafting in high-risk patients, randomised to off-pump or on-pump surgery).

Award of £1.7m to J Macleod from the Wellcome Trust for study into the influences on psychosocial and physical health in early adulthood.

Awards from the Department of Health to R Churchill. £264,000 for HIRED study—High impact reviews of effectiveness in depression. £108,000—the Cochran depression, anxiety and neurosis review group (CCDAN).

Award to Patrick Case of £120,000 from the NIHR-CCF, for study into the factors that may affect the nanotoxicology of hard materials for surgical applications.

Award to Patrick Case of £113,000 from the British Orthopaedic Association for study into DNA damage and chromosome aberrations in human cells after direct exposure to cobalt-chrome (COCR) wear debris through a placental cell barrier

MRC award to Patrick Case of £169,000 for study into the biological consequences of exposure to prosthetic metallic nanoparticles.

Galenicals—First National Conference of Medical Students Societies

Medical students are renowned for their spectacular social events, brilliant balls and enormous charitable events. Many such events are attributed to well developed and organised medical student societies that are present in every medical school across the country but medical societies are not only responsible for running the mess bar and welcoming the new intake of freshers every year. In many medical schools the medical society committee represents the student body both to the faculty and on a national level. They help to identify problems within the medical school and shape the curriculum. Increasingly medical societies supplement the work of the faculty in areas such as careers advice and through a wealth of related societies, allowing students to explore different medical specialties in greater depth than is covered in their curriculum. This year the Bristol Medical Student's Society – Galenicals organised the first national conference of medical societies to provide a forum for different medical societies to meet and share ideas and expertise and establish links between the different schools.

On the first day of the conference delegates from across the country began to arrive in Bristol. Representatives from, Birmingham, Bristol, Cardiff, East Anglia, Hull/York, Imperial, Leicester, Manchester, Southampton and Peninsula were in attendance whilst a student from the University of Angers, France came to talk about what medical societies did on the other side of the channel. Over the course of the weekend each medical school gave a presentation on what made their society unique which provided everyone with an insight into what went on at each school. We wanted to do more however, than discuss which city to go to for the best parties. Small group sessions discussing different aspects of medical education provided an insight into the curriculums and teaching methods employed in medical schools across the country. The diversity of medical curricula in the UK is enormous and is something that should be celebrated. Indeed the current diversity of medical graduates is often cited as a reason against the implementation of a national medical exam. This discussion both provided us with ideas that we can take to our faculty to

possibly be implemented in Bristol but also allowed us to appreciate which parts of our curriculum we particularly found useful. Small group sessions were interspersed with talks from several speakers including Tim Crocker-Bruque (the BMA's MSC chair) who informed us about what the BMA can do for us as students and how they are currently working on issues affecting us such as the FI application system.

By the end of the weekend we had more than enough food for thought of how we can improve our own medical society as well as some innovative new ideas for new socials. The conference made me realise just how different medical education is across the country but most importantly that students from every school knew exactly what worked and what didn't. I think this indicates that medical students have an important role in shaping their medical education and the student body should not underestimate their ability to bring about change.

Tom Fox

Galenicals President

Changes to the administrative support for the MB ChB programme

Further to a process review of the administrative support in place for the MB ChB programme, the existing arrangements have been completely overhauled and as of 2 February, a new structure is in place. The Curriculum Office in the School of Medical Sciences has been superseded and the whole team is now located in the Centre for Medical Education on 39-41 St. Michael's Hill. Several functions previously undertaken by the Faculty Office will now be handled by the new team. Susan Pettinger-Moores takes the lead as MB ChB Programme Administrator.

There is an inevitable period of transition and bedding-in as the new staff settle into their

posts, but the revised arrangements are already bearing fruit.

A briefing note will shortly be issued to all staff which will detail who it is best to contact in the event of a query. This will also include details of the services offered by the Faculty Office staff.

Please contact Susan Pettinger-Moores (susan.pettinger-moores@bristol.ac.uk) if you have any queries about the new structure and the impact it may have on your work.

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