

Staff Student Liaison Group – Year 1 and 2

Terms of reference and Membership

Reporting to the Education Sub-Committee (Years 1 and 2), the Staff Student Liaison Group's responsibilities include:

- 1 To consider academic issues and non academic issues and problems raised by students and staff concerning years 1 and 2 of the course, to identify possible solutions and oversee remedial action referring matters to the Education Sub Committee (Years 1 and 2) where appropriate;
- 2 To receive and respond to feedback and issues raised as part of the quality assurance procedures.

Membership

Chair	ICSM Students' Union President
Head of Undergraduate Medicine	Mr Mark Chamberlain
Head of Year 1 and 2	Professor Jenny Higham
MCD Theme leader	Professor John Laycock
	Dr Cheryl Gregory-Evans/
	Dr Pradeep Luther
FOCP Theme leader and Dr & Patient lead	Dr Elizabeth Muir
LSS Theme Leader	Dr Mary Morrell
LCRS Theme leader	Professor John Laycock
IBFD Theme leader	Professors Gary Frost and Karim Meeran
Head of Learning resources	Dr Mike Barrett
Senior Tutor (Years 1 and 2)	Dr Mike Emerson
Head of Quality Assurance	Professor Karim Meeran
Sub board chair (Year 1 assessment)	Professor Nancy Curtin
Sub board chair (Year 2 assessment)	Dr Martin Goodier
Improving the Student Experience (VTH)	Dr Jonathan Hoare
ICSMSU Academic Officer (Years 1&2)	Mr Anil Chopra
ICSMSU Academic Officer (Years 3,5&6)	Mr Strachan MacKenzie
ICSMSU Welfare Officer	Ms Kathryn Wright
ICSMSU Education Year Reps (Year 1 and 2)	Mr Ali Hosin
	Miss Rebecca Singh
	Miss Bhakti Visani
	Mr Azharhusein Janmohamed
	Mr Rahul Mudannayake
	Miss Rahma Elmahdi
	Miss Kimmee Khan
	Miss Krishna Gayathri Rajasooriar
Library Representative (Years 1 and 2)	Ms Rosemary Brownhill
Curriculum Administrator (Years 1 and 2)	Ms Jo Williams

Ex Officio Members – to receive papers and attend as appropriate

Course coordinators for courses which have recently run or those with an interest in a specific agenda item are invited to relevant meetings.

Clinical Curriculum Manager	Ms Justine Smith
Quality Assurance and Enhancement Manager	Mr Paul Ratcliffe
SAFOOE	Miss Susan English

Student Services Manager
Examinations Manager
Examinations Officer (Years 1 and 2)
Senior Learning Technologist
Learning Resources Administrator
Vertical Theme Heads:
Technical and Clinical Competencies
Preparation for Practise and Patient Safety
Ethics, Professionalism, Leadership and
Management
Ethics, Professionalism, Leadership and
Management (Deputy VTH)
Patient Centred Education and Communication
(Joint VTH)
Scientific Method and Evidence Based
Medicine for Clinical Practice
Research for the Scientific Advancement
Of Medicine: The Clinician Scientist

Ms Janette Shiel
Ms Erika McGovern
Ms Margaret Rodger
Ms Maria Toro
Ms Michele Foot

Dr Carolyn Gabriel

Dr Wing May Kong

Dr Colin Bicknell

Dr Elizabeth Muir
Dr Adrian Raby
Dr Stephen Robinson

Dr Alison McGregor

Other UMO staff as appropriate

Frequency of Meetings Once per term

Staff Student Liaison Group (years 1 and 2) meeting

4th March 2009

15.00

128, SAFB

South Kensington Campus

Minutes

Present:, Mr M Chamberlain (Chair), Dr M Barrett, Ms R Brownhill, Mr A Chopra, Dr M Croucher, Professor N Curtin, Miss R Elmahdi, Dr S Gentleman, Dr M Goodier, Dr C Gregory-Evans, Professor J Higham, Mr A Hosin, Mr A Janmohamed, Dr C John, Miss K Khan, Dr W Kong, Professor J Laycock, Dr K MacLeod, Dr M Morrell, Mr R Mudannayake, Dr E Muir, Dr D Murphy, Miss K Rajasooriar, Miss R Singh, Miss K Wright

In attendance: Ms J Williams (secretary)

Apologies: Dr K Meeran, Dr G Frost, Ms J Shiel, Mr P Ratcliffe, Ms E McGovern, Ms J Smith, Ms M Foot

Meeting commenced at 15.00

1. **Welcome & Apologies for Absence**
2. **Minutes of the Meeting Held on 10th December 2008**
 AGREED: a) that the Minutes of the meeting held on 10th December 2008 be received and approved [paper SSLG1,200809-07].
3. **Matters Arising**
 RECEIVED: a) Paper [SSLG1,20809-08]
- 3.1 **Minute 4.4. Use of Anatomy Flash cards**
 CONSIDERED: a) that these had been tested and proved useful.
4. **Student Attendance and Behaviour**
 REPORTED: a) that complaints regarding poor attendance at some sessions had been reported by several course leaders.
 b) that behaviour within the Lecture Theatre had also been problematic with some students being noisy, eating and drinking and using computers and phones.
 c) that Rag week had exacerbated some of these problems
 AGREED: d) that this was unacceptable and disruptive to both staff and fellow students and that the ICSMSU together with staff needed to address these problems urgently.
 e) that the Posters on Professionalism being developed by ICSMSU in line with Fitness to Practice protocols would help address this.
 f) that close monitoring of the situation together with sanctions for persistent offenders would need to be developed.
 g) that the new vertical theme chair for Ethics, Professionalism, Leadership and Management would meet with the ICSMSU to discuss ways of tackling this problem and consider options such as the white coat oath used at other medical schools as part of a

student contract.

h) that in the short term, the Head of Years 1 and 2 and the ICSMSU would speak to both Year 1 and 2 students this term.

Action: Head of Years 1 and 2, ICMSU and Vertical Theme Lead for Ethics, Professionalism, Leadership and Management and QAE Manager.

5.
5.1

**Spring Term teaching
Year 1 and Year 2**

- RECEIVED: a) that paper [SSLG1,20809-09] was received and discussed in detail directly with course and theme leaders.
- NOTED: b) that the information provided by students would also be fed back to course leaders not at the meeting.
- AGREED: c) that all course leaders would consider the comments and where appropriate amend their courses. They would seek clarification where required with Year Reps.

ACTION: Course Leaders and Year 1 and 2 Reps

d) that students were encouraged to reiterate these points through SOLE.

ACTION: Year 1 and 2 students

6.

Assessment

- REPORTED: a) that the Year 1 PMSA session had been well received.
b) that further explanation on the SBA and EMQ questions would be welcomed (in line with what was provided for the SAQs).
- AGREED: c) that the Year 1 (Exam) Sub-Board Chair would discuss with LCRS theme leader for the March session.

Action: Year 1 (Exam) Sub Board Chair

7.
7.1

**Quality
SOLE**

- REPORTED: a) that the Faculty of Medicine autumn term participation rate had been the 3rd highest in the College and students were thanked for this.
- AGREED: b) that the Head of Quality and ICSMSU would encourage participation again for this term, as SOLE was to open shortly.

ACTION: Head of Quality and ICMSU

8.

Library

- NOTED: a) that students and staff were encouraged to use the various forms of training offered, details of which could be found on the Library website.
b) that a new Libraries Disability Officer had been appointed at the South Kensington Central Library.
c) that staffing shortages had resulted in the CX library not being open later on Wednesdays and Saturdays, although it was hoped that longer opening hours towards the busy exam period would still be available.

9.
9.1

**Non academic issues
Welfare**

- NOTED: a) that the College Health Centre would be running sessions dealing with exam stress and the ICSM SU Welfare Officer had circulated dates to all students.
b) that there was now a clear policy on Raising Concerns regarding professionalism issues and this was available on the Faculty Welfare page of the intranet.
c) that all Personal tutors would be reminded of the importance of

confidentiality when dealing with students welfare issues.

10.

Dates of Meetings for 2008/9

27th May 2009 at 3pm in 128, SAFB

Meeting Closed at: 16.45

MC/JW

March 2009

To: Staff Student Liaison Group (years 1 and 2) meeting

Date: Wednesday 27th May 2009

Presented by: Year 1 & 2 Reps

Written by: Anil Chopra

Summer term Student Feedback

1. Introduction

This is the feedback that the year 1 and 2 education representatives have gathered from liaising with their peers in the summer term.

2. Year 1 Feedback (LSS & FOCP)

i. Urinary system

- a. The introductory session was excellent; and the course is well structured, systematic and generally enjoyed
- b. Feedback on the practical sessions has been very positive; but students have asked for model answers for CAL and directed study. Would this be better as a year group session with explanation of the answers?
- c. The workload is not too heavy compared to other topics, which is appreciated as there is increased pressure with revision in 3rd term.

ii. Anatomy of the Abdomen and Pelvis

- a. The student body would like to thank the faculty for having more demonstrators. This was particularly noticeable at the beginning of the term and students have really noticed the difference it makes to how much they get out of their time in the dissecting room.
- b. Although this is a harder section of anatomy than the thorax, students are generally enjoying it.
- c. Students would appreciate more time being spent on interpretation of x-rays and CT scans during living anatomy, as it is something that is found quite difficult, which was also the case with anatomy of the thorax. Dr. Robins was very thorough with imaging interpretation of the abdomen in living anatomy session 5.
- d. In living anatomy sessions, students have asked if it is possible to have model answers to the questions up on the intranet after the session?
- e. Students would like some reference to the topics that will be covered in the living anatomy sessions in the morning's lecture. Living anatomy is often more clinically relevant, which the students find very interesting, however they would find the link easier if more clinical relevance was also referred to in the lectures.

iii. Respiratory System:

- a. Students enjoyed using the clickers for the mid- and end of course quizzes!
- b. The practical sessions helped to consolidate information learnt in lectures.
- c. Generally well-taught and enjoyed course

iv. Alimentary System

- a. Generally a well taught and interesting course. All feedback has been very positive.
- v. Skin**
- a. Students have found MCD a good base for skin teaching. This may be further enhanced if students were advised to look over tissues and immunology before the course starts?
- b. Whilst students appreciate that the skin course is better structured than it has been in previous years, they do feel that it is very dense and they are having difficulty consolidating large amounts of knowledge in the weeks before their summative exams.
- c. More and more students are using the SOLE page at the beginning of the course guides; especially when lecturers remind them. There was not one in the Skin course guide.
- vi. PCC**
- a. It has been suggested that the summative essay be in the 2nd term. Students find the workload too much in 3rd, would be easier if it was more spread out.
- vii. Peer-marked self assessment session**
- a. Feedback generally has been mixed: some people would much rather we have the old summer term formative examination brought back.
- The MCD PMSA in December received lots of positive feedback.
 - The 2nd one tested Endo and neuro, not the other 2 topics in LCRS.
 - The 3rd PMSA only had 2 SAQs on resp, can there be a few more and on all the topics?
 - General feeling is that one question from each topic of the module would be the best way e.g. one question on resp, CVS and anatomy for LSS part 1.
- b. Students can appreciate how much effort, time and planning goes into the organisation of the PMSA.
- b. On behalf of the student body, the year reps would like to thank the faculty for going over the answers for all the PMSAs following feedback after MCD PMSA
- c. Some students have argued that a formative 'makes' people revise? But understand that students will not receive any feedback.
- d. A way of getting around this problem is for lecturers generally to incorporate questions into their lectures. Generally students feel that this is an excellent lecture technique.
- viii. General**
- a. Students have asked for more than a week of study leave but understand the constraints of marking and re-marking papers and also appreciate the difficulty in time-tabling exams.
- ix. Other**
- a. 2nd Term HLC:

3. Year 2 Feedback (IBFD & Summative Assessment)

- i. IBFD**
- a. Feedback received is mostly positive: the course in general is very well organised in terms of one topic per week, and students appreciate the study days.
- b. "Tutorials are AMAZING!" Students also very much appreciate the model answers. In the Physiology of Infection course tutorial, it would be good to have links to the papers directly.

- c. Water and electrolytes was a good course. Students would like to particularly thank Prof. Warren for covering the lectures on Wednesday well! They appreciated that very much.
 - d. The Sepsis module is also very well taught as it reinforces all the microbiology we were taught previously.
- ii. **FOCP Summative Exam**
- a. All students felt that there was not enough time to finish the paper. They could not read, understand and answer all questions to the best of their ability. 1 mark per minute was not long enough and many students felt disadvantaged if they were unable to write quickly.
 - b. Students thought that the questions on Law reflected their lecture material well.
 - c. Students did feel that there was an emphasis on communication skills, whereas they were under the impression that there were going to be more questions on MEL. This did not reflect the amount of time given to teaching each topic.
 - d. Individual questions:
 - The question on Dr. Orinoco and Johari's Window was very unclear and difficult to answer.
 - The first question on how would you introduce yourself: students felt compelled to write their name down, this would lead to a loss of anonymity.
- iii. **MCD Summative Exam**
- a. Individual questions
 - The question on hypertension that allowed students to either draw or write the question was well appreciated.
 - Students found it difficult to judge what the question on integrin pathways required from them.
 - The question on carcinogenesis progression was also unclear as many different pathways were taught (7 steps to cancer vs. Knudson's 2 hit hypothesis).
 - There was a problem with the picture in the question asking what the cancer cell was representing. (High Grade, Low Grade, Well differentiated, Poorly differentiated)
- iv. **LCRS**
- a. Individual questions:
 - There was a HLC question on growth in which students found difficulty gauging what type of answer was appropriate.
 - There was a question on Atherosclerosis which, whilst it was taught in lectures, did not really focus on pharmacology, but was more focussed on the pathogenesis. This was covered in year 1 and many students did not think it appropriate to re-learn the process in great detail.
 - There was an EMQ on Cytotoxic drugs which students felt was worded badly.
 - b. Students felt that there was a general skew toward HLC, more so than other parts of the course; this was rather surprising as it had the smallest amount of teaching time.
 - c. Many students feel that the number of SAQs on each topic should reflect the amount of time spent teaching that topic. i.e. more pharmacology
- v. **General**
- a. Students find tutorials incredibly useful and really appreciate the time and effort that the Faculty go to in their organisation. They very much hope these are not removed!

- b. Students have suggested leaving SOLE open over the Easter holidays. This will give them more time to fill it properly in their own time. The end of the 2nd term is very busy for 2nd years and many students were too busy to give detailed feedback.
 - c. The general view from the year is that practice makes perfect and that there is room for more practice questions. The formative assessments were fantastic but not sufficient practice for the exams. There are a number of students who are interested in organising and writing official year 2 practice questions over the summer and feel that these would benefit next year's students greatly.
- vi. **Moving aspects of MEL to Year 3**
- a. It would be good to move MEL from Year 2 to Year 3 as it would allow the opportunity to practice written communication in terms of more essays. We find that there is a lack of opportunity of formal written communication practice throughout the 2nd year of the medical course.

To: Staff Student Liaison Group Meeting (Years 1 and 2)

Date: 27 May 2009

Presented by: Prof. N. Curtin

Written by: Prof. N. Curtin

Aspects of Yr1 Formative Assessment

1. Introduction

Two new or modified forms of Yr1 Formative Assessment have been introduced this year: CBM-Self-tests via BlackBoard, and Peer-Marked Self-Assessment sessions. There has been good student participation.

For the CBM-Self-tests there had been 2,351 student sessions in which 64,647 questions were answered as of 5 May 2009. There are currently 20 Self-tests available.

There have been 3 PMSA sessions and one more is scheduled for 29 May. These focus mainly on Short-Answer Questions. Between 50 and 75% of the class has attended each of the sessions.

2. Recommendations

The committee is invited to:

- i. consider and approve continuation of these types of Formative Assessment for Yr1 in 2009-10. Suggestions for improvements would be helpful.

CHANGES TO TEACHING ON THE MBBS/BSc COURSE – APPLICATION FORM

1. Title of Proposal	Moving medical law teaching and assessment from year 2 to year 3	
2. Name of Proposer(s)	Dr Wing May Kong	
3. Brief summary of proposed change	To respond to 'overcrowding of year 2 teaching as raised in GMC curriculum review and improve vertical and horizontal teaching of law and ethics, I am proposing to move the bulk of core medical law teaching from year 2 to year 3	
Year(s) of MBBS/BSc		
Year 2 and 3		
Course(s)		
Medical ethics and law		
Site(s) teaching delivered on		
Charing Cross Campus and South Kensington Campus		
Approx. number of students involved		
300 each in year 2 and year 3		How many times per year? Once in year 3
Activity description		
Year 2: Charing Cross and South Kensington Campus –in 2009/10 reduction of teaching hours from 15h to 11h and reduction in year 2 FOCP summative assessment from 1h 45 min to 1h 15min Year 3: In 2010.11: One new interactive 3 h live lecture session (medical law) in year 3 supported by 2 e-lectures and new law assessment (part written and part OSCE) as part of year 3 summative exam. This proposal has been agreed at the recent ESC 3,5,6 and E_A with a plan to work on the details of the year 3 teaching and assessment in the coming academic year.		
5. Description of teaching following proposed change(s)		
Year(s) of MBBS/BSc		
Year 2 and Year 3		
Course(s)		
Medical Ethics and Law		
Site(s) teaching delivered on		
Year 2: Charing Cross and South Kensington Campus – reduction of teaching hours from 15h to 11h and reduction in year 2 FOCP summative assessment from 1h 45 min to 1h 15min Year 3: Charing Cross Campus for live lecture sessions		
Date of proposed implementation (e.g. academic year 2008/09)		
Academic year 2009/10 – drop medical law teaching from year 2 Academic year 2010/2011- introduce law teaching to year 3		
Reason(s) for proposed change (e.g. service reconfiguration; more effective method of delivery; staff changes within the Faculty)		
i) Responding to GMC curriculum review by reducing teaching and summative assessment hours in year 2 and in so doing create space in year 2 for greater focus on professionalism ii) improve vertical and horizontal integration of law and ethics by delivering core law teaching in year 3. This will involve reference back to ethical principles underpinning medical law and require students to apply law to clinical teaching in year 3		
Description of proposed change(s) in activity (incl. learning outcomes and impact on assessment)		
Core medical law teaching and assessment (consent, confidentiality, children Act and Mental capacity Act) will be taken out of the year 2 core medical law and ethics teaching allowing a reduction in teaching (from 15 to 11 hours) and summative assessment time in year 2 (from 1h 45 min to 1h 15		

	<p>min), whilst also creating space to address professionalism in greater depth and in particular its ethical underpinnings.</p> <p>We have already developed a series of 6 ethics and law e-modules for year 5 which have been well received. The content of these e-modules was based on current year 2 ethics and law teaching content and therefore covers the core areas in medical law teaching above. We propose to use the law component of existing modules as e-lectures for year 3 students to provide the core didactic component for medical law teaching. The e-lectures will include self assessment questions with feedback in the same format as the summative assessment. These quizzes have consistently received very good feedback from the year 2 SSLG.. The e-lectures will be supported by a face to face teaching either as a stand alone interactive live lecture session (with live quizzes, case scenario discussions and consolidation of key learning points from the e-lectures) or by integrating this teaching into other relevant live lectures.</p> <p>This proposal has been accepted at the ESC 3,5,6 and E+A.. Details for the year 3 teaching and assessment will be worked on in consultation with year 3 teaching leads and SSLGs.</p>
<p>Description of how teaching will be improved/ enhanced/ unaffected</p>	<p>Currently core ethics and law teaching is delivered as a 5x3h course in year 2 with clinical ethics and law assignments in year 5 but no formal teaching of law and ethics during year 3. Current year 2 focuses on the medical law as applied to everyday clinical practice. As such most of the teaching and assessment is based around clinical scenarios. Year 2 students have had relatively little clinical experience and as such often have difficulty getting to grips with both the legal issues and the clinical settings in which they occur. It therefore would be more appropriate to move the law teaching to year 3. This is in contrast to the teaching of medical ethics in year 2, which focuses on the reasoning, analysis and reflection required when approaching ethical issues.</p> <p>This proposed change, as well as delivering law teaching at a time when it is easier for students to understand will also encourage students to consider how the law is applied in everyday clinical practice during their year 3 rotations. Although not part of this proposal, these changes would provide opportunities for further vertical and horizontal integration of law, ethics and professionalism in the future (eg through portfolio work)</p> <p>This year 3 law teaching would be delivered by senior clinicians jointly qualified in law and ethics who also teach on the year 2 medical ethics and law course. As such they will be able to discuss how medical law is relevant in everyday clinical practice as well as reflect on the ethical underpinnings taught in year 2.</p> <p>Currently in year 2 the law EMQs involve clinical case scenarios. We strongly feel that law must be assessed in a clinical context but that the clinical details can be difficult for</p>

	year 2 students to digest..	
What are the consequences of not making the proposed change(s)?	Unnecessarily dense teaching and assessment of ethics and law in year 2 with a lack of vertical integration in year 3. Failure to increase the horizontal integration of ethics and law into year 3.	
Who has been consulted about the proposed change(s) and what was the outcome ? (e.g. Head of Year, Course Leader, Divisional Administrator, DCS, Site Coordinator)	E+A ESC 3,5,6 Year 2 student reps Year 3 student reps Professor Alun Davies and Dr Chris Selvan Professor Karim Meeran Dr Elizabeth Muir – FOCP theme leader Professor Sue Smith Ms Margaret Rodger Ms Evelyn Rouse Ms Jo Williams Dr Mike Barrett Ms Maria Toro-Troconis (E-learning) Kate Woodhouse	
6. Resource Implications (additional/savings)		
Approx. number of students affected	300 students each in year 2 and year 3	How many times per year? Once
Please provide details of any additional resources required eg. staff time, space, IT equipment, running costs etc. (Imperial or NHS).	Moving the law summative assessment will affect year 3 exam staff. However, the exam is electronically marked and the UMO exam staff are familiar with the current exam format. The e-learning content is already developed and in use. These e-lectures and quizzes will need to be incorporated into the year 3 e-lecture series.	
If additional funding is sought, please specify how much and what type e.g. Divisional or SIFT. Please indicate who this has been discussed with and the outcome (see section 8 below).	No additional funding is sought	
Please provide details of any savings eg. staff time, space, IT equipment, running costs etc. (Imperial or NHS)	Overall staff teaching time will be reduced as the use of e-lectures will reduce total teaching time in year 2 and 3 from 15 hours to 14 hours.	

7. Other Comments or supporting information

This proposal has been accepted by the E+A committee and ESC 3,5,6

8. Application Process

All proposals for changes to teaching must be supported by the relevant Head of Year and Course Leader.

The appropriate Divisional Administrator should be consulted over applications involving additional resources/funding or savings for a division. Confirmation of this and details of the outcome should be indicated in section 6 above.

The Contracts Manager (SIFT) should be consulted over applications involving additional SIFT funding and/or savings. Confirmation of this should be indicated in section 6 above. These applications will need to be approved by the Faculty SIFT Committee as well as the relevant Education Sub-Committee. Applications with SIFT implications for Trusts need to have support from the Director of Clinical Studies and the Director of Finance if appropriate.

It is also advisable to contact the appropriate Curriculum Assistant as listed below in advance to discuss the proposed changes.

The completed form should be sent to the Curriculum Assistant responsible for whichever academic year the change relates to (see below) and the SIFT Office (if applicable). They will ensure that the paper is considered by the appropriate Education Sub-Committee and the Faculty SIFT Committee if necessary. Please note that deadlines for the receipt of papers are published for every committee and these documents cannot be tabled at meetings.

Please ensure that all sections are completed.

Curriculum Assistant contact details:

Years 1 & 2	Jo Williams (jo.williams@imperial.ac.uk)
Years 3 & 5	Evelyn Rouse (e.rouse@imperial.ac.uk)
Year 4	Antony Alekslev (umo-bsc@imperial.ac.uk)
Year 6	Jitender Yadav (j.yadav@imperial.ac.uk)

SIFT Office contact details for applications with SIFT implications:

Contracts Manager (SIFT)	Elaine Homer (e.homer@imperial.ac.uk)
Contracts Administrator (SIFT)	TBC

To: SSLG Years 1 & 2

Date: 27th May 2009

Presented by: Rosie Brownhill

Written by: Rosie Brownhill

Library

1. Introduction

The Library supports the research and teaching needs of students in the Medical Faculty. This paper aims to update the committee on Library news.

2. Recommendations

The committee is invited to:

- i. Note for information:

New training facility at Chelsea and Westminster Hospital Campus

The Library has made a successful bid to the London Deanery to improve the training facilities at Chelsea and Westminster Library. Two training rooms are planned and work is scheduled to take place over the summer period. Any disruptions to the library service will be kept to a minimum and advertised on the Library web pages.

Library Opening Hours at the Medical Campuses

The subject of opening hours at the Medical Campus libraries has been raised on a number of occasions during the course of this year and there have been numerous calls for the Medical Campus Libraries to open for longer. It is clear that students value the services and access to the resources. However, the library budget is under increased pressure and College quite rightly expects us to achieve value for money in every area. Extending staffed opening hours at Medical Campus Libraries is not feasible at the present time.