To note

Quality Assurance Theme of Assessment

Issue

1. The objectives for the quality assurance theme of assessment.

Recommendation

2. To note the objectives for the quality assurance theme of assessment related to undergraduate medical education (paragraphs 11 - 32).

Further information

3. If you require further information about this paper, please contact us by email: gmc@gmc-uk.org or tel. 0161 923 6602.
Background

4. Thematic quality assurance sits within the visits element of the Quality Improvement Framework (QIF). Through analysis of the evidence base we identify areas of potential risk or potential good practice; themes across undergraduate or postgraduate medical education and training or both; and trends and gaps in our evidence base to be explored. These will be considered as part of scheduled regional visits, rolling visits to new schools and other quality assurance activities as necessary.

5. This approach was presented as part of the Quality Assurance programme for 2011-12 and the QIF to the Undergraduate Board in October 2010 before it was endorsed by Council in February 2011.

6. The theme identified for 2011-2012 is assessment. Robust assessment is vital to protect the quality of medical education and training and to secure patient safety. By rigorously assessing students and ensuring only those fit to practise graduate, medical schools are protecting the public and patients.

7. Similarly, assessment processes are in place to ensure that doctors in training are competent before they are granted full registration and a licence to practice or proceed to the next stage and year of their training programme.

8. Assessment has attracted a high proportion of requirements and conditions though our quality assurance activity. Assessment requirements are frequently set in visit reports, reflecting the fact that in many cases medical schools are not quite meeting some of our standards. A significant number of conditions relating to assessment in postgraduate medical education and training were set during the 2009/10 formal review of specialty curricula and assessment systems. We have a lack of information in our evidence base about how assessment is carried out in specialty including GP training, and the Royal College of Physicians of London have been commissioned to provide an overview of what assessments a trainee must undertake and when across every specialty programme.

9. Using this themed approach we will explore the challenges schools are experiencing in meeting our standards on assessment and the different approaches schools are taking in their assessment systems. We will also be able to consider how we can align our approaches to quality assurance in undergraduate and postgraduate assessment. The thematic review of assessment will build on the regional visits scheduled for 2011-12 and is due to complete in summer 2012.

10. Although this theme crosses both undergraduate and postgraduate the content of this paper relates solely to undergraduate medical education and training, a similar paper will be considered by the Postgraduate Board on 8 September 2011.

Discussion

11. The following sources of evidence were considered when deciding the focus and objectives for the quality assurance of assessment:

   a. Enhanced annual returns (EARs) for 2009/10.
b. The Quality Scrutiny Panel of 9 March 2011 analysis of EARs,

c. Requirements, recommendations and good practice identified through QABME visits to medical schools.

d. Draft objectives for the visits to medical schools scheduled for 2011-12.

e. Concerns raised with the GMC relating to assessment.

12. A summary of our findings are given below categorised by evidence source followed by an outline of the objectives for the thematic review of assessment.

Enhanced Annual Returns

13. In September 2009, for the first time, we requested an enhanced annual return from all 31 medical schools. The return requested a self-assessment of progress towards the implementation of the standards set in *Tomorrow’s Doctors* (2009), which come into effect from the 2011/12 academic year.

14. The purpose of this part of the EAR was to ensuring a continuing oversight of undergraduate medical education and to begin benchmarking all schools against the revised standards.

15. Schools were asked to self assess their level of compliance against the following three categories: “Compliant”, “Some work is needed” and ‘Significant change is needed’.

### Domain 5 - Longitudinal analysis

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2009/10</th>
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</thead>
<tbody>
<tr>
<td>Compliant</td>
<td>83.5%</td>
<td>71.7%</td>
</tr>
<tr>
<td>Some work</td>
<td>16.1%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Significant Change</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
</tbody>
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16. Schools reported progress on compliance for Domain 5: Design and delivery of the curriculum, including assessment with a further 11.7% of schools declaring compliance. A single school, Swansea, has significant changes to make to their assessments and this is being monitored through an annual quality assurance visit process.
17. The following table illustrates that schools find training examiners to be the most challenging standard to meet although standard on assessment feedback and making sure all of the outcomes for graduates are covered are also challenging for about 20%. The schools that will be visited this year are in bold text.

**Medical school self assessment of non-compliance with assessment standards**

<table>
<thead>
<tr>
<th>TD Standard</th>
<th>Schools reporting non-compliance</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular feedback on performance (assessment)</td>
<td>Birmingham Dundee Edinburgh</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Imperial Manchester Leicester</td>
<td></td>
</tr>
<tr>
<td>Assessing outcomes for graduates (assessment)</td>
<td>Edinburgh Imperial KCL Leicester</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>St Andrews Swansea</td>
<td></td>
</tr>
<tr>
<td>Timely and accurate guidance about assessments (assessment)</td>
<td>Cardiff Dundee Edinburgh Glasgow KCL Manchester Liverpool Newcastle Nottingham Sheffield Swansea (sig change required) Warwick</td>
<td>12</td>
</tr>
<tr>
<td>Examiner and assessor training (assessment)</td>
<td>Birmingham Edinburgh Nottingham</td>
<td>3</td>
</tr>
<tr>
<td>Standard setting (assessment)</td>
<td>Birmingham Edinburgh Nottingham</td>
<td>1</td>
</tr>
<tr>
<td>Reasonable adjustments (assessment)</td>
<td>Birmingham</td>
<td></td>
</tr>
</tbody>
</table>

Visit Outcomes

18. The areas with most requirements at undergraduate level are consistency, standard setting and reliability. A large number of recommendations for the improvement of specific assessment tools were made however it should be noted that as many items of good practice were identified for specific assessment tools. A high number of recommendations were made relating to examiners and assessors which reflects the findings of EAR analysis below that this is the standard of *Tomorrow’s Doctors* many schools are struggling with.
Visit objectives

19. We will visit Birmingham, Cardiff, Keele, Swansea and Warwick Medical School this autumn in our scheduled programme of regional visits. Potential areas for investigation during the visits have been identified through; previous visit reports, the medical schools’ EARs, concerns raised by students and information from external sources e.g. the Quality Assurance Agency’s report. The visit teams will meet to set action plans throughout September 2011. Assessment, transitions from medical school to provisional registration and training the trainers are standing items to be explored during all visits. Teams will consider the school’s assessment system/s and meet relevant staff to explore any areas of risk and good practice identified.

20. The Birmingham evidence summary has highlighted the prescribing licence assessment as an area of potential good practice relating to assessment to be investigated during the visit.

21. The Cardiff evidence summary has highlighted the All Wales Clinical Skills Forum and the Acute Care Module as areas of potential good practice relating to assessment to be investigated during the visit. Potential risks for investigation relating to assessment include: the introduction of C21, a new curriculum and its associated assessment system and its effect on existing course structures; feedback to students regarding their performance; exam marking errors; academic support and graduates’ preparedness for practice.

22. Potential risks for investigation during the Keele visit include: assessing the outcomes for graduates with the first cohort undertaking final exams in 2012; training and development of local faculty assessing final exams for the first time in 2012; feedback to students regarding their performance; standard setting; assessment of SSCs and its contribution to progression decisions.

23. Potential risks for investigation during the Swansea visit include: the revised assessment system and plans for its implementation including the introduction of a progress test; appointment and development of local faculty to deliver assessment across the final two years of the course; feedback to students regarding their performance and guidance for students about assessments.

24. The Warwick evidence summary has highlighted the standardised approach of examiner feedback to students during clinical assessments as an area of potential good practice relating to assessment to be investigated during the visit. Potential risks for investigation relating to assessment include: reliability of examinations; guidance for students and feedback to students regarding their performance.

Concerns

25. A number of issues around assessment have been reported directly to the GMC by medical students, although most of these complaints have been referred to the office of the Independent Adjudicator for Higher Education because they related to students wishing to appeal their exam results and the exam process. We do however log concerns so that we can track any patterns emerging.
26. We have responded to some concerns raised by students when the allegation and supporting evidence indicates the exams process does not meet our standards. Notably, Warwick and Cardiff, which will be visited this year on regional visits, have commissioned independent reviews on their examination processes.

27. Lessons from the reviews conducted by Cardiff and Warwick will inform the questions to be investigated on the regional visits to other medical school.

**Objectives for the theme**

28. The objectives are:

   a. To create a clear picture of which assessments are undertaken at each stage of medical students' programmes and the extent of difference in medical schools' assessment systems and tools.

   b. To understand why compliance with assessment standards of *Tomorrow's Doctors* is more challenging for some schools than others and identify what regulatory action is required.

   c. To understand why students continually assess feedback on their performance to be poor and identify good practice that could be shared.

**Thematic Quality Assurance Activity**

29. We will use different quality assurance tools to investigate this theme. During the regional visits we will explore:

   a. Training of examiners.

   b. Consistency and reliability of assessments.

   c. Standard setting.

   d. Feedback to students regarding their performance.

   e. Guidance for students about assessments.

   f. Lessons from the independent reviews.

30. We will approach the Medical Schools Council (MSC) to assist us with the development of an overview of the assessments students undertake within each year of their programme and compare how learning objectives are assessed and identifying good practice to be shared.

31. In addition we will continue to engage with the MSC's initiatives on assessment. A separate paper to the Board discusses the projects relating to Improving Selection to the Foundation Programme, a Prescribing Skills Assessment and the development of Collaborative Content through the MSC Assessment Alliance.
32. We will also:

a. Engage with medical schools that continue to struggle to meet our standards to understand why this is and what could be done to support them or regulatory action might be needed.

b. Work with medical schools who have explored the challenges with feedback to identify what lessons could be shared with others.

**Recommendation:** To note the objectives for the quality assurance theme of assessment related to undergraduate medical education

**Resource implications**

33. The resources required for the thematic quality assurance of assessment activities are included with the GMC Education Directorate’s budget and headcount.

**Equality**

34. Equality and diversity will be considered in terms of reasonable adjustments to assessments and we will consider whether there are any trends in assessment outcomes on the basis of equality and diversity group. The Education Quality Section will liaise with the Equality and Diversity team as the theme progresses and other trends or data of interest emerge.

**Communications**

35. This paper will be published on the GMC website alongside the other Undergraduate Board papers.