The School was last visited by the GMC in 2004/05. Since then *Tomorrow’s Doctors (2009)* has been introduced. Every medical school in the UK has been asked to self-assess its compliance with *Tomorrow’s Doctors (2009)*. The GMC has identified assessment, quality management of clinical placements and the introduction of student assistantships as key themes of challenge, therefore we focused the check on these three main areas to test the accuracy of the School’s self reporting to the GMC.

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<td>The School was last visited by the GMC in 2004/05. Since then <em>Tomorrow’s Doctors (2009)</em> has been introduced. Every medical school in the UK has been asked to self-assess its compliance with <em>Tomorrow’s Doctors (2009)</em>. The GMC has identified assessment, quality management of clinical placements and the introduction of student assistantships as key themes of challenge, therefore we focused the check on these three main areas to test the accuracy of the School’s self reporting to the GMC.</td>
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<td>Overall students were mainly positive about their experience. There was a committed team at the medical school but communication between the School and Local Education Providers (LEPs) could be improved.</td>
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**Assessment**

The School is compliant with our standards relating to assessment except in respect of blueprinting, assessment of professionalism, guidance on portfolio assessment, feedback to students and guidance
about weighting of assessments.

The School has developed a good Objective Structured Clinical Examination (OSCE) training website for assessors. Following last year’s National Student Survey (NSS) results the School has set up a project group to raise the profile of feedback for students.

Quality Management

The School is compliant with our standards relating to quality management of clinical placements except in respect of its over reliance on student evaluation with limited triangulation from other sources. The School’s quality management framework documentation is based largely around committee terms of references and does not give a coherent picture of educational governance arrangements in support of quality management processes.

Visits to the local education providers have been formalised following the introduction of the Sub-Deanery structure in 2011. These are again highly reliant on student evaluation but do include meetings with a teacher representative from each specialty. The School does not meet the LEP management team, for example the Chief Executive Officer and Medical Director, during visits to local education providers. The introduction of a sub-dean structure is well-intentioned but there is a risk that information from the school may not reach beyond that level to clinical teachers.

The School has Phase Quality Assurance Committees (PQAC) for each phase of the programme. 50% of the PQAC members are students and it enables the students to provide feedback to the teaching staff.

Student Assistantship

The School is meeting our standards in terms of the content and purpose of the student assistantships. Graduates confirmed their student assistantships had prepared them well for their first placement as a foundation year one (F1) doctor. Clinical and educational supervisors at the local education providers also commented that F1 doctors who had completed the student assistantship were better prepared than previous years.

The student assistantship is held for 11 weeks over March, April and May in Year 5. Following evaluation from students, the School plans to reduce this to eight or nine weeks. The Department of Health, Social Services and Public Safety – Northern Ireland (DHSSPSNI) does not currently provide graduates moving into Foundation posts in Northern Ireland with the same opportunity to shadow the F1 doctor in their first
placement immediately before commencing employment for one week as is available elsewhere in the UK. The School has been working to address this by sending students to the unit where they will begin F1 for their student assistantship. Following changes to the UK Foundation Programme Office (UKFPO) selection system there have been changes to the plans for this year’s student assistantship posts. The students will now find out later than before where their first F1 placement will be, meaning the School is not aware when allocating the students for their student assistantship. The School has asked the students for their Foundation choices and is trying to place them where they believe the students will be working as an F1. The School has highlighted this issue to the UKFPO and the Chief Medical Officer in Northern Ireland.

Our findings are broadly in line with those expected from the School’s self report to the GMC. However the School reported full compliance with domains relating to assessment and quality management in its self assessment in 2011 and we have made requirements against standards in both these domains. The School recognised some of the same areas of good practice that we found and we were pleased to note the School has been sharing its innovations and good practice with other medical schools.

<table>
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<tr>
<th>Concerns</th>
<th>Good practice</th>
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<tbody>
<tr>
<td>No serious concerns were found.</td>
<td>1. The School's patient safety programme in Year 5 appears to be working well. We were able to get a good account of the purpose of this programme from F1 doctors and staff. The patient safety programme is in the first semester of Year 5. If the students have not successfully completed all the elements of this programme in the first semester, they are required to repeat these prior to commencing their student assistantship in the second semester. The patient safety programme appears to be in the right place in the curriculum and is valued. (TD100)</td>
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<td></td>
<td>2. The School has developed an OSCE training website for assessors. The assessors are initially trained face to face, they then receive a certificate and are required to refresh this training every three years. The OSCE online training can be used by assessors at any time. They watch interactive videos and give scores, they can then see what others have scored on these anonymously and compare their own scores. The School has taken a lead on this and it is working well; other Schools have used it to design their own OSCE website training tool. (TD88)</td>
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<tr>
<td></td>
<td>3. Responsiveness to student evaluation is good. We heard many</td>
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Examples from students of evaluation they had provided to the School and local education providers which had been acted upon; changes as a result of evaluation are well communicated back to the students. For example, although teaching was happening on a general surgery placement it was mostly opportunistic, following evaluation students now have teaching every afternoon and it is structured. Also a lecture was delivered with 100 PowerPoint slides, which students found hard to learn from, preferring something more interactive. This was changed following student evaluation and students reported that it had considerably improved. (TD43a)

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<td>1. Students and clinical teachers need to be made aware of how professionalism is assessed. Although the students were able to tell us when professionalism was taught, they were unable to tell us when and how it was assessed. It was not clear to the clinical teachers whether the students received feedback or are assessed on professionalism. Students at Royal Victoria Hospital said they were assessed on professionalism at the end of each attachment but this was based purely on attendance. Students at Antrim Area Hospital were aware of other areas on which they would be assessed on professionalism, such as the students’ attitude towards patients and said this was assessed during OSCEs and in attachments. Clinical teachers tended to refer to professionalism in terms of attendance and student attire. The School advised that students’ professionalism is assessed throughout the programme through OSCEs, portfolio submission and clinical attachments however this was not reflected in student and clinical teachers’ understanding. Simulated patients in the OSCEs are trained to provide a mark on professionalism. (TD87)</td>
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<td>2. The School must provide us with its programmatic, yearly and individual assessment blueprints mapped to <em>Tomorrow’s Doctors (2009)</em>. The School is currently preparing to do this from September 2013, however the blueprints must be submitted to us by 15 April 2013 to ensure all graduates will be summatively assessed against the outcomes and practical procedures in <em>Tomorrow’s Doctors</em>. (TD112)</td>
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<tr>
<td>3. Students need additional guidance on the purpose of the reflective portfolio, as it is not well understood. Despite the information provided, students were not very enthusiastic about the portfolio; they felt it was quite cumbersome as the requirements of portfolio did not always match the duration of an attachment, with three or more entries required for a one week attachment. Its value was also dependent on the students’ mentors; the students are meant to meet with their mentor to get feedback on their portfolio, however</td>
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some students were contacting their mentors to discuss their portfolio but not receiving a response. The students are meant to meet with their mentor to get feedback on their portfolio, but some students were receiving feedback via email which was classed as a meeting. (O21)

4. The quality of feedback provided to students on the case histories needs to be consistent and to an agreed standard that all clinical educators involved are trained to. So ensuring that students are able to confidently comprehend their strengths and weaknesses. Case histories have been introduced in Year 3 in order for students to get experience as a practitioner as they move to the later years of their training programme. The School has received student evaluation that some clinicians provide more feedback than others when marking case studies. We heard from the students we met at Royal Victoria Hospital that they have sometimes handed in a number of case studies and have not had any feedback at the time of the check other than a mark out of ten, particularly in the smaller specialties. Students at Antrim Area Hospital said the marking was not standardised and although they were marked they wouldn’t necessarily receive feedback. The School advised that although feedback might be provided in some cases students failed to collect it, which suggests the process for providing and receiving feedback is not fully communicated to and understood by students. (TD111)

5. The weighting of different assessments needs to be made clearer to students. Students said it was not clear what individual assessments were worth or about the cumulative assessment figure for each School year. We heard from the School that students are informed of this in Year 1 but the School is aware this is early on in the programme when the students still have five years to complete. Students in various years were not clear which assessments would contribute to their UKFPO educational performance rankings. (TD87)

6. There is an over-reliance on students’ evaluation to quality manage clinical placements. The School needs further quality management processes in place to supplement students’ views and to include evidence gathered from clinical teachers, patients and employers. This includes sharing good practice through quality management. The School needs to have a role in spreading learning about different approaches to student assistantships between local education providers in Northern Ireland. (TD39)

7. There needs to be better communication from the School to the clinical teachers in local education providers. We heard in detail at
the School about the purpose of the reflective portfolio and where professionalism is assessed, but teachers and trainers do not appear to be clear about this. The new sub-deanery structure may be part of the reason for this, as the dissemination of information relies on the sub-deans based within each local education provider. (TD88)

8. The teachers need to be appropriately trained and supported, including trainee doctors, in order to deliver high quality teaching. The School stated that student evaluation indicates that the teaching they receive is very good. However, we heard an example from students at Royal Victoria Hospital that some of the teachers in the clinical attachments in Years 1 and 2 were not very enthusiastic about teaching them and they saw hardly any patients. We heard from the clinical teachers that colleagues peer review teaching sessions but that this only happens every three years. (TD128)

**Recommendations**

1. F1 doctors would benefit from some preparation and training in mentoring students during their assistantships. We heard from the F1 doctors we met with at Royal Victoria Hospital that during their student assistantship in Year 5 they were at times unsupported and given a heavier workload than they could cope with and it was their intention to repeat this with the incoming cohort of student assistants. We are aware the School has previously considered training for F1s as mentors. (TD109)

2. The School should continue to develop links with the postgraduate deanery. We heard that there are meetings between the School and deanery twice monthly and that issues that arise in postgraduate training often come up on the undergraduate side also. (TD44)

**Additional Findings**

1. Since our last visit the School has set up a progress and assessment office to professionalise the administration of assessment. It has also introduced quality assurance of assessment and standard setting. This has resulted in increased reliability of assessments.

2. Over 500 clinicians have been trained as examiners for the OSCE by the School.

3. Students can access sample papers online and get answers for these. Students said it was helpful to know the format of exams. Papers held in the library are from six to eight years ago and the course has changed since then.

4. After summative assessments the School offers feedback to the students in the bottom 10% and anyone else who requests this. However, we heard from students that there was an issue previously
where so many of them had requested feedback that the School did not have capacity to provide this feedback.

5. Students receive feedback via email on their exam results so that it is received more quickly. After their written exams the students receive a range of marks and are able to see where they come among their peers and can see which deciles they’re in. The students also receive general feedback from the academic lead on written exams.

6. The summative nature of the case studies means the School is missing a formative opportunity. Case based discussion, as used as a supervised learning event, can be a powerful tool bringing learner and teacher together to explore aspects of a case. When at Antrim Area Hospital we heard from a clinical teacher who did use the submitted case study in this way, and from students who felt there was added value when this face to face formative approach was used.

7. Students receive individual feedback on the OSCE and they receive a list of stations stating common things that went wrong which they found helpful. For each OSCE station, students are also informed if they are in the top 25%, the middle 50%, the lower 25% and the bottom 5% of candidates.

8. The School has a 'yellow card' system used during the OSCEs which mainly focuses on concerns surrounding a student’s professionalism and patient safety issues.

9. The students use a reflective portfolio which is linked to *Good Medical Practice* and are required to recognise areas from this when reflecting. The School is currently mapping the third year student portfolio to the NHS Education for Scotland Foundation e-portfolio.

10. Following last year’s National Student Survey results the School has been working to improve feedback to students in their clinical placements. A project team has been set up, which includes a Year 4 student and a sub-dean, who are looking at identifying a feedback champion in each of the hospital trusts. The feedback champion will be trained to give feedback and will be responsible for training others within their trust.

11. The School has introduced a Directly Observed Clinical Skills (DOCS) into the second year clinical skills programme. The clinical attachment teacher carries out the assessment and provides individualised feedback to students. Students can choose to reflect on the experience in their Personal and Professional Development
12. Students get a lot of feedback on their Student Selected Component (SSC) projects and the School has asked for teachers to schedule in feedback sessions during the SSCs and to label them as such. The students receive written feedback on every element of SSCs.

13. During community posts the students receive a lot of feedback as they have a one-to-one tutor. We heard from the students that they have a ‘CCTV’ session where their patient interaction in surgery is filmed and then reviewed with their tutor who talks them through it. The students we met with valued the feedback received from their GP tutors.

14. We heard from the School that it has seen a gradual increase in numbers of students with disabilities, and has a Disability Lead who deals with reasonable adjustments for assessments. Students with dyslexia receive an extra 25% of time for written assessments, and adjustments have been made for people with bad backs and limb pain for when they have been required to sit for long periods in assessments. The School only informs staff who need to know about disabilities and the reasonable adjustments being made. The School assesses whether reasonable adjustments are required and was able to give an example of a student who was concerned about taking blood due to a physical disability. After reviewing this they found reasonable adjustments weren’t required as the student’s dexterity was good.

15. The School has an assessment management group that looks at quality assurance of assessment. The staff and students are proactive in raising issues and the programme assessment office knows if there are any issues. The School has also had a review in 2011 as part of the University’s Educational Enhancement Process which included external representatives. This is part of the quality assurance processes undertaken to comply with standards set by the Quality Assurance Agency of Higher Education (QAA). There are also external examiners who judge standards.

16. Although the students weren’t able to recognise where professionalism is being assessed, we heard that they have introductory weeks where they get a talk on professionalism. We heard from the School that it has been focusing on the use of social media when teaching professionalism. Guidance has been produced for the students on using electronic communication. There had been an issue with an inappropriate video being posted on to a class Facebook page. The School and students talked about how it might
be observed by others and potential future employers.

17. The F1 doctors we spoke with at Royal Victoria Hospital felt there was a big gap following the student assistantship before starting their F1, however the School has put the student assistantship where it is to allow time for any necessary remediation. The School is undertaking a review of the final year curriculum as it is aware that students need a longer experience and there is a student perception that they might deskill during the gap between the assistantship and beginning F1.

18. When designing the student assistantship, the School met with various university committees and the sub-deans in each trust. It developed the idea and strategy for the student assistantships and then started to meet with the sub-deans. There are core components of the programme and some adaptations made by the local education providers to suit their local context.

19. During the student assistantship the students have a logbook which is required to be signed off by the sub-dean as a summative assessment. Last year the School had a very small number of students who had not been signed off and were required to retake the student assistantship for three weeks in June.

20. Some students were signed off on their student assistantship last year but there were still some minor areas of weakness, therefore the School met with these students individually to provide feedback to them. Information on any student who had to remediate the Assistantship was then transferred to the foundation board and postgraduate deanery at the transition point.

21. A research project took place in the School last year where students were asked to self-assess their preparedness for practice before and after the student assistantship using Jan Illing’s questionnaire (Morrow, G, Johnson, N, Burford, B, Rothwell, C, Spencer, J, Peile, E, Davies, C, Allen, M, Baldauf, B, Morrison, J & Illing, J (2012). Preparedness for practice: The perceptions of medical graduates and clinical teams. Medical Teacher 34(2): 123-135). The School was able to identify strengths and weaknesses through student evaluation of their preparedness. This included the design of the student assistantship and the School plan to run this for the student assistants this year.

22. The guidance for the student assistantship says the students are required to do one full night shift, one weekend, and four nights up until 10pm. However, the School said some of the students last year
were doing more than this and up to a week of nights as they were simply shadowing the F1.

23. Last year each student was matched to a F1 for their assistantship. We heard from the senior educational team at Antrim Area Hospital that for the next student assistantship they will be matched with a team rather than an individual. There will be the same number of F1s and students but they will rotate between them. This seemed to be a good way forward as students are not attached to one individual throughout their assistantship.

24. The School has PQAC of which 50% of the committee members are students. There is always an item on the agenda for these meetings to discuss problems in each year and the School said it was rare for the quality of placements to be an issue.

25. Students complete a compulsory online questionnaire after every placement which goes to the School. If this raises any concerns with a placement they would contact the local education provider immediately and ask them what they are going to do to resolve the issue. Responses to the questionnaires are compiled monthly and sent to the local education providers.

26. The School has recently prepared standard operating procedures to ensure the local education providers are doing what is needed following the student evaluation. If an issue has arisen the sub-Deans have to feed back to the School monthly against these items. These will be monitored by the School using further student evaluation. It is this reliance on students’ evaluation that is a concern.

27. The School is open to the students contacting them directly with any issues and was recently contacted regarding teaching of medicine and surgery in a hospital. The School spoke with the Sub-Dean and two days later the Sub-Dean confirmed that the problems had been addressed; this was followed up with the students the next week who were able to confirm this.

28. Annual quality assurance visits by the School to the Trusts have been undertaken for many years but were re-constituted last year following the creation of the Sub-Deaneries. On these visits the School looks at key themes between student evaluation and information they receive on the visit. Designated members of academic staff have been appointed to liaise with the sub-deans in particular Trusts to arrange these visits. During the visits the School meets with a sample of students and a teacher representative from
29. We heard from the Year 2 and 3 students at Royal Victoria Hospital that there was an issue with overcrowding in the smaller specialties that are in one hospital only, such that there were sometimes 16 students on the same placement. In these situations the students found it difficult to get onto a ward round and see patients.

30. There was an issue previously where a number of students were making mistakes in an OSCE when giving intravenous fluid. The School recognised that this was due to a problem with the teaching and was able to address it.

31. The School is running a pilot this year looking at Year 4 exam performance on certain placements so that it is able to triangulate whether teaching is good.

32. The postgraduate deanery has a five year visit cycle for quality inspections for all placements, the School finds some issues raised on these inspections come up on the undergraduate side also. The School encourages information sharing if there is a problem with a foundation or postgraduate trainee so that it is able to see if there is a link with the experiences of students.

33. Leads for each specialty meet annually and are able to share good practice within their specialty. Sub-deans meet with the specialty leads bi-annually and discuss what is going well. Each sub-dean must then report on any problems, any exemplary areas, and what actions they need to take forward.

34. Each sub-deanery structure has the freedom to remove someone from teaching if they need to, but they must include this in their report which identifies the issues to the School.

**Monitoring**

| The School will need to report on what actions it is taking regarding the requirements listed above in the 2013 Medical Schools Annual Return. We will also require the School’s assessment blueprints by 15 April 2013 as detailed above. |

**Response to findings**

| Professor PP McKeown, Director, Centre for Medical Education, School of Medicine, Dentistry and Biomedical Sciences |

**Good practice**

| We are pleased to have the patient safety programme acknowledged and will continue to develop this element of the course. We plan to introduce an additional two day advanced workshops in the spring |
semester as an integral component of the Assistantship.

We are delighted to have our OSCE training recognised and that the resources created are being disseminated as good practice and being used by other medical schools.

The School has worked hard to improve responsiveness to student evaluations and is pleased that this has been identified as an area of good practice.

**Requirements**

We are pleased to note that in most cases the issues raised had already been identified as areas for development in the School. In some cases we have already begun to address these.

1. We are looking to develop a programme to ensure professionalism is assessed across the curriculum. We are aware of the challenges this might involve and have taken the following steps:

   Student understanding of professionalism is the focus of a HEA-funded project currently being undertaken in the School.

   The School is represented on the newly established UK Medical Schools Professionalism Network for staff involved in leading the teaching and development of professionalism in medical schools. The purpose of the network is to share good practice and to work together to find practical solutions to some of the issues that face Schools, including how to assess professionalism effectively. During the next academic year, a senior member of academic staff in the Centre for Medical Education will be undertaking a leadership project, an integral component of which will be to enhance the teaching and assessment of professionalism in the curriculum.

2. We will complete the mapping of individual assessment blue prints against Tomorrow's Doctors by the deadline in April 2013.

3. We are liaising with NHS Education Scotland (NES) with a view to developing the e-portfolio and have commenced its introduction in third year. We will review the information provided to students and endeavour to promote their understanding of the use and value of the portfolio. The School is undertaking a review of Student Support and Guidance with the intention of enhancing the support provided to students in relation to their portfolio.

4. We accept the constructive advice provided in relation to the third year case studies and plan to change the case histories to supervised learning events which are formative rather than summative. This is currently being discussed at appropriate Committee and it is hoped
will be approved for implementation in 2013-14.

5. The School has reviewed the way in which information on the weighting of assessments is provided to students. We have now provided a summary by email to all students and noted that although this information was available to students on-line it may have been difficult to access.

6. We will review current practices with regard to the quality management of placements and work with Northern Ireland Medical and Dental Training Agency and the Sub-Deans to formalise visits which cover all issues relating to quality control of placements and the delivery of clinical teaching. This will provide more robust measures to triangulate evidence from evaluations and quality assurance data.

7. We will discuss with Sub-Deans the most effective way to enhance communication and the dissemination of information.

8. The School is currently working with the Northern Ireland Medical and Dental Training Agency as part of Recognising and Approving Trainers to ensure that all teachers in leadership positions are adequately trained. We are disappointed to read that some students had a less than optimal experience during a clinical placement at the RVH. The student feedback received across the cohort indicates that this is certainly not common. We will endeavour to encourage students to identify any issues during placements as early as possible so that they can be resolved quickly.

9. We will also ensure that our practices meet the new standards set by the publication in January 2013 of the QAA Quality Code, chapter 10: “Managing Higher Education Provision with Others”

**Recommendations**

1. We aim to deliver specific training to current F1 doctors (either face-to-face or online) working in hospital Trusts in Northern Ireland prior to the start of the Assistantship in March 2013.

2. The Head of School and newly appointed Postgraduate Dean along with the Deputy Head of School, the Director of the Centre of Medical Education and senior administrative staff from NIMDTA are now meeting on a formal basis several times per year. This should enhance existing links on issues such as quality management, Faculty development, careers advice, transfer of information, Foundation training posts and Trainees in difficulty.