2015 Medical School Annual Return (MSAR)

Submission deadline 8 January 2016

The following table has been pre-populated with our latest records, please amend as required.

<table>
<thead>
<tr>
<th>Name of Medical School:</th>
<th>Leicester Medical School</th>
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<tbody>
<tr>
<td>Name of Dean/Head of School:</td>
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<tr>
<td>Name of Quality Lead:</td>
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<tr>
<td>Name of Quality Assurance Administrative contact:</td>
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<tr>
<td>Director of Undergraduate Medical Education:</td>
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</tbody>
</table>

| Name of Senior Manager (signing off quality and accuracy of MSAR on behalf of school): | |

Please include additional details of anyone who should receive feedback and other communications regarding the MSAR. Senior Managers signing off on behalf of the Medical School are responsible for assuring the quality and accuracy of the return. Please indicate who will be the primary point of contact for the MSAR above.

Data processing notice:

The GMC will handle any personal and sensitive personal data provided in the MSAR in line with the Data Protection Act (1998). Information provided to the GMC is subject to the Freedom of Information Act (2000).

The GMC will publish the following sections on our website by medical school and may share the information with other organisations including the Medical Schools Council and in response to Freedom of Information requests:
• **Section A** – Questions exploring the Tomorrow’s Doctors (2009) domains and Promoting excellence themes

• **Section B** - Quality Management

Information provided in **Section C** may be published on our website or shared with others, such as the Medical Schools Council and in response to Freedom of Information requests:

• C1 - Student Profile
• C2 - Student Progression
• C3 – Student Fitness to Practise
• C4 – Placement

Potentially identifiable information, such as name, job title or other protected characteristic, should only be provided if it is essential to your response.

Information will be anonymised or redacted before publication to protect privacy.

Data may be shared with data recipients, in accordance with the Data Protection Act. Data recipients may include the following non-exhaustive list: Medical Schools Council.

Information may be used for statistical and research purposes.

Medical Schools should submit information to the GMC in line with their established privacy agreements.

**Changes to 2015 MSAR Template**

The questions in Section A have been split into two sections; A1 and A2. Please ensure that all questions in Section A1 are answered. Questions in Section A2 only need to be answered if there have been any changes since the previous MSAR.

**Guidance for Section C3 - Student Fitness to Practise**

Please provide details of all low level professionalism concerns that have reached stages A and B of the process as well as all fitness to practise cases reaching stages C and D of the process.

**Tomorrow’s Doctors (TD09) and Promoting excellence**

The new standards ‘Promoting excellence’ bring together the standards for undergraduate training; ‘TD09 with postgraduate training’ and ‘The Trainee Doctor’. They were released in July 2015 and come into force in January 2016. This
document references the relevant TD09 domain, and also includes the appropriate reference to the new standards ‘Promoting excellence’.

The deadline for submission of this MSAR is 8 January 2016.

If you need any help with completing this return, feel free to contact Joseph Sadowski or another member of the team on quality@gmc-uk.org or 020 7189 5327.
Question 1: In light of the recent publication, 'First, do no harm: enhancing patient safety and teaching in undergraduate medical education', the GMC are collecting data about how medical schools teach students about patient safety and equip them with the skills to contribute to safety improvement as doctors.

a) What is your approach to teaching the discipline of patient safety? (Please provide a brief – 2/3 paragraph – summary, highlighting any key innovations or particular areas of good practice.)

Leicester Medical School introduces concepts of patient safety within the early theoretical teaching and within later practice-based teaching sessions.

Early strand One Interprofessional Education (IPE): Medical students join students across the range of health and social care training in interactive workshops which explore, team working, safe communication and aspects of human behaviour relating to human factors

HaDSoc (and PCCP2 equivalent for L4 students) gives students a thorough grounding in theory and research on quality and safety issues in healthcare. We use a mix of teaching and learning techniques including lecture and small group format, problem solving, and the inclusion of short films of real-life cases.

Later Practice Learning: Students take part in a range of different activities run in our different city and district General Hospitals. At Leicester students participate in a one day workshop on patient safety exploring situational awareness, communication, leadership and empowerment. They subsequently take part in interprofessional simulations to practice some of these skills.

We run a range of SSC programmes on Quality Improvements in which students can engage in activities to forward their insights and appreciation of improving the quality of patient care. [Information redacted] runs an ASPIRE event at Northampton General Hospital which explores in detail quality improvement
b) How do you ensure students understand why health-care professionals make errors? (see WHO patient safety curriculum guide Topic 5)

Our teaching ensures that students have a good understanding of why quality and safety problems occur. While emphasising that doctors have an individual responsibility for the quality of the care they provide, we also help students understand that personal effort is necessary but not sufficient to deliver safe care. Students learn to recognise different sources of error, including cognitive biases and limitations as well as deficits in socio-technical systems. We introduce systems-based approaches and help students understand the importance of these in securing quality and safety. The importance of the discipline of human factors is emphasised. They consider the role doctors play within teams and the need for developing open cultures where all staff feel valued.

c) How does your curriculum cover the objectives and relevance of clinical risk management strategies in the workplace?

We ensure students understand the idea of clinical governance, and are aware of a range of NHS quality improvement mechanisms relevant to clinical risk management including:

- Standard setting
- Commissioning
- Financial incentives
- Disclosure
- Regulation (registration and inspection)
- Data gathering and feedback
- Clinical audit (both local and national)
- Quality improvement methods

Quality Management – TD09 Domain 2 and Promoting excellence theme 2

Question 2: We are interested in the nature of issues being raised as student complaints to the Office of the Independent Adjudicator (OIA) (England and Wales), the Scottish Public Services Ombudsman and the Visitorial scheme (Northern Ireland). Please provide details so that we can further understand the nature of appeals to student ombudsman services, and learning from these cases can be shared more widely to increase awareness among medical schools.

a) During 2014-15 were there any investigations into student complaints by the OIA, the Scottish Public Services Ombudsman or Visitorial scheme in Northern Ireland concluded in relation to your medical school?

[Information redacted]
b) What, if any, changes to policies or processes has your medical school implemented in response to investigations by the Office of the Independent Adjudicator, the Scottish Public Services Ombudsman or Visitorial scheme in Northern Ireland?

[Information redacted]

Equality, diversity and opportunity – TD09 domain 3 and Promoting excellence theme 2

Question 3: It is important for medical schools to meet the equality and diversity requirements set out within TD09 and their replacement, ‘Promoting excellence’. Examples of how this is captured include analysis of admissions and student profile, progression, academic appeals, and fitness to practise data.

a) When you have found evidence of differences (e.g. in admissions, student profile or those listed above) on the basis of gender, ethnicity, socio-economic status or other characteristics, what actions have you taken to understand or address this difference?

Currently, earlier analyses of data sets indicates that the student profile equably reflects gender with a strong positive bias for minor ethnicities. The data that would allow appropriate analysis of socio-economic background is not currently available. However, as with the whole of the UK Higher Education sector, the evidence suggests that the ‘white working class’ are under represented. This is understood as reflecting a number of socio-political factors deterring broader progress of this group both within the secondary education sector and society at large.

The challenge in seriously addressing this difference needs concerted action at a more fundamental level. Some token efforts by the UK tertiary sector may improve the prospects of entry into Medicine for some of this socio economic group.

b) Is there a formal process for appeals made to schools about decisions on reasonable adjustments? If so please provide details on how appeals are handled
Student appeals are submitted to the Director of Undergraduate Medical Education who will convene a panel who will review the appeal and provide a response. This would be an unusual situation and not common.

When decisions are made students are invited to comment, and additional information presented to the panel will trigger a revisit to the decision. All reasonable adjustments are reviewed annually with the students to ensure that we continue to meet the needs of students.

Written guidance on how students should request Alternative Examination Arrangements is available via the VLE.

Adjustments to placements made for reasons of disability are made on a case-by-case basis by consultation with the Phase 2 Lead.

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**Design and delivery of the curriculum including assessment – TD09 domain 5 and Promoting excellence theme 5**

**Question 4:** We are working on options for a UK Medical Licensing Assessment (UKMLA) which will be consulted on during 2016. We would like to ensure we have comprehensive and up to date information on when medical schools hold all components of their final assessments so we can understand how a UKMLA could fit in.

Please tell us when you hold each component of your final assessments, including re-sits, by completing the following table. If you permit more than one opportunity to re-sit without repeating a year please include details in the relevant row below.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Term or equivalent</th>
<th>Year of study (penultimate or final year)</th>
<th>Maximum number of re-sits (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Year 5 spring term (March)</td>
<td>Final</td>
<td>N/A</td>
</tr>
<tr>
<td>First knowledge re-sit</td>
<td>Year 5 summer term (June)</td>
<td>Final</td>
<td>1</td>
</tr>
<tr>
<td>Second knowledge re-sit</td>
<td>N/A</td>
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<td></td>
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<tr>
<td>(if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td>Year 5 spring term (March)</td>
<td>Final</td>
<td>N/A</td>
</tr>
<tr>
<td>First clinical re-sit</td>
<td>Year 5 summer term (June)</td>
<td>Final</td>
<td>1</td>
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<tr>
<td>Second clinical re-sit (if applicable)</td>
<td>N/A</td>
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**Question 5:** We would like to gain a greater understanding about how GMC ethical guidance is taught in medical schools and how we can support this.

**What is your approach to teaching students about the professional standards expected of them, including raising awareness of the GMC’s ethical guidance?**

Medical professionalism underpins public trust in doctors. Until recently, values were transmitted from respected role models, but the need for formal teaching of professionalism and assessment of competencies is now recognised and endorsed by Leicester Medical School. We recognise that key factors have contributed to this reformed vision:

- Growing societal diversity.
- Evolving partnership with patients associated with higher expectations and duty of candour.
- A more inter-professional collaborative model to healthcare delivery with greater accountability.
- Burgeoning digital intelligence that facilitates greater transparency.
- Emerging conflicts between information sharing and confidentiality such as smartcards, social media and mobile consultations.
- A strong association between regulatory body disciplinary action against doctors and previous unprofessionalism in medical school.
- Proposed recommendation that full GMC registration should ensue on graduation from medical school.

In Leicester Medical School, we reiterate to medical students the three outcomes of the GMC document, ‘Tomorrow’s Doctors’ – Scholar and scientist, practitioner and professional.

**Teaching of professionalism in Leicester Medical School**

The professionalism curriculum in Leicester covers the four domains of the Good Medical Practice Framework.

- Knowledge, skills and performance
- Safety and quality
- Communication, partnership and teamwork
- Maintaining trust
The professionalism curriculum is led by [information redacted]. The core underlying theme is patient safety. Personal professionalism development features throughout the course, interlinks with Ethics tuition and Inter-Professionalism strands and is responsive to events such as the Francis Report. Personal and group reflection is encouraged.

**Professionalism**

- Professionalism lectures and workshops feature in Phase 1 and 2 induction weeks.
- Relevant professionalism topics are integrated into teaching blocks; e.g. the practicalities of the Mental Capacity Act are best discussed in Phase 2 in the *Elderly and Chronic Care* block.
- In the Integrative Block (immediately prior to Phase 2), there is a session which introduces new professionalism concepts for reflection:
  - What we can learn from the history of patient dissatisfaction?
  - Current approaches to Medical Error
  - Group interactive session on Medical Error/Duty of Candour

- There is dedicated monthly professionalism half-day teaching that alternates between Junior and Senior Phase 2 rotations. The teaching comprises a mixture of lectures and interactive workshops. Patients and allied health representatives are invited to some sessions to contribute their perspective. Current topics covered include:
  - Perceptions of professionalism
  - Taking personal responsibility
  - Doctor’s health and health professionalism
  - Quality improvement and patient safety
  - Research governance: doctors’ relationship with the pharmaceutical industry
  - Underpinning the professionalism principles behind Situation Judgement Tests
  - Interactive presentation by the GMC
  - Exercising professional judgement (medicalisation, collusion, obstruction)

**The Leicester Undergraduate Medical e-portfolio (LUMeP).**

Leicester Medical School acknowledges the need for medical students to establish the foundations of lifelong learning, continuing professional development and reflection. There is also a need for a platform to demonstrate good professionalism. From the outset, Leicester medical students are now given access to the LUMeP. Even in the first 2 years of medical school, students are expected to populate their e-portfolio with their achievements and learning needs. They must also provide reflections on the LUMeP for their Personal Tutor which are discussed at individual meetings. Use of the LUMeP is a requirement to demonstrate academic engagement.
The Leicester Medical School Annual Medical Student Agreement.

Each year, all medical students are required to revisit the updated agreement and sign on-line. The agreement includes professionalism attributes expected of medical students.

**Inter-professionalism**

This is led by [information redacted]. Teaching is currently delivered as follows:

- Strands 1 and 2 are primarily taught in semesters 1 and 4 of Phase 1. Medical students interact, team-work and problem-solve alongside allied health professionals such as pharmacists, social workers, nurses and occupational therapists. There is also student-directed learning. In the final year, students have been required to provide a reflection on inter-professional working (Strand 3).

Assessment of Interprofessionalism: Part of phase 1 assessments and also reflections from the strands.

**Ethics and Law**

This is led by [information redacted]. At Leicester, medical ethics and law teaching is taught conjointly with the national curriculum (the 'consensus statement') providing the template for content. Teaching is currently delivered as follows:

- At the end of Semester 2, there is a 1-week Introductory Course in Medical Ethics and Law. This course is assessed. Students undertake group work with tutors to explore autonomy, consent and confidentiality. Medical law is introduced with reference to case law and statute. The Duties of a Doctor and GMC ethical guidance is considered.
- A 13 week SSC Module in Medical Ethics, Law and Human Rights is offered to Phase 1 (semester 5) students.
- Students can undertake a short Summer Project on Ethics in the Junior Rotation of Phase 2.
- Ethical principles are encountered and discussed in Phase 2 blocks e.g. genetic engineering, termination of pregnancy, optimal use of NHS resources such as the health economics of new molecular targeted agents for cancer.

In the new 2016 Leicester Medical School Curriculum, consideration is being given to more self-directed and group-learning of Ethics and Law throughout the 5-year course. It is hoped that ethical sessions will be integrated into each of the Phase 1 and Phase 2 clinical blocks where the application of clinical ethics can be best appreciated and reflected. Additional guidance and assistance is being offered to all medical educators with the aim of enhancing their approach to ethics education.

The overall aims are to:

- Develop awareness and understanding of ethical, legal and professional responsibilities required of them as students and doctors.
• Think about and reflect critically on ethical, legal and professional issues.
• Understand and respect the strengths and weaknesses of a view different from their own while maintaining personal integrity.
• Acknowledge and respond appropriately to clinical and ethical uncertainty.
• Acquire knowledge to facilitate ethical decision-making and clinical judgement that is morally, legally and professionally justifiable.
• Respond appropriately to new challenges in medical practice as a result of scientific advances (e.g. in genetics) and social changes.
• Integrate the necessary knowledge, skills, attitudes and behaviours into medical and professional practice.
• Take advantage of opportunities to rehearse ethico-legal skills in a safe environment with feedback.

Assessment of Ethics: Legal and ethical issues are currently incorporated into the Final Professional Examination (FPE) OSCE station. There are also Ethics Single Best Answer questions in the Primary Professionalism Examination (PPE), Intermediate Professionalism Examination (IPE) and Final Professional Examination (FPE). Web based learning modules are being developed were the subject area/topic permits this and assessment will be incorporated into the learning package with completion certificates being issued to successful candidates.

Mindfulness and Resilience

There is no current formal teaching of mindfulness and resilience in Leicester Medical School although students have easy access to Pastoral Care in the medical school where the principles of wellbeing are reiterated by dedicated health professionals. In the new Leicester Medical School Curriculum commencing in September 2016, it is planned for medical students to receive 6 tutorials on mindfulness and resilience in their first year. Medical professionals increasingly work in an environment of frequent change which can be unsettling. There is also a need to learn strategies for conflict resolution.

Assessment of professionalism in Leicester Medical School

• **Formative assessment in professionalism (early in year 1).** This covers knowledge and its application appropriate for their level of training. The assessment comprises Situational Judgement Test-style questions, Single Best Answers and Short Answer Questions. Feedback is both group and individual. Where there are particular concerns, students are seen individually for a face-to-face discussion.
• **Social media course and assessment (Year 1).** This is an on-line course with questions afterwards.
• **Primary Professional Examination (PPE) (end of Phase 1).** Students’ interaction with patient actors, their communication skills and their ability to provide an explanation recognising the patient’s agenda without medical jargon are assessed at OSCE stations.
• **Intermediate Professional Examination (IPE) (end of Phase 2 Junior Rotation).** This is assessed in all OSCE stations and also by Single Best Answer Questions.
Final Professional Examination (FPE). There is a dedicated OSCE station assessing knowledge and application of professionalism. Professionalism is also assessed generically at patient-centred OSCE stations. Professionalism questions also feature in the Single Best Answer paper.

Professionalism Support in Leicester Medical School

- A professionalism website to support medical students self-presenting with professionalism issues.

Professionalism Support Unit. This is led by [information redacted] and supported by 4 senior clinical members of Leicester Medical School. Students may self-refer or be referred internally. It interlinks with the Health and Conduct Committee and Fitness to Practise.

Management of teaching, learning and assessment – TD09 Domain 7 and Promoting excellence theme 2 & 5

Question 6: New standards, 'Promoting excellence', covering all stages of medical education and training will come into force on 1 January 2016. To help us to support medical schools it would be helpful to know about any changes you need to make or challenges you have identified in relation to implementing the new standards.

Please provide us with details of any changes planned, areas under review and any challenges you have identified in relation to implementing the new standards

R5.1 Medical school curricula must be planned and show how students can meet the outcomes for graduates across the whole programme.

Response:

We do not anticipate the need to make any changes to the way we demonstrate our ability to make this standard. The MBChB curriculum is mapped to the outcomes listed in TD2009 which have not changed.

R5.2 The development of medical school curricula must be informed by medical students, doctors in training, educators, employers, other health and social care professionals and patients, families and carers.

Response:

The Medical School has well developed processes designed to canvass student experience of the curriculum through student evaluation of all curriculum components. The School has
sought the input of students when making substantial revisions to curriculum components and in the review and redesign of the whole MBChB curriculum.

In preparation for the review and redesign of the whole MBChB curriculum the views of doctors in training, educators, employers, patients, families and carers were canvassed extensively and their views informed the educational philosophy and strategy as well as the curriculum focus.

[Information redacted] is a permanent member of the MBChB Board of Studies which allows for strategic partnership between the Medical School and the Schools of Nursing, Pharmacy and Allied Health Sciences.

The Medical School has established an “Expert Patient Group” members of which are patients and carers and support the functions of the Medical School in delivery of curriculum as well as advising on matters relating to student selection and recruitment. Moreover, patient input is utilised consideration of matters relating to student health and conduct.

While the Medical School has formally sought the views of doctors in training, educators and employers in its major project to review and redesign of the curriculum, the School will need to build in a process by which these views are formally canvassed from now on

**R5.3 Medical school curricula must give medical students:**

**Response:**

The current and planned new Phase 1 curriculum allows:

a early contact with patients that increases in duration and responsibility as students progress through the programme

d the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds, with a range of illnesses or conditions and with protected characteristics

e learning opportunities that integrate basic and clinical science, enabling them to link theory and practice

f the opportunity to choose areas they are interested in studying while demonstrating the learning outcomes required for graduates

g learning opportunities enabling them to develop generic professional capabilities

The Phase 1 curriculum allows for this process to be completed in the later, clinical, parts of the course.

Therefore, we do not anticipate the need to make any changes to the way we demonstrate our ability to make these standards.

**Undergraduate programmes and clinical placements**

**R5.4 Medical school programmes must give medical students:**

a sufficient practical experience to achieve the learning outcomes required for graduates

b an educational induction to make sure they understand the curriculum and how their placement fits within the programme

c the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of teachers, before using skills in a clinical situation

d experiential learning in clinical settings, both real and simulated, that increases in complexity in line with the curriculum

e the opportunity to work and learn with other health and social care professionals and students to support interprofessional multidisciplinary working

**Response:**

The Phase 1 curriculum allows for these processes to begin, and these are then completed in the later, clinical, parts of the course.

Therefore, we do not anticipate the need to make any changes to the way we demonstrate our ability to make these standards.

**R5.5** Medical schools must assess medical students against the learning outcomes required for graduates at appropriate points. Medical schools must be sure that medical students can meet all the outcomes before graduation. Medical schools must not grant dispensation to students from meeting the standards of competence required for graduates.

**Response:**

For review: There is an urgent need for a blueprint review to amalgamate both phases of the current curriculum and to make the learning outcomes transferrable to the new curriculum. The process has been started but will take time to complete robustly.

Explicit standards are set for assessments. There is no compensation between clinical skills and knowledge-based skills and students have to pass written and clinical examinations independently. The exception for this is the first year OSCE which is 2016 will continue to be graded alongside the written examination but from 2017, the two examinations in the first year will need to be passed independently.

**R5.6** Medical schools must set fair, reliable and valid assessments that allow them to decide whether medical students have achieved the learning outcomes required for graduates.

**Response:**

Our current examinations are fair, reliable and valid, judged by nationally agreed standard setting and psychometric methods. There are no specific changes needed to the current procedures. Furthermore, Leicester are working with the Medical Schools Council Assessment Alliance to pilot common content written examinations and to explore options for creating a national clinical examination.
R5.7 Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.

Response:

As mentioned in section 5.5, work is currently being done to review the blueprint across the entire curriculum to improve progression through the course. Currently assessments are already sequenced in terms of the content they contain, for example, the final professional examination expects a greater knowledge of management as well as the new subject areas covered during the fifth year.

R5.8 Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the medical student’s performance and being able to justify their decision.

Response:

The assessment team are experienced in delivering and analysing assessments. Members have all attended additional training in assessment such as attending the Advanced Assessment Course run annually by St George’s hospital. All members of the assessment team are part of the university appraisal process and have annual appraisals. Examiner training has been completely revised over the past two years to ensure an excellent standard which has been noted by several of our external examiners.

Question 7: A small number of newly qualified doctors may complete an overseas GMC approved programme for provisionally registered doctors or the recognised F1 training year overseas. If this applies to your graduated students, we would like to know how you effectively quality manage these posts.

If none of your graduates go on to train overseas as described, please tick the box stating ’No graduates continuing their training overseas’.

☐ No graduates continuing their training overseas

a) How do you ensure that overseas training provides suitable curriculum coverage and that doctors in training receive an appropriate level of clinical and educational supervision?
As a general principle, Leicester Medical School does not approve Foundation Programme training outside the UK, with the exception of the Malta Foundation Programme for which prospective approval by Leicester Medical School and the Postgraduate Dean, Health Education East Midlands is required.

1. Agreement from the Malta Foundation School that they will support the delivery of the approved curriculum and assessment process.
2. Prospective paper review of the Malta Foundation Programme training posts
3. Confirmation from the graduate’s planned overseas educational supervisor of the details of the programme and associated educational opportunities so that the outcomes can be demonstrated
4. Agreement by the graduate that they will maintain contact with the Leicester Medical school and East Midlands Foundation School while overseas

Please see Leicester Medical School Code of Practice for undertaking Foundation Year 1 training overseas. To date no students have taken up this opportunity.

b) How do these doctors record their progression?

Submission of the FP portfolio and assessments by the graduate

c) How do you ensure that doctors meet all of the required outcomes for the F1 year and are signed off in order to meet the requirements for full registration with the GMC?

Quality oversight by East Midlands Foundation School.

Section A2

The questions in Section A2 need only be answered if there have been changes since the MSAR you submitted in December 2014

Equality and diversity and opportunity – TD09 domain 3 and Promoting excellence theme 2

Question 8: It is important for medical schools to meet the equality and diversity requirements set out within TD09 and Promoting excellence. Examples of how this is
captured include analysis of admissions and student profile, progression, academic appeals, and fitness to practise data.

[Information redacted]  
a) Briefly tell us if you have made any changes, in the academic year 2014/15, to the way you use evidence to monitor how you are meeting the equality and diversity requirements.

[Information redacted]  

b) Do you have any examples of challenges you have had or actions you have taken to ensure fairness and equality in medical education and training (since your last submission).

[Information redacted]  

c) Please include details of any changes you have made to the way students can access advice on reasonable adjustments and support in making sure agreed adjustments are implemented – including on placement.

Students with disabilities are supported centrally by the University of Leicester AccessAbility Centre, part of the Student Support Service.

Students are introduced to the AccessAbility Centre during Induction week at the start of the course. The AccessAbility Centre advises the Department of adjustments required and students are advised to seek advice from the departmental AccessAbility Tutor. Contact details for the AccessAbility Tutor are available in the course handbook. The principles for the support of students with disabilities are described in a podcast available via the VLE. Written guidance on how students should request Alternative Examination Arrangements is available via the VLE. A database recording adjustments made is maintained, and cases are reviewed as required and no less frequently than annually.

Adjustments to placements made for reasons of disability are made on a case-by-case basis by consultation with the Phase 2 Lead.

d) Please provide us with details of any changes you have made since the last MSAR in relation to how the curriculum addresses providing appropriate healthcare and understanding health inequalities, particularly relating to people from lower socioeconomic backgrounds, lesbian gay bisexual or transgender people, and people with learning disabilities?
<table>
<thead>
<tr>
<th>Socioeconomic background</th>
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<tbody>
<tr>
<td><strong>What does the curriculum say?</strong></td>
</tr>
<tr>
<td>This learning is offered in Phase I and Phase II as a special study module</td>
</tr>
<tr>
<td><strong>Intended Learning Outcomes</strong></td>
</tr>
<tr>
<td>• Demonstrate an awareness of homelessness and the statutory and non-statutory responses</td>
</tr>
<tr>
<td>• Demonstrate the appropriate level of clinical competence relating to minor illness and injury relevant to the homeless sector</td>
</tr>
<tr>
<td>• Describe the presentation and management of chronic health conditions</td>
</tr>
<tr>
<td>• Describe common mental health problems experienced by homeless people</td>
</tr>
<tr>
<td>• Demonstrate knowledge and appreciation of the drug and alcohol problems within this population for both acute and chronic presentations</td>
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<tr>
<td>• Describe common approaches to manage substance abuse</td>
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<tr>
<td>• Demonstrate abilities and competence in basic life support</td>
</tr>
<tr>
<td>• Develop awareness and appropriate response skills for working in difficult and challenging situations</td>
</tr>
<tr>
<td>• Explain relevant ethical and legal principles for working within LIGHT and working with homeless people</td>
</tr>
<tr>
<td>• Evaluate effective health promotion interventions</td>
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<tr>
<td>Evaluate your limitations including personal anxieties of clinical uncertainty for working with challenging populations.</td>
</tr>
<tr>
<td><strong>How is this assessed?</strong></td>
</tr>
<tr>
<td><strong>Please give examples of any challenges</strong></td>
</tr>
</tbody>
</table>
Please give examples of any initiatives

This work is a partnership between the medical school and a city voluntary sector provider which has led to student volunteering to help homeless people within an initiative called project LIGHT (Leicester Initiative Good Health Team). Students were encouraged to establish this project because they linked with students doing student clinics in Canada. Students run project LIGHT as a charity.

This learning was presented this year at ASME by a student (now a Foundation Doctor) who took part in 2010 and who went onto publish a paper on the work (see below). The participation in this module prepares them for this work:


Socioeconomic background

What does the curriculum say?

Health in the Community: Interprofessional Learning

**Intended Learning Outcomes (competencies)**
Following your learning, the competences you should be able to demonstrate are:

**Knowledge**

- Analyse how health inequalities relate to the different inner city populations in Leicester
- Analyse service provision and the quality of local models of partnership working aimed at addressing inequalities in health and social care
- Analyse the central role of the patient/service user and carers within interprofessional team working
- Describe the range and roles of professionals working to meet the health and social care needs of individuals and the local population
- Apply your theoretical knowledge, from science and social sciences, to the patient/service user context.

**Skills**

- Complete a holistic patient/service user or user centred assessment/history
- Demonstrate effective communication and team working
throughout and within the student team

- Analyse, debate and discuss your experiences to produce group outcomes.

**Attitudes**

- Demonstrate professionalism and interprofessionalism
- Engage positively in the process of collaborative practice with the wide range of agencies you will meet.

Medical students engage in experiential practice-based learning which directly relates to prior classroom-based learning on health inequalities, delivered by the health psychologists. In this module they work with patients being cared for in their homes who live in the most disadvantaged areas of the city. The students meet and analyse a case chosen because of the complexity of comorbidities often including biopsychosocial issues. The learning is completed interprofessionally which adds to the value as student together consider the interprofessional solutions to address patient need.

**How is this assessed?**

Students complete a written reflective essay on their patient which is marked as a ‘Formative’ assessment. The work is included within the student portfolio of professional practice and is part of their longitudinal theme of learning relating to team working and interprofessional practice. In addition questions from this learning appear in the end of phase I professionalism examination.

**Please give examples of any challenges**

The timing in the course has been revised and this has not always been to the agreement of the students. Moving the course has also caused many problems for the interprofessional arrangements we have established making access for some student difficult.

**Please give examples of any initiatives**

The results of pedagogic research into this course have resulted in many publications over the years but this is a recent output:


**Socioeconomic background**

**What does the curriculum say?**

HaDSoc Unit Learning Outcomes include:

- Describe the relationship between health and variables including social class, ethnicity and gender in Britain today.
- Describe and evaluate some explanations for health inequalities.
- Describe and evaluate evidence on inequities in access to healthcare.

**How is this assessed?**

This material is introduced in a lecture and then further explored in a small group teaching session. This material is included in formative and summative exam papers.

**Please give examples**

Some students have problematic perceptions of people from lower socio-
of any challenges | economic groups – particularly in relation to their likely intelligence level. In addition, some students find assessing the likely explanations for socio-economic health inequalities difficult – focusing solely on financial ability to use healthcare services rather than appreciating how socio-economic disadvantage may cause health problems in the first place.

Please give examples of any initiatives | We are extremely lucky to have a guest lecture each year from Dr Nigel Hewett – a leading expert in providing health services for homeless people. His talk is always extremely well-received by the students.

### LGBT

#### What does the curriculum say?

HP&HD Unit Learning outcomes: LGBT health
- Explain how experiences of discrimination can lead to poorer health for LGBT patients
- Define and give examples of heterosexism
- Give examples of how stereotypes about LGBT patients can affect their healthcare
- Describe the specific health needs that are prevalent in the LGBT community
- Explain the ethical and legal requirement of doctors in providing good care for LGBT patients

#### How is this assessed?

In summative exams, against the above learning outcomes

#### Please give examples of any challenges

Student attitudes – some see it as a non-issue which is a barrier to engaging with reflection on issues; others hold strong personal/religious beliefs that make this a challenge. The main message for this second group is around giving good care to all regardless of personal beliefs.

#### Please give examples of any initiatives

Lecture from diversity trainer

### Learning disabilities

#### What does the curriculum say?

HP&HD Learning outcomes: Disability (LD is not a specific focus but is included in two small group sessions, and is touched upon in a lecture on communicating with children.)
- Identify definitions of disability and their implications
- Describe barriers for people with disabilities in accessing healthcare
- Give examples of good practice in communicating well with patients in situations where there may be barriers

#### How is this assessed?

LD issues not specifically assessed although may come up in summative exams

#### Please give examples of any challenges

- 

#### Please give examples of any initiatives

- 

Student Selection – TD09 domain 4 and Promoting excellence theme 2

Question 9: Each year we ask you to check and update the flow charts showing, at a high level, the admissions processes you use at your school.

You will find the flowcharts you submitted for the 2014 MSAR in the Excel template tab ‘Annex A – Q9’.

Please let us know of any changes made to your process for student selection to any of your programmes by ticking the box below and updating the excel worksheet.

☐ Our student selection processes have changed
☒ No change to our selection processes

Design and delivery of the curriculum including assessment – TD09 domain 5 and Promoting excellence

Question 10: Please raise any issues you would like us to consider around the outcomes for graduates and practical procedures currently in TD09. Your input will make sure that medical school perspectives and knowledge are reflected and logged when we scope the case to review the outcomes.

Have any issues emerged since last year’s MSAR which suggest the GMC might consider revising the Outcomes for graduates and the associated list of practical procedures in which graduates must be competent?

Please describe the issues and the implications for the Outcomes for graduates and the list of practical procedures.
No issues to raise

**Question 11:** Medical schools provided information in last year’s MSAR on how issues related to the care of dying people were covered in their programmes. Please provide an update if there have been any changes this year.

We have recently published an update to last year’s, *One chance to get it right report: Improving people’s experience of care in the last few days and hours of life* setting out progress since last year: [*One chance to get it right: one year on report*].

a) Since the last return in 2014, have there been any changes in the way end of life care is taught at your school?

**Phase 1**

HP&HD unit includes learning outcomes related to this issue, with a focus on theories and models from psychology (this should be seen as just an introduction to the issues, and is covered in lecture material):

- Describe diversity in patterns of dying
- Describe the 5 stage grief model of adjusting to the idea of dying
- Explain the potential positive and negative implications of denial, in coming to terms with a diagnosis of terminal illness
- Describe ‘symptoms’ that are often experienced following bereavement
- Identify the risk factors for chronic grief following bereavement
- Describe the aims of palliative care
- Explain why it is important to tell patients when there is bad news
- Explain the implications for patients if bad news is not delivered well
- Describe ‘blocking behaviours’ in breaking bad news
- Describe each step in the ‘SPIKES’ model of breaking bad news, with examples of good practice for each step

In 2015 the teaching will be updated to reflect the GMC updated report.
Phase 2

- Palliative medicine makes up a significant component of the cancer care block and includes 2 full days of teaching at LOROS, the local hospice.

- Breaking bad news and symptom control are addressed on the first day.

- The second day focuses on EOLC and the role of the FY1 in providing this. The students are asked to identify what skills, knowledge, attitudes and beliefs they perceive impact on whether they would feel equipped to fulfil this role.

The main components of teaching include:

- A BBC DVD following the journey for a patient with advanced cancer that elects to die at home. Discussion regarding the challenges of this and the impact on the patient, their family and health care professionals follows the DVD.

- An interactive seminar on how to recognise that a patient may be dying, the importance of communicating this with the family and the patient and the benefits of anticipatory prescribing.

- The principles of using both the Amber care bundle and an end of life pathway such as the LCP are shared. Subsequent discussion focuses on the benefits and potential downsfalls of such an approach for to patient care.

- A further session is based on the GMC guidelines regarding withholding and withdrawing treatment, including IV fluids and DNA-CPR. The role of MCA, ADRTs, LPAs and advanced care planning in general are also covered. Discussion regarding ethical challenges such as euthanasia, assisted dying and the doctrine of double effect are encouraged.

- In facilitated small group sessions the students explore the experiences of recently bereaved carers, regarding their husband/wives cancer journey, how the diagnosis was shared, their perceived involvement in choice of treatment, advanced care planning and their experience of EOLC. Subsequent discussion is used to draw out the importance of treating patients with dignity and respect during all stages of their illness, including end of life.

- Death certification is covered elsewhere in the course, but is often revisited during the small group clinical teaching which takes place at the hospice on an additional morning.

- Throughout the palliative medicine teaching the students are encouraged to reflect upon the impact of doctors’ actions on patients, including the challenge of maintaining realistic hope. Communication is emphasized as key in providing high quality care and effective team working. In keeping with one of the key messages in Leadership alliance on the Care of Dying People report, emphasis is placed on considering each patient as an individual and tailoring their care accordingly.

b) Please provide any examples of good practice that you would like to share with other schools.
☐ No changes

**Question 12:** Please tell us about any changes in the way your medical school handles the Prescribing Safety Assessment (PSA) since last year’s MSAR submission.

☐ No changes to report

a) Does your medical school require that its final year medical students take the PSA?
   ☒ Yes
   ☐ No

b) If so, is the PSA used formatively or summatively?
   ☒ Used formatively
   ☐ Used summatively

c) Please summarise the School’s position and intentions with regard to the PSA.

To continue with the expectation that final year students take the PSA at or around the time of the final examination. We have no plans currently to make it a summative assessment.

**Support and development of students, teachers and the local faculty – TD09 domain 6 and Promoting excellence theme 3**

**Question 13:** Medical students should have access to career advice and opportunities to explore different careers in medicine.

We would like to know if there been any changes to how your school attempts to increase students’ attraction to specialties with particular recruitment challenges including general practice. Please provide any examples of good practice that you would like to share with other schools.
Section B – Quality Management

Please answer all of the questions in this section.

To answer the questions below, please use the 'Section B – Quality Management’ tab in the accompanying Excel spreadsheet

Question 14: We would like to know about any issues relating to student clinical supervision and patient safety. How do you address these issues, and what subsequent evaluation or monitoring is in place and current status.

This information will be cross-referenced with information we hold about postgraduate training delivered in the same LEPs to highlight areas of potential concern.

a) Have you identified, in the last academic year, any issues with clinical supervision (supervision by clinicians during clinical placements) within your Local Education Providers (LEPs) and if so what steps are you taking to resolve them?

Medical schools should have systems to monitor the quality of teaching and facilities on placements. Your responses to this question will be cross-referenced to evidence gathered from postgraduate training and education.

From 2015: undergraduate primary care experience has been enhanced through the development of locality-based GP Academies; each aligned to and supported by a senior academic GP educators and faculty leadership.

The model provides Leicester medical students with:

- Increased exposure to primary care role models
- Opportunities for mentoring, professional development and pilot appraisal using the undergraduate version of the NHS e-Portfolio (LUMeP)
- enhanced clinical communication skills training supported by tutors skilled in "Living with Long Term Conditions” curriculum element
- GP mentors will be offered training in November 2015 to widen their role to include structured career support and development

From 2016 the new MB ChB curriculum at Leicester will provide further opportunities to increase student exposure to high quality primary care. In year 1, there will be very early supported introduction to General Practice for up to 60 students in small groups for 7-8 afternoons throughout the 1st year.
b) Please provide details of any concerns or areas of good practice identified during monitoring visits. Please include actions you have taken to address concerns or promote good practice.

*We would like to hear about any instances of good practice. Please detail the relevant TD09 domain or Promoting excellence theme in your examples.*

c) Please tell us about any innovations you are piloting or potential areas of good practice.

**Section C**

Please complete the information required in Section C – excel spreadsheet

- Section C1 – Student Profile
- Section C2 – Student Progression
- Section C3 – Student Fitness to Practise
- Section C4 - Placement

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Thank you for completing the questions for the 2015 MSAR. The deadline for this return is the 8 January 2016; please ensure you have completed each of the following:

- [ ] Section A (Word) – MSAR qualitative questions
- [ ] Section B – Quality Management (Excel)
- [ ] Section C (Excel) – Worksheets

We want to make completing the MSAR as easy as possible, so if you need any help with completing this return, or have any suggestions, feel free to contact Joseph Sadowski or another member of the quality team on quality@gmc-uk.org or 020 7189 5327.