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>Warwick Medical School</th>
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<tr>
<td>Name of Dean/Head of School:</td>
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<td>Name of Quality Lead:</td>
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<td>Name of Quality Assurance Administrative contact:</td>
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| 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.
MSAR 2015 – Section A

Section A1

Please answer all questions in this section

Patient Safety - TD09 domain 1 and Promoting excellence theme 1

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.)

WMS is completing the roll out of a new curriculum. We have one remaining cohort admitted under the previous curriculum although where possible we are adapting teaching to bring forward planned changes for this group. Answers relating to the outgoing curriculum are referred to as ‘Senior Phase II’. New curriculum issues are referred to by year 1 to 4.

The cohort in Senior Phase II largely received teaching about the discipline of patient safety in discrete lectures with some group work. This sequence is completed with a session on patient safety considerations emergency care during the Phase II Acute Medical block.

Our new curriculum takes a more integrated approach with patient safety issues planned as part of learning in the longitudinal themes, Personal and Professional Development (PPD) and Values, Law and Ethics (VLE). Delivery includes lectures and group work. A key innovation is the embedding of material in Case Based Learning (CBL) cases. Indeed the CBL process and case structure aids early emphasis on patient considerations including safety.

VLE teaching in year 1 term 1 includes lecture coverage of truth telling, the duty of candour and raising concerns including common methods for raising concerns within the NHS and the reasoning behind these. Specific guidance is provided on raising real life concerns on clinical placements during Local Education Provider (LEP) specific induction events including use of a recently introduced patch wide concern reporting mechanism.

Patient safety is also embedded during PPD teaching through teaching on reflective practice including work to promote reflective practice in our students. Students’ reflections are assessed formatively throughout the course.
There is also test of professionalism covering aspects of patient safety and duties of a doctor related to those elements of professionalism which have been explicitly taught in year 1 and 2 in the VLE theme. This is run on a ‘mastery’ basis with the opportunity to repeat until mastery is achieved.

b) How do you ensure students understand why health-care professionals make errors? (see WHO patient safety curriculum guide Topic 5)

The possibility of error is met early in the course and we believe this constitutes good practice. In year 1 term 3 and early in year 2 we provide teaching relating to the incidence of adverse events in general as well as the types and prevalence of investigation errors that occur, the effect of erroneous tests results and other forms of error resulting from the interpretation of test results.

Early in year 2, PPD lectures and CBL content cover what is meant by patient safety, the psychological of human cognition and how medical errors can occur including environmental causes. This encompasses cognitive/affective bias, stress and poor communication/teamwork. We cover evidence-based ways of picking up and/or avoiding errors to enhance patient safety including effective team working, effective supervision, reflective practice, awareness of the individual and environmental factors. Specific systems to promote patient safety such as the WHO surgical checklist are also introduced and linked to the nature of the underlying causes of error.

Medication errors are a key focus. The prescribing teaching currently addresses the key types of medication error in Senior Phase II Academic Days. The new curriculum Pharmacology and Prescribing (P&P) theme addresses the nature of medication errors from year 1. For example, specific issues such as errors occurring as part of complex prescribing in the elderly are introduced early in year 1 and are linked to CBL cases and lecture material in term 3 and early in year 2 (Advanced Cases 1). There is a pharmacology mastery programme during Advanced Cases 2 to identify sources of potential drug calculation error and teaching is given to remediate difficulties in identified students. There will also be “Safe Prescribing” lectures in forthcoming Year 4 Academic Days including specific preparation for the Prescribing Skills assessment and our local practical prescribing test.

More generally, Year 3 and 4 CBL will include a case relating to a significant event in which students will consider how and why the event might have arisen and discuss ways in which similar events can be prevented in future. Additional teaching alongside this case will ensure students consider these aspects of patient safety in broader terms, including how and why errors occur in healthcare.

Our new longer assistantship will also cover the role an individual plays in minimising typical errors with a focus on early careers doctors, especially handover and real life prescribing and communication around errors including reporting and the duty of candour.
c) How does your curriculum cover the objectives and relevance of clinical risk management strategies in the workplace?

Early exposure to practical risk management issues occurs in community based learning in year 1 with students being introduced to healthcare organisational policies and procedures to promote, monitor and maintain health and safety including reporting incidents, confidentiality, information sharing, raising concerns about patient safety and lone worker policies. Infection control risk assessments are included in Year 1 and 2 clinical skills sessions.

The duties of a doctor in minimising error individually and as part of a multi-disciplinary team and to raise concerns about safety and quality are formally addressed in early year 2 including in the formative professionalism test (Advanced Cases 1) and will be tested again formatively during phase 3 (year 4) using situational judgement dilemmas.

Early year 3 sessions (Advanced Cases 2) cover the role of coded clinical data in quality improvement and the safety of patients. There is also lecture material on guideline development covering clinical governance and quality assurance and all students undertake audits.

Planned sessions (year 4) include an academic day covering significant event analysis with group work and discussion focusing on patient safety. The new Medical Emergencies block will cover patient safety consideration in relation to the management of acute emergencies in seminar and case based formats. There will also be a further lecture in year 4 on effective dissemination of good practice and the barriers faced in achieving change.

For the key area of prescribing, we cover how to identify and correct errors including the importance of collaboration with pharmacists in preventing errors during current (senior phase II) Senior Academic Days as inter-professional learning group sessions with Pharmacy students (Aston University) supported and facilitated by trained NHS pharmacists. Similar sessions are planned for the new year 3 and 4 Academic Days. A systems approach including identifying individual and systems factors the role of electronic prescribing will also be covered.

The response to clinical error including concordance with local protocols and GMC and other principles will be covered in VLE learning within the new assistantship including SJT style required self-directed learning based around case examples for students to consider how they would respond to particular scenarios. The response to medication error including communication issues and reporting will be included in a year 4 CBL case and associated teaching.

The effects of clinical errors are included in PPD including recognising the psychological impact of medical error on clinicians and patients via year 3 and 4 cases and supporting lecture material.
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?
Admissions
Data is analysed annually for gender differences. Male:Female ratios are monitored at the point of application, invitation to selection centre, at the point of offers and at enrolment. The male:female ratio varies from 1:1.15 to 1:1.40

Socioeconomic data collection using standard metrics (such as postcode/school of attendance/school meal provision etc.) is confounded at graduate-entry level since applicants are no longer in school and have lived away from home at University or other locations.

Ethnic group data related to applications and admissions is not currently monitored.

Assessments and Progression
The number of students in resit examinations is too small to make statistical analysis of gender and ethnicity differences meaningful. Therefore it is not possible to draw any conclusions in terms of progression in relation to either gender or ethnicity. With regard to performance in the first sit examinations, there is a statistically significant difference in the average scores of white versus non-white students in the Year 3 MCQ paper and the Year 4 SAQ and MCQ papers, with the average score for non-whites being 2-3% lower. These papers are anonymously marked and therefore the difference is not due to examiner bias. Additionally, the MCQs in both tests are derived from the national MSC-AA question bank and we will discuss this finding with the MSC-AA to explore whether this is currently being monitored nationally and whether the questions we select are performing in a similar manner to the bank as a whole. Additionally, we will be undertaking subgroup analysis over the next few cohorts to tease out whether the route of entry (direct to WMS or via the International Medical University, IMU, in Malaysia) accounts for some of this effect as the numbers involved do not make meaningful analysis possible on single cohorts.

Academic Appeals and Fitness to Practise
The numbers of students involved in academic appeals and fitness to practise proceedings are very small. These are therefore considered in detail on a case by case basis. Students preparing for appeal are supported individually by their personal tutors and the senior tutor team to ensure that all aspects relating to equality and diversity (including disability) are considered and supported by evidence so that they can be taken into account in the appeals process.
We have noted an apparent cluster of academic and fitness to practise concerns from recent entrants from a partner school (International Medical University, IMU, Malaysia). We have reviewed these observations with IMU and within WMS and adjusted induction programmes, student support and learning and revision strategies.
We will track this group closely to explore patterns further.
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

Currently, all decisions about reasonable adjustments for examinations are handled through the central university Disability service to ensure equity and fairness. Individual students who require reasonable adjustments to be made in workplace learning settings meet with a specially constituted group consisting of the academic lead for disability, the phase lead, a member of the senior tutor team and a representative from the disability office. In this way, reasonable adjustments can be tailored to the student’s actual needs and can be flexible in cases where the issues change in different learning environment (e.g. operating theatre) or where the condition is fluctuating or temporary. NHS based Occupational Health services are consulted for review and to provide reports where relevant, particularly when adjustments may be required in clinical areas. There is no school-specific appeal mechanism relating to reasonable adjustments specifically and this would be dealt with via the University complaints procedure http://www2.warwick.ac.uk/services/feedbackcomplaints which involves stages undertaken locally, within department and institutionally. There have been no complaints about reasonable adjustments in the last year.

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</th>
<th>Maximum number of re-sits (if applicable)</th>
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<tbody>
<tr>
<td>Knowledge</td>
<td>Final Professional Examination – Sequential exam with one integrated MCQ paper (125 questions) and one integrated SAQ paper (18 questions each worth)</td>
<td>Final year i.e. Year 4</td>
<td>One – required to repeat Year 4</td>
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10 marks) in May and two further papers of the same format in June for those who do not perform well enough in stage 1.

From 2017 FPE written will be in early March.

<table>
<thead>
<tr>
<th>First knowledge re-sit</th>
<th>From 2017 FPE written re-sit will be in Mid April.</th>
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<tbody>
<tr>
<td>Second knowledge re-sit (if applicable)</td>
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<table>
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<tr>
<th>Clinical</th>
<th>Final Professional Examination – Sequential OSLER exam with all students being examined on 4 cases and those failing to reach a threshold being examined on a further 4 cases.</th>
<th>Final year i.e. Year 4</th>
<th>One – required to repeat Year 4</th>
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<tbody>
<tr>
<td>First clinical re-sit</td>
<td>From 2017 FPE clinical will comprise an OSLER and an OSCE in early March.</td>
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<tr>
<td>Second clinical re-sit (if applicable)</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?

There are two longitudinal themes running through the MBChB curriculum which specifically address to professional standards and GMC Guidance. These are Values, Law and Ethics (VLE) and Personal and Professional Development (PPD). These themes are both taught and assessed in every year of the curriculum.

Students are introduced to the GMC as the professional regulator and GMC guidance in induction week in the VLE theme. A representative of the GMC also provides an interactive lecture early during year one to introduce the responsibilities of the GMC and to engage the students with professionalism dilemmas. The personal and professional development theme gives guidance to students during year one on issues such as managing social media and appropriate verbal and written
Communication as a medical student. A CBL session during year 1 induction week is devoted to exploring the responsibilities of a medical student to their own health and learning and that of their student colleagues.

In year 1 there are specific lectures on the professional responsibilities of doctors and medical students including recognising the limits of professional competence, use of social media and duty of candour. Lectures and group work sessions in VLE throughout years 1 and 2 specifically include reference to relevant GMC guidance (for example guidance on consent, confidentiality, end of life care, raising concerns and treating children).

VLE theme teaching for clinical students (years 3 and 4) will include a series of small group sessions where they present and discuss ethical issues that they have observed or experienced in their clinical placements. Their presentations are expected to include reference to any relevant GMC guidance.

PPD theme teaching during year 2 includes a compulsory mastery-based online test of their knowledge of how to apply GMC guidance appropriately.

In year 3 CBL students will consider issues linked to relevant cases from GMP in Action so that students can self-test their knowledge of professional behaviour and concordance with GMC guidance. Further formative exercises relating to professionalism dilemmas are also provided as part of the PPD theme.

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.

Warwick medical school is positive about the new standards ‘Promoting excellence’ and we were grateful for the opportunity to feed into the consultation process. We are particularly grateful for the linkage with postgraduate education and the prominence of the issue of culture.

We have mapped our current provision against the standards and are comfortable that these will be achievable. Overall, we are in a position to confirm compliance against 34 descriptors with a further 5 being achieved soon. 40 are either partially achieved or we believe are achieved but are not yet able to fully evidence this. For this group, we have identified actions. There are 7 descriptors were we are currently not compliant or are unsure. Again, actions are identified relating to these. Our internal self-assessment document is available on request.
Our strongest area S 5.1 (curriculum and assessments) with near full compliance followed by S 4.1 and 4.2 (selection and support of educators). S 3.1 (educational and pastoral support) is largely strong although we have development needs in evidencing issues such as R 3.3 (undermining behaviours) and R 3.1 (raising ethical concerns). We would be grateful for guidance on best practice for evidencing the efficacy of actions in these areas.

Educational governance (S 2.1-3) is largely good and will improve as our new quality unit takes over running processes including educational monitoring visits. R 2.2 and 2.3 (meeting standards within organisations and the impact on learners or polices, systems and procedures) is a key area for development with local education providers and will be a focus of monitoring visits. We are also developing a unified and co-ordinated approach to training for undergraduate clinical teaching and postgraduate clinical / educational supervision with our LEPs.

The section on culture (S1.1-2) is perhaps the most challenging but potentially beneficial and contains a range of descriptors where we have examples of good practice but need to improve consistency across the school and our partner trusts. There are also some (an example would be R1.17 on promoting a collaborative culture) where we will need to seek guidance on how this might be measured and reported.

**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?

**b)** How do these doctors record their progression?
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?

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.
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?

Learning outcomes for a cases address issues of inequalities and draw on cases from a variety of backgrounds, including cases where the background is incidental (for example CBL cases in block 3 of year 1 and Advanced Cases 1 of year 2 include homosexual couples). With the full curriculum roll out, we aim to ensure that the background of the individuals and families in the cases approximates to our the background of people in our locality.

Issues of inequalities are specifically covered in block 2 of Phase I with a focus on specific health issues relating to those from a lower socio economic background. During community days in year 2 Core Clinical Education, there is a half- day session focussing on assessing capacity and gaining consent for a patient with a learning disability.

**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 |

There are several procedures that would be expected Foundation Year doctors to be familiar with by time of graduation that are not currently included;

- **Common Procedures:** NG tube insertion, arterial blood sampling and bladder US (to check for bladder retention).
- **Specific Clinical examination skills:** Direct Ophthalmoscopy and Otoscopy

There are also skills which are currently being taught as part of TD09 which the students are unable to practice, e.g. cervical smear.

It would also be useful to be specific in relation to life-support and resuscitation skills. Stating these in more detail would result in a more homogeneous set of skills at graduation. We would advise: basic in-hospital resuscitation, use of airways adjuncts, oxygen mask, ABCDE assessment, defibrillation, leading an arrest team (initially)

**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].

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

Please provide any examples of good practice that you would like to share with other schools.
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.

In addition to the description in last year’s MSAR submission, we deliver a half-day of teaching on ‘death and dying’ for year 2 students, delivered by palliative care experts and illustrated with exemplar case discussions. We are also planning to deliver two further CBL cases in year 3 and 4 involving palliative care, especially linked to the Pharmacology, Prescribing & Therapeutics and Values, Law & Ethics themes – these cases will encourage students to consider a holistic approach to the care of dying patients, as well as focus on their skills in communication and prescribing. During the block Care of the Medical Patient in years 3 and 4, we are planning a day of teaching activities based in primary care with the main focus of palliative care in the community, team-working, symptom control and advanced care planning. We are also planning for students to have clinical learning opportunities in a palliative care setting during this block.

In 2015 the students had two attempts should they fail their first attempt – but both are formative. If a student is unsuccessful after two attempts at the PSA, they would not be prevented from graduating provided they meet the course requirements and pass the finals examinations (the PSA learning outcomes are also examined in the finals exams). However, this information is included in the TOI (Transfer of Information) form and passed to the relevant Foundation school for further action. So far this has not been required for any of our graduates.
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

| No changes |

Notably, 31% of Warwick F2s chose GP (MSC Data, 2015)
This is prior to the roll out of the new curriculum which aims to better integrate General Practice learning by providing longitudinal attachments during Core Clinical Education and themed General Practice days in years 3 and 4 aligned to specialist rotations (such as Obstetrics and Gynaecology).

**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.

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

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.