2014 Medical School Annual Return (MSAR)

The Quality Lead is the nominated person within each medical school who will be our point of contact for this MSAR with us. If necessary, 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.

We work with the Medical Schools Council (MSC) in a number of policy areas and so will share information such as student profile and progression from your responses with them to support our work.

We take our responsibilities under the Data Protection Act very seriously; any data you provide will be stored securely and confidentially. Please note that we are subject to the Freedom of Information Act 2000. If we receive a request, we may be required to disclose any information you provide to us unless a relevant exemption applies. We do not intend to publish the full MSAR returns from schools; however, we may publish selected information.

There have been a number of revisions made to the 2014 MSAR in order to make it as easy as possible to complete. These alterations are described below:

The total number of questions has reduced from 26 to 21. Whilst some have been removed or combined, there are also some new questions. We have highlighted the question numbers, theme and domains below.

- **Question 6** – Domain 2 – Independent reviews of student complaints
- **Question 11** - Domain 3 - Exit arrangements for students
- **Questions 13 & 14** - Domain 5 - Prescribing Safety Assessment (PSA) and Medical Schools Council Assessment Alliance
- **Question 21** – Additional question - Feedback on the Undergraduate Progression Reports which are due to be published at the end of September 2014.

We have added three new fields to the MSAR Excel template ‘Section C 3 – SFtP’. These changes focus on professionalism and Student Fitness to Practice concerns. We appreciate that this data may not be accessible to all schools for this year’s return, and so are optional in 2014, but will be mandatory from 2015:

- For any professionalism or SFtP concern, please provide the Entry Method of that student.
- For any professionalism or SFtP concern, please provide the Location of Qualification Attainment of that student.
If there is a professionalism or SfTP concern relating specifically to ‘Health’, please advise whether the concern relates to either ‘Adverse Physical Health’ or ‘Adverse mental Health’.

As in previous years, we request that you provide details of all low level professionalism concerns that have reached stages A – B of the process; and also all cases student fitness to practise cases reaching stages C – D of the process.

**The deadline for this MSAR is 31st December 2014.**

We want to make completing the MSAR as easy as possible, so if you need any help with completing this return, feel free to contact Nathan Brown or another member of the quality team on [quality@gmc-uk.org](mailto:quality@gmc-uk.org) or 020 7189 5221.
Section A

Domain 1 – Patient safety

Question 1: We have initiated a project with the MSC to review the guidance for Medical students: Professional values and fitness to practise. As part of this we will be asking you, at another time, to outline your processes for dealing with health and conduct related issues. We have therefore replaced the question related to professionalism, as recommended by the medical school Quality Leads, with a question on the systems your school has in place to monitor low level concerns.

1. Do you have a process in place for monitoring low level conduct or health concerns?

☐ Yes

If yes, please provide details of the processes you have in place, and if No, please provide details of the alternative measures you have in the box below:

The School has a number of different systems for identifying low-level conduct / health concerns.

Attendance monitoring:
There is an attendance policy that students are expected to adhere to:
(i) via small-group teaching and lectures within the university,
(ii) a swipe-card system for attendance at hospital placements
(iii) General practice tutors alerting the Community-based medical education team to non-attendance.

Demeritus Professionalism Points scheme:
• The School introduced a system of Demeritus Professionalism Points that are imposed for misconduct or behaviours not befitting a vocational student.
• Points accrued during the entire academic course of study. The cumulative total is displayed on their electronic record and at given levels will trigger onward referral within the School, e.g. to a Senior Academic Professionalism Tutor or The Professional Capability Committee. [see Figure 1]

Academic Review Group:
• The in-course assessments [written and examinations] are summative, and must be passed in order to be eligible to sit the end-of-year examinations.
• The Academic review group for each MB BS year
  (i) meets each term to discuss student progress, and
  (ii) those who are on the borderline / failing / have demonstrated that they are not performing as in previous assessments meet with one of the Academic year tutors on a regular basis,
  (iii) Remediation for studies, offered where necessary.
  (iv) Where this is a personal issue affecting studies, a student is referred to the Dean for Students Office that works ‘in concern’ with the QMUL Student Support Services
The colleagues within the Dean for Students office support students and follow-up cases where there are attendance / health issues and may be alerted to individual students – see Figure 2

- Personal mentor scheme
- Academic Year Tutor scheme
- [Information redacted] in our Partner NHS Trusts regarding a students’ non-attendance
- Self-referral by student
Figure: 1. Demeritus Professionalism Points Scheme
Question 2: Paragraph 35 of Tomorrow’s Doctors 2009 (TD09) stresses the significance of student clinical supervision with regard to patient safety. We would like to know about the nature of these issues, how you address them, subsequent evaluation or monitoring in place and current status. This information will enable us to cross-reference with information we hold about postgraduate training delivered in the same LEPs and highlight areas of potential concern.

2. 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?

Identified by:
- Issues may be flagged up via a number of mechanisms:
• Communicating directly with the Quality Unit
• The on-line evaluation surveys
• Student representatives at the Student-Staff liaison Committee
• Communicating with the Associate Dean [Education Quality]

Resolving issues:
• Administrative issues – via the links with the MB BS Phase administrators to advise / help
• Clinical colleagues issues: speaking with the lead trainer, i.e. the NHS Trust Associate Dean regarding a concern, and them reporting to the school on resolution of the problem
• Generic issues are discussed and solution agreed at the regular Associate Deans Committee

*Please use the D1- Q2 sheet in the annex (Excel).*
Domain 2 - Quality assurance, review and evaluation

When responding to questions relating to good practice, please refer to the definition which can be found in the Quality Improvement Framework (QIF) on Page 27:

‘Good practice includes areas of strength, good ideas and innovation in medical education and training. Good practice should include exceptional examples which have potential for wider dissemination and development, or a new approach to dealing with a problem from which other partners might learn. The sharing of good practice has a vital role in driving improvement, particularly in challenging circumstances.’

Question 3: Paragraph 41 of TD09 states that medical schools will have systems to monitor the quality of teaching and facilities on placements. We use your responses to this question to build links between evidence gathered from undergraduate education with postgraduate training and education.

3. We would like to know:

a. The list of quality management visits you have undertaken in the 2013/14 academic year

b. Details of any concerns or areas of good practice identified during these visits. Please also provide us with the actions which you have taken to address concerns or promote good practice

Please use the D2- Q3 sheet in the annex (Excel format).

Question 4: A small number of newly qualified doctors may undertake their F1 training in overseas posts. If any of your graduated students are in this situation, we would like to know how you effectively quality manage these posts.

4. How do you ensure these doctors meet and are signed off as meeting the outcomes for the F1 year, in order to meet the requirements for full registration with the GMC?

- Summative assessments at end of each MB BS academic year and final summative assessment of finals for the MB BS
  (i) Criterion referenced and standard-setting of assessment
  (ii) Psychometrics of the examiner performance and question item analysis to quality assure assessments
- Log books for sign off of skills competences in practice
- The Sign-off from named consultants for placements
- Pass in the Situational Judgment Test and the Prescribing Safety Assessment
**Question 5:** We particularly want to hear of any instances of good practice. Please detail the relevant TD09 domain when giving examples. If you would like to be considered as a case study which is shared with others, please check the box at the end of the question.

5. Please tell us about any innovations you are piloting or potential areas of good practice in the box below.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Example of Good Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynaecology Training Assistants [GTAs]</td>
<td>- For training in gynaecological examination in MB BS 4 in advance of the Obstetrics and Gynaecology rotations: Following the initial pilot their use is now integrated into the MB BS4 skills curriculum for increased confidence so students gain the most from their placement.</td>
</tr>
<tr>
<td>Clinical Teaching Fellows:</td>
<td>- Local placement providers to augment teaching and learning in the busy NHS Trusts, and also act as additional mentors to the medical students on placement.</td>
</tr>
<tr>
<td></td>
<td>- For anatomy and clinical skills training in Frances Bancroft suite and Robin Brook Centre respectively</td>
</tr>
<tr>
<td>Simulation suites for student learning / practising skills.</td>
<td>- Our other placement providers, e.g. Princess Alexandra Hospital, the simulation programme was shortlisted for a Health Education East of England award</td>
</tr>
<tr>
<td>Computerised Patient Record:</td>
<td>- Students now receive training in the computer systems for the patient record – which they will need when they practise medicine.</td>
</tr>
</tbody>
</table>

If you would like your school to be considered as a case study, please check the following box: ☐

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**Question 6:** To supplement our information on students’ perspectives, we would find it helpful to understand the issues being considered through independent review of student complaints by the Office of the Independent Adjudicator (England and Wales), the Scottish Public Services Ombudsman or the Visitorial scheme (Northern Ireland). This will help us and the MSC to develop our relationship with the independent adjudicator bodies.

6. During 2013-14 was your medical school subject to investigations into student complaints by the OIA, the Scottish Public Services Ombudsman or Visitorial scheme in Northern Ireland?
☐ Yes

*If yes, please provide details of the issues related without identifying the individuals involved in the box below:

Students who repeatedly failed, and are allowed by the university to repeat each academic year, following intervention by the OIA.

Given this is not an isolated incident for us, but an issue for other UK Schools, we would ask the GMC to consider providing a steer whereby Schools have the backing of the professional regulator to disallow a student being re-admitted who is at high risk of being an unsafe medical practitioner.

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**Domain 3 - Equality, diversity and opportunity**

**Question 7:** It is important for medical schools to meet the equality and diversity requirements set out within Domain 3 of TD09. Examples of how this is captured include analysis of admissions and student profile, progression, academic appeals, and fitness to practise data.

7a. Please briefly tell us how in the academic year 2013/14 you used evidence to monitor how you are meeting the equality and diversity requirements set out in Domain 3 of TD09.

We have used the demographic data on all students and compared against their attainment in the formative and summative end-of-year examinations. We have found no significant data that would attribute a student’s demographics to their assessment outcomes.

7b. Please tell us the biggest challenges you face in promoting fairness and equality in medical education and training.

<table>
<thead>
<tr>
<th>Brief details of challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing numbers of students are currently diagnosed with a specific learning difficulty during their undergraduate studies</td>
</tr>
</tbody>
</table>

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**Question 8:** Guidance on Supporting medical students with mental health conditions was published in July 2013. We would like to measure its impact and you gave us feedback that case studies would be the most effective way of sharing the learning and experiences of different medical schools. We will build these into an anonymised set of case studies for your reference.
8. Please provide a brief case study outlining the management and support of a student with a mental health condition. Please highlight any changes in the management of students as a consequence of implementation of the GMC guidance: managing students with mental health conditions. If you do not have a suitable case study, please tick the box below:

[Information redacted]

☐ No case study available

Question 9: Three areas were highlighted by our review of health and disability in medical education and training, and we want to build a picture of current arrangements for each and identify practice to share among all schools. We are particularly interested to hear about instances where there is an identifiable individual who students can contact for advice.

9. You only need to complete this question if you have made changes since the 2013 MSAR.

If so, please let us know how your students can access the following and give brief details of what they consist of. Please include links to relevant information if helpful.

If no changes have been made, please leave blank.

a. Careers advice in relation to those with disabilities

No changes

b. Occupational health services

No changes

c. Advice on reasonable adjustments and support in making sure they are implemented once agreed, including when on placements.

No changes

Question 10: Following our work on health and disability in medical education and training during 2012-14, we are continuing to monitor practice on reasonable adjustments to share good practice and identify any areas of difficulty across medical schools.
10. Please tell us about adjustments relating to the 2013/14 academic year only:

a. Any new reasonable adjustments you made which you had not made before.

b. Any requests for reasonable adjustments that you turned down and why.

c. Any cases where a student was withdrawn from the course on the grounds that they would be unable to meet the outcomes required for graduation due to disability.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Brief details of new reasonable adjustment</th>
</tr>
</thead>
</table>
| a. Disability or chronic health condition | 1. Students with disabilities that mean they are exempt from taking a recognised aptitude test, then require extensive levels of reasonable adjustments.  
2. Managing students’ expectations: one has to consider the future medical workforce, and whether the extensive levels of support are realistic in the day-to-day demands of an acute clinical setting |
| b. | |
| c. | |

**Question 11**: We are aware that a small number of students are unable to continue their studies due to health, academic or conduct reasons. We wish to better understand and share practice on the exit arrangements and awards that are in place for such students.

11. Please briefly describe the exit arrangements and awards you have in place for students who are unable to continue to study medicine. We are particularly interested in arrangements and awards for students who make it as far as:

a. Year 3
b. Year 4
c. Year 5 *(if applicable)*
d. Year 6 *(if applicable)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Exit arrangements and awards</th>
</tr>
</thead>
</table>
| a. Year 3 | (i) Offered a place on the intercalated degree programme to gain an academic award or  
(ii) An exit with grace award diploma in undergraduate studies if they have completed two academic years successfully |
| b. Year 4 | (i) Offered a place on the intercalated degree programme to gain an academic award  
(ii) An exit with grace unclassified Bachelor degree if they have |
<table>
<thead>
<tr>
<th>Year</th>
<th>Exit arrangements and awards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>completed three academic years successfully</td>
</tr>
<tr>
<td>c. Year 5 (if applicable)</td>
<td>(i) Offered a place on the intercalated degree programme to gain an academic award</td>
</tr>
<tr>
<td></td>
<td>(ii) An exit with grace unclassified Bachelor degree if they have completed three academic years successfully</td>
</tr>
<tr>
<td>d. Year 6 (if applicable)</td>
<td>No applicable</td>
</tr>
</tbody>
</table>

**Domain 4 - Student selection**

**Question 12:** 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.


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

☐ No change

Please update the **D4- Q12** sheet in the annex (Excel).

**Domain 5 - Design and delivery of curriculum including assessment**

**Question 13:** In order to develop a comprehensive and authoritative picture of implementation of and support for the Prescribing Safety Assessment (PSA) we would like information from each school to complement information available through GMC membership of the PSA Stakeholder Group.

13. a) Does your medical school require that its final year medical students take the Prescribing Safety Assessment (PSA)?

☐ Yes

As of 2014-15, QMUL is integrating the PSA as a summative component of MBBS Finals Examinations. A pass in the PSA is required in order to graduate.

13. b) If so, is the PSA used formatively or is success required in order to graduate?

☐ Success required to graduate in 2014-15
13. c) Please summarise the school’s position and intentions with regard to the PSA.

- In the long-term, QMUL intends to maintain the PSA as a summative component of MBBS Finals Examinations. PSA preparation activities are part of the Year 4 and Year 5 curriculum.
- For the current Year 4 cohort, the School will augment its preparations in 2015 by accepting the MSC-AA offer of a mock on-line PSA.

The School supports strongly the PSA as a means of ensuring that it fulfils effectively the outcomes of Tomorrow's Doctors (2009) in respect of Clinical Pharmacology, Therapeutics and Prescribing.

Question 14: The MSC Assessment Alliance is researching the equivalence of standards in finals through a project that involves medical schools using questions ('Common Content') from its item bank.

To enable us to develop a comprehensive and authoritative picture of support for the MSCAA Common Content project we would like information from each school to complement information available through MSCAA.

14. Is your medical school using Common Content in finals as part of the MSC Assessment Alliance project on equivalence? Please summarise the school’s position and intentions with regard to Common Content?

☐ Yes

If yes, please provide details of the issues related without identifying the individuals involved in the box below:

- We are using Common Content in finals, using 50 of the 60 questions provided.
- We will continue to use the Common Content questions of the MSC Assessment Alliance.

Question 15: Paragraph 81 of TD09 states that the curriculum must be designed, delivered and assessed to ensure that graduates demonstrate all the ‘outcomes for graduates’. In order to mitigate the risks of schools not meeting the standards in TD09, we gather early indications of any changes which you have or plan to make. We use this to assure our standards are met and to provide you with additional support if necessary.

15. Please use the box below to inform us of any changes that you have made within the school regarding processes, curricula and
assessment systems to comply with TD09 or address issues raised by postgraduate bodies or employers since the previous MSAR.

<table>
<thead>
<tr>
<th>Changes made</th>
<th>Driver(s) for changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process change</td>
<td>We have devised a service level agreement (SLS) proforma and are piloting this within placement NHS Trusts. Novel aspects of the SLA include definitions of teacher roles and teaching tasks adapted from GMC documentation. To date the SLA document has been well-received by Trust administrators and clinical teachers.</td>
</tr>
<tr>
<td>Curricula change</td>
<td>In response to suggestions made by the GMC visiting team we have revised teaching and learning strategies for inter-professional education. In MB BS 2, MB BS3 and MB BS4 we have introduced whole class lectures and a series of placement tasks to be completed during the various clinical attachments. The written work will be reviewed by local (placement) teachers and also by academic members of (IPE) staff. We are also introducing an informatics program throughout the 5 years of the course.</td>
</tr>
<tr>
<td>Assessment systems</td>
<td>No substantial change to assessment systems over the past year. We are making greater use of on-line examinations throughout all years of the programme in order to quality assure the assessments, via psychometric evaluation of test items and examiner performance.</td>
</tr>
</tbody>
</table>

If you have any documentation relating to the changes you have stated above, please comment/attach the information in the box below:

Domain 7 - Management of teaching, learning and assessment

Question 16: Only complete if you have responded positively to Q. 15

Your response to this question will help us to understand how schools assess, monitor and mitigate risks associated with new curricula and curricular change. We hope to share effective practice in this area.
16. We would like to know if you have risk assessment strategies for the introduction/implementation of new curricula and curricular change. It will be helpful if some practical examples are included in your response.

- There have been no new curriculum changes made in this academic year
- When we contemplate any amendments – such items are discussed by the Medical Curriculum Committee [with academic, students and administrative representation] and recommendations made for implementation
- Anything implemented is then monitored via the student staff liaison committees, the student evaluation surveys, the Annual Programme Review and the Annual review by MB BS Year

Domain 6 - Support and development of students, teachers and the local faculty

**Question 17:** Paragraph 125 of TD09 states that students will have access to career advice and opportunities to explore different careers in medicine. We would like to know how you inform students of career opportunities across specialties, especially those with particular recruitment challenges. It would be helpful if practical examples can be provided with evidence such as evaluation of initiatives. Your response may enable us to develop further work in this area and share practice across schools.

17. How are students made aware of career opportunities across the full range of specialties including those with particular recruitment challenges?

All students – we have a well-developed system for sharing the information regarding career opportunities, including the academic clinical pathways, via:

- Careers website
- Regular sessions for showcasing the different specialties
- Dean for Students Office providing Careers Advice on a one-to-one basis, together with the QMUL Disability and Dyslexia Service and The Careers and Enterprise Centre within QMUL Advice and Counselling Services provide support throughout the course of study.
- Careers Evening is organized in Semester A
- Careers Fair in Semester B for Medical Students. Peer Support from Alumni can be arranged through The Dean for Students' Office
- Students with a disability, e.g. hearing, small stature, and linked up with a qualified doctor with the same condition, as peer support for practice.
- Liaising with the North East Thames Foundation School regarding careers advice
Domain 9 – Outcomes

Question 18: Please raise any issues you would like us to consider around the outcomes and practical procedures currently in TD09. Your input is essential to ensure that medical school perspectives and knowledge are reflected and to demonstrate an open and inclusive approach to the review.

18. Does the medical school have any concerns about, or suggestions for amendments to, the GMC’s outcomes for graduates (TD09, paragraphs 7-23) or practical procedures (TD09, Appendix 1)?

Please set out these concerns and suggestions and explain the background to them, giving any evidence available.

NO

Question 19: In the outcomes for graduates in TD09 we require that they are able to provide appropriate healthcare and understand health inequalities (paragraphs 10d, 11b, 13a, 14a and 20d). Information from medical schools about current arrangements will help us to review the outcomes for graduates in TD09.

19. How does the curriculum address 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></th>
<th>Socioeconomic background</th>
<th>LGBT</th>
<th>Learning disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does the curriculum say?</td>
<td>Embedded in the curriculum and practice</td>
<td>Embedded in the curriculum and practice</td>
<td>Embedded in the curriculum and practice</td>
</tr>
<tr>
<td>How is this assessed?</td>
<td>Written assessment / Simulated practice / OSCE</td>
<td>Written assessment / Simulated practice / OSCE</td>
<td>Written assessment / Simulated practice / OSCE</td>
</tr>
<tr>
<td>Please give examples of any challenges</td>
<td>None – we are based in a multicultural and socially diverse community</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Please give examples of any initiatives</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Question 20: Paragraph 14J of TD09, which covers the doctor as a practitioner and includes outcome requirements on the diagnosis and management of clinical presentations, requires that students must:

- Contribute to the care of patients and their families at the end of life, including management of symptoms, practical issues of law and certification, and effective communication and team working.

The care of dying people is an important issue, and it is key that students are prepared effectively. We would like to know how you have reflected on and made changes as a result of the Leadership alliance on the Care of Dying People report.

20. How does your school teach students how to best handle the issue of the care of dying people?

Summary of Palliative Care teaching for medical students at Barts and the London, QMUL

Year 2 – Introduction to Palliative Care – 1-hour lecture delivered on managing pain

Year 3 – Hospice half day of teaching – Introduction to hospice and palliative care services (1-hour lecture), Use of anti-emetics lecture (1-hour lecture), and ‘Goldfish bowl’ i.e. patients teaching on their experience of having a terminal illness

Death and Dying morning session: A 1-hour lecture on bereavement followed by a multi-disciplinary panel answering questions on the effects on health care professionals of caring for patients who die

Year 4 – A 1-hour Lecture on managing patients who are dying (last few days of life) in care of the elderly module.

Year 5 – Hospice half day – lecture on recognising & managing dying, lecture on pain control, small group tutorials – practising tasks associated with the care of the dying patient e.g. mocked up case notes, drug charts, completing DNAR, writing up syringe drivers

Breaking bad news communication skills teaching – 1 day using simulated patients to develop communication skills

Additional question

Question 21: In autumn 2014 we will be publishing reports around Medical School Progression Data and we have asked you to update us through the MSAR on how you have used this new information to improve your understanding of and make improvements to the quality of training. We would like to work with schools on case studies to be published in spring 2015.

21. Please provide information on how you have used the new reports to understand or improve the quality of training or highlight any other points of interest in relation to the data.
Reports we use:

- **Supporting medical students with mental health conditions**: we use this guidance and we are fortunate to have [information redacted] as a member of the Dean for Students Office.
- **Patient and public involvement in medical education**: we have received external funding to take this further in our curriculum.
- **Developing teachers and trainers in undergraduate medical education**: for our faculty developments – In our document recognition of trainers that is required this year we have included the minimum requirements as we see it for undergraduate education in medicine. Naturally, there is considerable overlap in the recognition of trainers in the postgraduate medicine who also serve as clinical tutors to our medical students within our NHS and Local Education Providers.

If you would like your school to be considered as a case study for our 2015 publication, please check the following box: ☐

Thank you for completing the questions for the 2014/15 MSAR. The deadline for this return is the 31st December 2014; please ensure you have completed each of the following:

☐ Section A (Word) – MSAR qualitative questions.
☐ Annex to Section A (Excel) – Templates for D1-Q2, D2-Q3 and D4-Q12.
☐ Section B (Excel) – Quality Visits/QIF visits requirements *(if applicable).*
☐ 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, feel free to contact Nathan Brown or another member of the quality team on [quality@gmc-uk.org](mailto:quality@gmc-uk.org) or 020 7189 5221.