General Medical Council

Review of Oxford Medical School

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see http://www.gmc-uk.org/education/medical_school_and_deanery_visits.asp

Review at a glance

About the School

Programme	BM BCh (school leaver entry)
	BM BCh4 (graduate entry programme)
University	University of Oxford
Years of course	Six years in standard school leaver entry programme
	Four years in graduate entry programme
Programme structure	**Six year course**
	Years 1-3 are known as 'first BM'. Students study basic science with some clinical placements and complete a research project in Year 3. Successful completion results in the award of a BSc.
	Years 4-6 are known as 'second BM': students complete a clinical course at either the clinical medical school in Oxford, or transfer to a London medical school to complete the final three years. All students completing the 'first BM' satisfactorily are guaranteed to progress to the final three years at either Oxford or a London medical school. Students can request to complete their undergraduate studies in London and there is competitive entry to the clinical school in Oxford.

	Graduate entry course The first year of the graduate entry course revolves around 'core' basic science and 'extension' material, which is designed to teach students to use scientific data. The second year uses some of the same placements as the fourth year of the six year programme but there are some components which are specific to the graduate entry programme. The final two years of the graduate programme are the same as the final two years of the six year programme.
Number of students	Six year programme: 841 Four year programme: 111
Number of local education providers	11 acute hospitals, various general practices
Local education and training board	Health Education Thames Valley
Last GMC visit	2009 Quality Assurance of Basic Medical Education
Outstanding actions from last visit	None

About the visit

Visit dates	16-17 October 2014, 20-21 October 2014, 5-6 November 2014
Sites visited	Stoke Mandeville Hospital (Buckinghamshire Healthcare NHS Trust) John Radcliffe Hospital and the Nuffield Orthopaedic

	Centre (Oxford University Hospitals HNS Trust)
Areas of exploration identified prior to the visit. Please see Appendix 2 for details of our findings in these areas.	Safety and supervision in clinical placements, interaction with postgraduate educational governance systems, reporting to the GMC, quality management in the University of Oxford colleges and local education providers, response to evaluation including changes to neuroscience placements, engagement with equality and diversity issues, transition points (between Years 3 and 4 of the 6 year programme, and to the foundation programme), graduate entry programme, standard setting in Years 1 to 3, assistantships, ambulance first response scheme, patient led education, support for students and trainers, management of concerns about students and course outcomes.
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns identified?	No
Has further regulatory action been requested via enhanced monitoring?	No

Summary

1 Thames Valley was selected for the 2014-15 regional review; this includes Health Education Thames Valley, Oxford Medical School, Buckingham Medical School and three chosen local education providers. The University of Oxford has a long history of teaching medicine; the current school of clinical medicine was established in 1936 and has offered a full medicine course since that time. The course is relatively

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traditional in structure, with the first two years revolving around basic science and some clinical placements, and research projects completed in the third year. Years 4 to 6 involve intense clinical experience and the transition is supported by the Patient-Doctor II course which links basic and clinical science through a combination of didactic teaching and focussed clinical placements. Students we met understood the structure of the programme and appreciated both the basic science components and clinical components of the course. Some stated they applied to the course because the first three years provided such an opportunity to be immersed in science and undertake research, thus enabling them to assess whether they would be suited to pursuing an academic career in medicine in the future.

2   Overall we were impressed by the quality of the education being delivered by the School. We heard that teaching throughout the course was generally excellent and supported by dedicated and enthusiastic staff. The quality of student support for both academic and pastoral needs was generally very good and the School maintains an effective oversight of issues with the medicine programmes through its quality management processes.

3   Our visit did identify some areas where we thought improvements would be possible. We found there was excellent teaching and management of the graduate entry course, but it was clear that improvements to curriculum mapping and some aspects of assessment would improve students' experience. Similarly, early opportunities to 'benchmark' the content of tutorial teaching would help students to manage what is an extremely intense programme of learning. In terms of enhancements to the six year course, we identified some persisting issues with the management of research projects in Year 3, and the potential for improvements to and consistency of the training and appraisal of tutors in the first three years of the course. Nevertheless, these areas for development should be viewed in the context of an extremely well managed and delivered course; where we raised issues we found that they were generally known and already subject to quality management processes.

4   Oxford is unusual amongst medical schools in the UK in operating a college system. Under the system students are assigned to a constituent college of the university where they live in Year 1 and receive pastoral and academic support, and teaching in addition to that provided by the School. The college and the School jointly appoint tutors to support students' learning at the college and provide tutorial teaching in the first three years of the programme. We looked in detail at the role of the colleges and were satisfied that they provided a very high standard of academic and pastoral

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support. We noted some variation in terms of academic teaching between colleges. However, it was clear that a consistent academic programme is provided by the central medical school and there was a consistent level of teaching provided to all students. College teaching was seen as a positive 'add on' by students to what was provided by the School. The individual attention students received from this system, for both pastoral and academic needs, was cited as extremely positive by the students we met.

5   Our previous review of the School in 2009 highlighted several items of good practice which have been maintained and which appear to be firmly embedded in the School's curriculum. We heard excellent accounts in particular of the Laboratory Medicine course in Year 4 and the Patient-Doctor II course, both of which contribute to preparing students for clinical placements and practice. The quality of teaching on the Laboratory Medicine course was praised by students, as was the responsiveness of teachers to support and respond to student needs during the transition to the clinical years. We also heard that the Year 5 appraisal, which has a partial focus on careers advice, continues to be valued by students.

6   As well as maintaining previous good practice, we heard several areas where the School is performing extremely well: the quality management process for both the six year and graduate entry programme is comprehensive and we heard several examples of how it had been used to make improvements across the course. We heard examples of quality issues being identified and resolved in relation to academic teachers in the first part of the course, colleges providing support for the graduate entry programme, and for clinical placements. We also heard examples of the School developing and incorporating innovations into its teaching programme, such as in the use of lay teachers and planned training of examiners in understanding and counteracting unconscious bias. Equality and diversity issues are considered thoughtfully by the School and although we did not identify any particular innovative practice in this area, we were pleased to see examples of student led work being considered by the School.

Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards that should be shared with others and/or developed further.

Number	Paragraph in *Tomorrow's Doctors* (2009)	Areas of good practice for the School
1	TD84, 166	The School has developed a group of lay clinical teaching associates to teach clinical skills and the patient's perspective. This is supported by a thoughtful approach to patient involvement and engagement with best practice nationally.
2	TD108	Opportunities provided through the ambulance first responder scheme, which provides good experience for some students and contributes to the local health service.
3	TD100	Peer-teaching by Year 6 students which supports students to make the transition to Year 4 and aids the development of clinical skills.

Good practice 1: The development of lay clinical teaching associates to support students to develop clinical skills

7 Documentation provided by the School in advance of the visit referred to a programme to develop the involvement of lay teachers. The use of lay people and patients as teachers is well established in medical education but the team identified potential good practice in the School's approach and examples of innovation.

8 The School has a lead for patient and public involvement, and since 2008 has developed a group of clinical teaching associates to help students develop skills for gynaecological examinations and a more patient centred approach. Clinical teaching associates we met advised that they are a formal part of the Year 5 teaching programme and deliver components of teaching independently through a tutorial format. Students, clinical teaching associates and the patient and public involvement lead for the School cited positive evaluation of this programme of teaching and noted that it had addressed areas of the programme in which it was difficult to provide experience. We heard that clinical teaching associates are well supported in their roles and that there is a programme of debriefs provided after each meeting so that any problems can be raised with the patient and public involvement lead. Student evaluation collected through the School's quality management process about clinical

teaching associate delivered teaching has also been positive and has resulted in a clinical teaching associate receiving a nomination for a School wide teaching award.

9   The development of the clinical teaching associates has been informed by best practice in this area, and we heard that the clinical teaching associates and patient and public involvement lead are active participants in the patient and public involvement network convened by the University of Leeds Medical School. This also demonstrates good practice that the School has drawn on to develop its own patient and public involvement programmes. We heard that the School has started to develop these patient and public involvement initiatives in different ways to cover areas perceived as difficult to teach. For example, the School is developing social media to provide teaching opportunities for students with patients with Crohn's Disease and to learn about how to provide effective and supportive medical care to transgender patients. We also heard that the School plans to increase the input of patients in the design of practical assessments.

10   Overall, we considered there was a well thought out strategy for the development of clinical teaching associates at the School and a good level of consideration about how to develop the involvement of patients in the curriculum. The School has engaged well with other organisations and incorporated best practice into its own work in this area.

Good practice 2: Opportunities for participation in the ambulance first responder scheme

11   The School cooperates with the local ambulance service to provide a 'first responder scheme' to deal with medical emergencies based on 'community response' schemes. Within the scheme, students in Oxford do shifts in pairs and can be contacted to respond to medical emergencies where an ambulance is being dispatched. Students deliver first aid and acute management of the patient, and receive training and equipment to carry out the task.

12   Students we met who had participated in the scheme noted it had helped their confidence in dealing with patients. We also heard that there had been benefits to the ambulance service from this scheme. There are difficult places within the city for the ambulance service to access and that the first responder scheme helped to increase the coverage of the service. Students on a shift are able to respond very quickly. This means that, where for example a response is raised from a call to the

111 non-emergency phone line, students can determine if the emergency would be best dealt with by a general practitioner, avoiding the need for an ambulance call out.

13 Opportunities on the scheme are currently limited but we heard that a definite role for students and advantages to both the ambulance service and students had been achieved. The coordinators of the scheme were keen to expand the opportunities available to students in Years 1 to 3 and we consider the experience gained in the scheme could also usefully be applied to this group.

Good practice 3: Peer teaching of Year 4 students by students in Year 6 to support the transition to the clinical years

14 There is a wide range of peer teaching activity at the School, some formal and some informal. The formal peer teaching at the School takes place at the beginning of Year 4 and is delivered by students in Year 6 as part of the Patient-Doctor II course. The aim of the course is to support the transition of Year 4 students to the part of the programme delivered predominantly in clinical placements.

15 Students in Year 4 complete the Patient-Doctor II at the beginning of the year; Year 6 students participate in this course by teaching clinical skills to Year 4 students and supporting them on the wards. Students in Year 6 teach aspects of clinical examination and history taking.

16 We heard that students who teach on the course have mostly been through the student selected component on medical education, and that training is provided by the director of clinical studies including around the learning objectives of the course. Students collate evaluation on the peer teaching they deliver. Students in Years 4 and 5 who had been through the system stated that this teaching was engaging and enjoyable, and some considered it helped them to see what would be expected of them in their final year. Some students who had delivered the teaching thought it would have been helpful to have more training on pedagogy and learning styles beforehand which the School may wish to consider, although most considered themselves to be well prepared. They all acknowledged how much they had enjoyed the teaching experience and that it had enhanced their own skills and experience.

17 A major advantage cited by all those who had been through the system was the support provided to Year 4 students to familiarise them with clinical placements. We

heard that part of the role of the Year 6 students was to work with a group of Year 4 students and help them to find the patients and supervision they needed to meet the requirements of the course. Students in Years 4 to 6 also stated that it was useful to have individuals assigned to them who could bridge the gap between them and the healthcare professionals while they were still learning to be confident in the clinical environment.

18   Overall, we were impressed by the quality of the formal peer teaching delivered by the Year 6 students to students in Year 4. The purpose of the teaching is well articulated and adds value to students' experience of the transition to the more clinically orientated years of the course. The students we met were uniformly positive about the peer teaching and valued the unique contribution that could be made by students in Year 6 to the transition.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in *Tomorrow's Doctors* (2009)	Requirements for the School
1	TD82, 87, 112, 114	The School must clarify curriculum documentation for the first year of the graduate entry programme so that learning outcomes are clearly and consistently presented and can be mapped to assessments.

Requirement 1: Clarify learning outcomes for the first year of the graduate entry programme

19   The graduate entry programme at the School is largely taught and managed well, but we noted some specific areas for improvement in the first year of the programme. In Year 1, as well as clinical science, the programme is orientated towards critical appraisal of scientific literature. This component of the curriculum is referred to as 'extension' material, as opposed to 'core' clinical science and forms the main

component of the teaching. Students learn core material through self-directed learning and are provided with a syllabus and formative assessment to help them gauge their level of understanding. Core and extension material is assessed separately with core material allowing progression to the next year of study. However it is performance in extension assessments that is the main information used from Year 1 towards the academic ranking of students for foundation programme applications (although information from all years of the programme contributes to this ranking). This seemed to lack balance and the programme is very intense, making significant demands of the students. We believe that some changes to the curriculum mapping at the School and the delivery of teaching in the early period of the course could help students to understand and benchmark what they need to learn.

20 Students on the graduate entry programme we met in Years 1 and 2 consistently stated that the articulation of the learning outcomes and expected level of detail was not clear to them. This was reflected in a number of ways, including their early tutorial teaching in colleges. Students we met stated that while the teaching was of high quality and relevant to the course, they did not feel these sessions were consistently useful in helping them to understand the course. Students stated that the college tutorial teaching, while being an important component of the course, did not set out the central requirements of the course on a clear and consistent basis and that they were not clear where the 'central direction' of the course came from in the first year. We also heard that some students who are new to the Oxford tutorial system found it took time to adapt and that this made things difficult in the first few weeks. All those we spoke to wanted to see the medical school provide some initial tutorials in the early components of the course to help them understand what was required of them. As part of this requirement, the medical school should consider how it can support students' learning in the initial stages of the programme in addition to the support provided through the colleges.

21 Students in Years 1 and 2 stated that the syllabus for the first year is inconsistent in format and that editorial oversight could be improved. For example, there is a variable level of detail provided in some areas compared to others, as reflected in the precise format of the syllabus in each area. We heard that some topics are covered in a single sentence (such as neoplasia) and that others are broken down into bullet pointed lists of learning outcomes against a heading (such as metabolism). We consider that a consistent level of detail in the curriculum is desirable.

22 As well as consistency, we heard from students in Years 1 and2 that the learning outcomes of the course were not clearly articulated in the syllabus. The variable level

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of detail provided made it difficult for students to organise the level and depth of their learning, an issue exacerbated by the fact that the core component of the course is largely self-directed. Students do however receive some formative assessment and peer support (both formal and informal) which can help to alleviate some of these issues. The programme management noted that they did not intend that the syllabus should be learned in detail by rote, but accepted the articulation of aims of the course could be improved.

23 Students also stated that the lack of clearly articulated learning outcomes in the syllabus has an impact on assessment, which was also raised in our pre-visit survey of students. The programme management team told us that assessments are effectively 'blueprinted' by writing questions against the syllabus and then working out weightings of each subject for the exam and sampling questions to cover the whole syllabus over a number of years in the paper. They noted an objection to one question in a previous year from students related to coverage of the curriculum. As well as noting a lack of clarity in the learning outcomes, students also questioned the coverage of the syllabus in relation to what was examined and indicated some of the questions were idiosyncratic. Most students attributed this to the lack of detail articulated in the curriculum and from exams being set by staff other than teachers and curriculum authors; we heard some anecdotal examples of assessment questions about areas not covered in the syllabus, but we were not able to triangulate this. We consider that it is likely that the lack of consistency and clarity of learning outcomes in the syllabus may make it difficult for the school to blueprint the assessment effectively, and that this weakness needs to be addressed.

24 Students in Year 1 of the programme noted that the support they had received from Year 2 students through organised tutorials and through the medical student 'families' support system had helped them to address some of the issue raised by students in Year 2. For example, students had attended a tutorial in which a Year 3 graduate entry student reviewed a past paper to help students understand what was expected of them in assessments. We also heard that there was insufficient recognition of the specific needs of graduate entry students from Year 2 students within some colleges. This was echoed by the programme management who had overseen the withdrawal of two colleges from the programme (one on a voluntary basis). We were reassured to see colleges that had not been able to provide for graduate entry students were no longer participating in the programme. We also heard that the School was aiming to concentrate groups of students in colleges so that the effectiveness of the formal (and informal) peer academic support mechanisms would be maximised.

25   It was clear to us that overall, the graduate entry course is well managed and that its ethos is appreciated by students. We were also reassured by the programme management team's approach to the quality management of support via the colleges. Nevertheless, we consider that inconsistency and a lack of clarity in the learning outcomes of the first year of the course creates undue difficulty for students learning, and potentially for effective assessment. The School must articulate the learning outcomes of the course in a clear and consistent way through its curriculum documentation so that students understand what is required of them, and so that learning outcomes can be clearly mapped to assessment. Within this requirement, the School may also wish to consider how centrally organised teaching at the beginning of the course can help to guide students' self-directed learning.

Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations explain what an organisation should address to improve in these areas, in line with best practice.

Number	Paragraph in *Tomorrow's Doctors* (2009)	Recommendations for the School
1	TD99	There are historical issues with the allocation of research projects. The School should continue to improve the process for allocating projects in Year 3, so that students apply for the full range of projects that would suit their interests.
2	TD128, 148	The School should provide formalised, ongoing support for teachers involved in Years 1-3 of the course.

Recommendation 1: Improve the process of allocation for year three research projects

26   In Year 3 of the course, all students complete an original research project which is designed to support students develop their skills for research. The research projects are an important component of the course valued by the students and completed to a very high standard. We do not consider there is any particular issue with the quality

of the projects but found that several students and the teaching staff for Year 3 considered improvements to be desirable in the allocation of projects.

27   Students, teachers and management staff we met noted that in the past, there had been much greater involvement in the allocation of projects to students but that the system had been through two recent changes in response to difficulties with the allocation process. Currently, supervisors from across the university (including outside of the School) offer projects which are reviewed for feasibility and quality within the School and then published for students to apply. We heard this has ensured students do not have to experience delays while projects are arranged for them by supervisors. Students also have the option of arranging their own project outside this system with a supervisor of their choice, but must still have the feasibility and quality reviewed in the same way.

28   Academic teachers we met were aware of the changes but noted that some students who organised their projects with supervisors outside the system could be disadvantaged. We heard that such individually organised research projects took time to organise and that students could arrange a project and have it approved, only for a more suitable project to become available through the central list of projects arranged by the School.

29   Students we met stated that they were unclear about some of the criteria for allocation and what was taken into account when considering a student's allocation to a project, although some also stated that there was good general information available about how to apply for projects. Students we met also indicated that the requirements for application to each project were variable, with some asked to complete personal statements for some projects but not others. The lack of understanding and different application requirements of different projects did not encourage a perception of transparency and fairness amongst the students, but we did not find any evidence to support the view that the process was unfair, rather that it was inconsistent.

30   Students, staff and management were all aware of recent changes to the allocation process and supportive of the School's efforts to improve the allocation process. There is also a good process for managing the quality of projects through central review and students were confident in the routes for raising issues about their projects. Quality management staff and academic teachers also gave examples of how they could manage the quality of projects by using student evaluation to identify more problematic projects.

31 We were impressed with the very high standard of the projects we saw, as well as the wide variety of options available. Students we met were clearly pleased with the quality of their projects and were aware of the improvements made to the allocation process. It was also clear that students valued the support available from the School during their projects. The School should continue to make improvements to the allocation process for Year 3 projects so that historical difficulties are fully resolved.

Recommendation 2: Provide formal training for college tutors in Years 1-3

32 We investigated training for college-assigned tutors who are the teachers for the first part of the programme. Most of the staff we spoke to had received good training in a variety of formats when taking up their role, and we heard that the performance of college-based teachers is monitored closely through student evaluation. College tutors were responsible for teaching variable numbers of students, in one case up to 18 students were assigned to a single tutor with additional teaching and research responsibilities. While the initial training is in line with our standards, we found there was only limited ongoing development for the college tutor role on the course and consider that this could be improved.

33 There is a good process for gathering information about the quality of teaching by college tutors through student evaluation, and we heard all college tutors are appointed with the involvement of the School. Students we met were also confident to raise any problems with staff within the School and we heard there was a separate student union process through which students could raise issues and which would then be fed back to the School. Senior staff at the School noted examples where consistently poor evaluation had been given about tutors, leading to the discontinuation of their role in the programme. While this process appears to be effective at ensuring teaching meets expected standards, it is a reactive process and a more developed, structured and purposive training may provide a better opportunity for college tutors to develop their skills and continue effectively in their role.

34 While we heard some examples of ongoing support and training for the college tutor role, the medical school does not make this a formal requirement. College tutors do not generally have a formal appraisal for their role. We did hear that teaching roles are considered as part of probation for new staff, which is an extensive process and includes peer review of teaching. However, some of the college tutors we met had only had appraisals for their role as clinicians and never for their role as college tutor.

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Similarly, while a wide range of training opportunities were available, college tutors had not been required to update or refresh their training once appointed to the role. In future all undergraduate teachers and trainers will require to be appraised in the role as part of the recognition and approval of trainers.

35 Support for trainers at the School is widely available and we heard that courses provided for tutors are of a good standard. The quality management of teaching appears to be robust, and the training for newly appointed staff appears to be comprehensive. We consider that the School could enhance this further by providing an ongoing programme of staff development for tutors in the first part of the programme. The School should provide formal ongoing training for college tutors delivering the first part of the programme. The School should ensure that college tutors have a manageable workload reflected in the number of students for whom they provide weekly tutorials.

Acknowledgement

36 We would like to thank the School and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.

Appendix 1: Sources of evidence

Visit team

Team leader	Professor Gillian Needham
Regional coordinator	Professor Alastair McGowan
Visitor	James Holloway
Visitor	Dr Anne Hawkridge
Visitor	Beverley Miller
Visitor	Dr Tudor Thomas
Visitor	Olwyn Westwood
GMC staff	Jennifer Barron, Martin Hart, Simon Roer

Appendix 2: Visit action plan

Before the visit and following a review of the documentation provided by Oxford Medical School, the visiting team produced the following action plan detailing areas to be explored during the visit. The action plan has now been populated with our findings from the visit. The document register (in appendix 3) gives more detail on the documents we reviewed.

Paragraph in *Tomorrow's Doctors* (2009)	Areas explored during the visit	Documents reviewed	People interviewed	Our findings
Domain 1: Patient safety				
28b, 33	Explore systems for monitoring potential student involvement in SUIs	For investigation on all visits	School management School: 5-6 November Students; School: 5-6 November, OUH: 20-21 October	Student involvement in untoward incidents in clinical settings is rare; however, we heard one example of an incident occurring. This was raised via the lead for the clinical placement in question and fed back to the School appropriately. Standards met

36	Explore the Medical School's interaction with LEP/PG systems, particularly around PG issues in Neurosurgery and the undergraduate neuroscience course.	OUMS 001: Contextual Information OUMS 011: Evaluation of Assistantships OUMS 016: Clinical Annual Course Reports 2012/13 OUMS 017: Graduate Entry Year End Summary 2013/14 GMC EM visit: JRH survey report and summary HETV 5.24: School Visit Report 2013: Foundation (October exceptional visit) JRH Docs: 108, 208, 302, 511, 512	School management/QM School: 5-6 November Students School: 5-6 November, OUH: 20-21 October	Problems in the undergraduate neuroscience course were not related to postgraduate issues in neurosurgery and identified through undergraduate quality systems. The School has good links to its largest LEP (Oxford University Hospitals) and information is shared appropriately between the two organisations. At Stoke Mandeville, quality management is mostly carried out through School systems but LEP staff knew how to raise issues with the School. Standard met
Domain 2: Quality assurance, review and evaluation				
39, 40, 42	Explore reporting to the GMC, philosophy and	GMC 005a Oxford MSAR 2013/14: Sec A	School management team, School QM	The School has a responsive culture to student evaluation and effective

	management of the School. Explore contrast between MSAR data and the detailed Contextual Information Document, including reported good practice.	OMS 001 Oxford Medical School Contextual Information OMS 002 Oxford Medical Course Outcomes OMS 003 Med Sci Division Organogram	team; School: 5-6 November	systems for identifying and responding to quality issues. The MSAR continues to be submitted though the information within it is often sparse and we will work with the School to improve the MSAR's usefulness to both the GMC and the School. Standard met
48	Explore patient and public involvement in QM at School	OUMS 001 Contextual Information OUMS 014 Annual Report of the Clinical Education Committee 2013 OUMS 016 Clinical Annual Course Reports 2012/13 OUMS MSAR 2013 G005a Oxford MS	School management team, QM team; Lay tutors; School: 5-6 November	The School has historically used patients on programme management committees although this practice was not considered to be effective and has been discontinued. Patients are currently involved in the management of the course through the PPI forum, which is used to review curricular changes. However, the School considered there are

				opportunities to strengthen the involvement of patients in programme management and the PPI lead is taking forward this work. Standard met
49,51	Explore the management of quality and consistency across the programme	OMS GMC 001 GMC 005a For investigation on all visits	School management/Dean of Clinical studies; QM team, College tutors/academic tutors School: 5-6 November	There is variation in the teaching provided in colleges that is in addition to central teaching provided by the School. We are content that students are all provided with adequate and consistent teaching required by the programme. Standard met
55	Explore response to evaluation; explore examples of closed quality issues and recurrent student evaluation in relation to Year 4 and	OUMS 014 Annual Report of the Clinical Education Committee 2013 OUMS 015 Annual report of the Pre-clinical Medicine Steering Committee	QM Team School: 5-6 November Director of clinical studies	The School has good quality management processes and has identified and responded to a number of quality issues, including the neurosciences course but also in relation to college support for graduate

	Neurosciences	OUMS 016 Clinical Annual Course Reports 2012/13 OUMS 017 Graduate Entry Year End Summary 2013/14 GMC Evidence report on Oxford Medical school &Oxford student survey	School: 5-6 November Neurosciences clinical supervisors and speciality trainees/UG supervisors at JRH OUH 20-21 October	entry students and other clinical placements at LEPs. Standard met
50	Explore the QM of placements and the joint committee between the school and OUH	MSAR Contextual Information document OUH 201: OUH & UOx Joint Education and Training Committee Meeting Minutes 04 09 2013 OUH 202: OUH & UOx Joint Education Committee Meeting Minutes 12 06 2014 OMS 004 Medical Sciences	School QM team School: 5-6 November Dean of clinical studies/HO Medsci division School: 5-6 November Students Y4-6, LEP management/Medical Director	The School has established lead clinicians in each placement at OUH who are responsible for local delivery, with quality being monitored through established quality management processes. There is a joint committee between the School and OUH which is effective at exchanging information eg on service reconfiguration and making some quality improvements. We found that the allocation of time for teaching students in the job plans of OUH consultants could be improved. We

		Division Risk Register OUMS 005 Handbook for years 4-6 of the Medical Course OUMS 006 Quality Management Strategy OUMS 014 Annual Report of the Clinical Education Committee 2013 OUMS 015 Annual report of the Pre-clinical Medicine Steering Committee OUMS 016 Clinical Annual Course Reports 2012/13 OUMS 017 Graduate Entry Year End Summary 2013/14	School: 5-6 November & OUH 20-21 October OUH 20-21 October	wish to support the School to meet the requirements of the recognition and approval of trainers. A requirement has been made of Oxford University Hospitals to ensure that all clinical teachers have time in their job plans for their educational role. Standard met
39, 49, 51	Investigate working between HETV and the School, including QM of placements and reporting	OMS 004 Medical Sciences Division Risk Register OUMS 005 Handbook for years 4-6 of the Medical Course	School QM team; Dean of clinical studies/School mgmt/DCS School: 5-6	The postgraduate dean is jointly appointed by the University of Oxford and Health Education England. He sits on School committees and shares strategic information however in

	arrangements of PG dean	OUMS 006 Quality Management Strategy	November	practical terms reports to Health Education England. The director of clinical studies has been involved in an HETV visit when the department also taught medical students. Standard met
44, 49,	Educational governance structure - coverage	OMS 004 Medical Sciences Division Risk Register OUMS 014 Annual Report of the Clinical Education Committee 2013	School QM team; Dean of clinical studies/School mgmt/DCS School: 5-6 November LEP management team LEPs (JRH and others) 20-21 Oct	A comprehensive account was given of the educational governance processes for both the first and second BM. This was supported by the programme management team's knowledge of the quality issues and the clear reporting of issues to the most senior staff members at divisional and university level. Standard met

Domain 3:				
69, 70	Equality and diversity: explore examples of schemes to change culture as possible good practice; work with E&D unit and LGBTQ student project	OUMS 001 Contextual Information OUMS 007 Equality & Diversity Report 2012-13	Students involved in LGBTQ project; School/University E&D leads; School management team/Dean of clinical studies School: 5-6 November	We found good support provided by the medical school for students to learn about the differing needs of patients and to develop projects relating to protected characteristics. See good practice 1 Standard met
57	Investigate practical implementation of E&D policies	OUMS 007 Equality & Diversity_Report_2012-13.pdf OUMS 008 Equality & Diversity – University of Oxford Medical Course.pdf	School management School: 5-6 November Students School 5-6 November & JRH/Stoke	E&D policies are implemented, the School analyses programme and progression data by protected characteristics, undertakes equality impact assessments for new policies and processes, is able to demonstrate no groups perform better or worse than others and is providing training in recognising unconscious bias to its

			Mandeville	staff. Standard met
Domain 4:				
No issues identified for exploration				
Domain 5:				
84	Explore student experience of transition between years 3 and 4 of the course; preparation for clinical years and beyond; review integration of clinical science and blueprinting against years 1-3	GMC 001 Evidence report OMS GMC 002 Oxford student survey OMS 001 Contextual Information OMS 009 Oxford Medical Courses Curriculum Map OMS 016 Clinical Annual Course Reports 2012/13	Director of clinical studies/curriculum team School 5-6 November Students School 5-6 November & JRH/Stoke Mandeville UG supervisors at	See good practice 3 Standard met

			LEPs School 5-6 November & JRH/Stoke Mandeville College tutors (Y1-3) School 5-6 November	
92 93 100	Explore GEP curriculum and preparation to join the 6 year programme in GEPY3/6year Y5	GMC 002 Oxford student survey OMS 001 Contextual Information OMS 009 Oxford Medical Courses Curriculum Map	GEP leads; GEP students years 1-2 School 5-6 November	See requirement 1
83	Explore the integration of clinical sciences in years 1-3 and management of blueprinting/ standard setting in the early years	GMC 001 Evidence report OMS GMC 002 Oxford student survey GMC 004 Oxford: assessment review report OMS 001 Contextual	Curriculum management teams for years 1-3; College tutors, Students years 1-3	There is a scientific focus in the first BM with some clinical contact and support for the transition to the second BM. Standard met

			Information OMS 016 Clinical Annual Course Reports 2012/13	School 5-6 November	
86		Explore assessments	GMC 002 student survey GMC 004 Oxford: assessment review report OMS 012 2nd BM examination report 2013 of the Chair.pdf OMS 013 2nd BM examination report 2014 of the Chair.pdf OMS 022 External Examiner Report 2013 OSCE Graduate Entry Medicine Warrens OMS 023 External Examiner Report 2013 Graduate Entry Medicine Warrens OMS 024 External Examiner Report 2013	Assessment teams; GEP leads; GEP students School 5-6 November	See requirement 1

		Graduate Entry Medicine Weston OMS 025 External Examiner Report 2014 Graduate Entry Medicine Warrens DOC REQ: - Blueprint for the SAQ examination - Make up of the Ebel panel		
84, 109	Preparedness: Assistantships: implementation and potential good practice in the prescribing training and management of acute medical situations simulation. Explore preparedness for Foundation and	GMC 005a Oxford MSAR 2013/14: sec. A GMC 002 Oxford student survey GMC 003 Oxford VLE login OMS 014 Annual Report of the Clinical Education Committee 2013 OMS 010 Student	School management School 5-6 November F1s who graduated from OMS JRH, Stoke Mandeville and WP visits	We met relatively few Oxford graduates during the visits to local education providers, those who had felt well prepared by their undergraduate studies for their first F1 post. Most Year 6 students we met felt prepared for F1 however some were more focused on and concerned by

| | management of transition | assistantship logbook and learning outcomes

DOC REQ: School to provide sample of students' logbooks for team meeting | Students
School 5-6 November and JRH/Stoke Mandeville

Clinical teachers, including GPs
School 5-6 November and JRH/Stoke Mandeville | their upcoming finals and considered their preparation for practice to be secondary to studying.

NTS data shows on the whole Oxford graduates consider themselves to be well prepared for F1.

Standard met |
| 111 | Feedback in placements | GMC 002 Oxford student survey
OMS 010 Student assistantship logbook and learning outcomes | Students: School 5-6 November and JRH/Stoke Mandeville

School curriculum team 5-6 Nov

clinical teachers
School 5-6 November and JRH/Stoke | Students were able to highlight numerous routes to receive feedback on their performance. The pre-visit student survey and National Student Survey both showed this to be an area students considered could be improved, however results compared favourably with other UK medical schools. |

			Mandeville	Standard met
93, outcomes 3	Explore the Integration of clinical ethics into curriculum as potential GP	OMS 001 Contextual Information OMS 014 Annual Report of the Clinical Education Committee 2013 OMS 016 Clinical Annual Course Reports 2012/13	Ethics lead/ school clinical ethicist/ curriculum lead School 5-6 November Students (all years)/Foundation doctors from OMS School 5-6 November and JRH/Stoke Mandeville	Ethics teaching is well integrated and valued by students. Standard met
Domain 6:				
130	Explore student reported measures of satisfaction with course	GMC 001 Evidence report on Oxford Medical school GMC 002 Oxford student survey	Students School 5-6 Nov and LEPs including JRH 20-21 Oct	Although some students could highlight improvements to their programme, without exception they would recommend their medical school.

				Standard met
131	Student support via colleges, the clinical school and LEPs	GMC 002 Oxford student survey OMS 001 Oxford Medical School Contextual Information	Students School 5-6 Nov and LEPs including JRH 20-21 Oct School QM/curriculum team School 5-6 November College tutors School 5-6 November	Student support varies between colleges but was considered by all students we interviewed to meet their needs even if diverse. Standard met
131, 36	Explore handling of clinical transfer to London Medical Schools handled; in particular decisions about transfer, support for transferring students and expectations of receiving schools.	GMC 005a Oxford MSAR 2013/14: Sec A	School management School 5-6 November College tutors School 5-6 November	Students were well aware of the process for transfer to London or Oxford for clinical years and considered advice to be appropriate and fair. We did not have the opportunity to triangulate this with students who had transferred to London medical schools.

			Students School 5-6 Nov and LEPs including JRH 20-21 Oct	Standard met
122, 128	Explore peer support/ mentoring/ teaching; training for participants and as potential GP	OUMS 001 Oxford Medical School Contextual Information OMS 014 Annual Report of the Clinical Education Committee 2013 Bucks Health Trust FYF Minutes 2014 – 07 July	Students Y4-6 School 5-6 Nov and LEPs including JRH 20-21 Oct

School management School 5-6 November

Curriculum leads School 5-6 November | See good practice 3 |
| 128 | Qualifications U/G teachers to teach: possible GP | GMC 005bi Oxford MSAR 2013/14: criteria for recognition and approval for trainers GMC 005bii Oxford MSAR 2013/14: Addendum GMC 006 Oxford MSAR | Assessment leads School 5-6 November

Supervisors and College Tutors School 5-6 Nov and LEPs including JRH | See recommendation 2 |

		2012/13: sect A	20-21 Oct	
		HETV 5.18 OUH Trust report 2014	School Management School 5-6 November	
134	Careers in GP - weekly case based teaching, potential GP integrating primary and secondary care	OMS 014 Annual Report of the Clinical Education Committee 2013 OMS 001 Oxford Medical School Contextual Information	Student support team; curriculum leads; School 5-6 November Students: School 5-6 Nov and LEPs including JRH 20-21 Oct	All students we met appreciated their time spent in general practice, the one to one support of their teachers and the opportunity to interact with a range of patients. Standard met
127, 145	Management of FTP and sub FTP issues- explore management of issues at sub-FTP level and thresholds for escalation to full FTP, and identification of struggling students	GMC registration data GMC 001 Evidence report on Oxford Medical school GMC 002 Oxford student survey DOC REQ: students' sample logbooks (can be	School management/FTP and support teams School 5-6 November	Appropriate policies and processes are in place for the monitoring of professionalism and the investigation of fitness to practise. Standard met

		provided for team meeting or by students in advance of meeting)		
148, 162	Explore Job planning for UG training	HETV 2. Health Education Thames Valley contextual information DOC REQ: MOU between School and HETV	School management/HO Med sci division School 5-6 November Supervisors LEPs including JRH 20-21 October and Stole Mandeville	See requirement 3 of the OUH visit report and requirement 4 of the Stoke Mandeville visit report

Domain 7:

152, 157	Explore expectations on/of receiving institutions for clinical transfer	GMC 005a Oxford MSAR 2013/14: Sec A	School management team/curriculum leads School 5-6 November	OUH is closely associated with the medical school and transfer of students is working smoothly. There is a designated lead at Stoke Mandeville who oversees students transfer.

			Stoke Mandeville	Standard met
Domain 8: Quality assurance, review and evaluation				
159	Capacity in LEPs for students	For investigation on all visits	School management team, QM team school 5-6 November Students: School and all LEP visits	We did not hear of overcrowding in clinical placements and are aware that there is capacity at Stoke Mandeville to increase the number of medical students; this would be dependent on an increase in the number of clinical teachers. Any discussions Buckingham Medical School has about using clinical placements at Stoke Mandeville will include Oxford medical school. Standard met

| 160 | Web based interactive tutorials for prescribing teaching as potential GP | GMC 005a Oxford MSAR 2013/14: sec A | Curriculum leads School 5-6 November

students: School 5-6 Nov and LEPs including JRH 20-21 Oct | Webinars provided by the director of clinical studies were valued and students would appreciate more teaching in this format.

Standard met |

Domain 9: Quality assurance, review and evaluation

| 169, 172 | Outcomes achieved- there is a high level of satisfaction with the course and good outcomes for Foundation. | OMS 002 Oxford Medical Course Outcomes | Foundation doctors from OMS LEP visits including JRH and stoke Mandeville

Clinical supervisors: LEPs including JRH 20-21 October and Stole Mandeville and school 5-6 Nov | Students and recent graduates, though we met only a few, were all content with their programme overall. Data relating to successful completion of the foundation programme and referral to fitness to practise suggests recent graduates are progressing well. National student survey data and F1 preparedness for practise also demonstrate that students are satisfied and outcomes being met |

			School management team/curriculum leads School 5-6 November	Standard met
172	Explore careers routes for graduates	OMS 014 Annual Report of the Clinical Education Committee 2013 OMS 001 Oxford Medical School Contextual Information	School management team/student support team School 5-6 November	Appropriate careers advice is given to students, they considered themselves well prepared for application to the foundation programme and informed about career choices in specialty training and academia. Standard met

Appendix 3: Document register

Document number	Document name	Description	Publication date and version	Source
Doc 001	Doc 001 Oxford Medical School Contextual Information	This document contains the contextual information requested by the GMC	2014	Written for GMC visit 2014
Doc 002	Doc 002 Oxford Medical Course Outcomes	This is a supplement to the contextual document which documents outcomes of the Oxford Medical Course	2014	Written for GMC visit 2014
Doc 003	Doc 003 Organogram.pdf	The diagram describes the Educational Governance structures within the Oxford Medical Sciences Division	2008, most recent update 2014	https://weblearn.ox.ac.uk/portal/hierarchy/medsci/med/medschool
Doc 004	Doc 004 Medical Sciences Division Risk Register.pdf	The register identifies areas of risk within The Oxford Medical Sciences Division	2005, most recent update 2014	Medical Sciences Divisional Board Minutes
Doc 005	Doc 005 Handbook for years 4-6 of the Medical Course.pdf	Pages 46-49 describe Quality Management strategies for the Oxford Medical Course	2004, most recent update 2014	https://weblearn.ox.ac.uk/portal/hierarchy/medsci/med/medschool
Doc 006	Doc 006 Quality Management Strategy.pdf	This document includes relevant committee papers and a commentary on the quality management	Annexe A – 2013 Annexe B – 2006	Oxford Medical Sciences Division: Educational Policy and Standards Committee minutes

		strategy of the Oxford Medical Sciences Division.	Annexe C – 2013 Annexe D – 2014 Annexe E - 2014	
Doc 007	Doc 007 Equality & Diversity_Report_2012-13.pdf	This document is Oxford University's 2013 report on implementation of the institutional Equality and Diversity Strategy	2013	http://www.admin.ox.ac.uk/media/global/wwwadminoxacuk/localsites/equalityanddiversity/documents/Equality_report_2012-13_Sections_B_and_C_[FINAL].pdf
Doc 008	Doc 008 Equality & Diversity – University of Oxford Medical Course.pdf	This note, written for the GMC visit, highlights equality and diversity issues specific to the Medical Sciences Division	2014	Medical Sciences Division Office files
Doc 009	Doc 009 Oxford Medical Courses Curriculum Map.pdf	This excel spreadsheet maps the curriculum for the 6 and 4 year medical courses against the outcomes in Tomorrow's Doctors	2008, most recent update 2014	Medical School Office files
Doc 010	Doc 010 Student assistantship logbook and learning outcomes.pdf	This logbook details the aims and objectives of the student assistantship	2012 most recent update 2014	Clinical Education Committee Minutes
Doc	Doc 011 Evaluation of	This document provides an analysis of	2014	Awaiting review by Clinical Education

011	Student Assistantship	student feedback on the student assistantship 2014		Committee
Doc 012	Doc 012 2nd BM examination report 2013 of the Chair.pdf	The chief examiner's report on the 2013 Second Examination for the degree of Bachelor of Medicine including statistical analysis	2013	Clinical Education Committee Minutes; Audit Sub-Committee minutes
Doc 013	Doc 013 2nd BM examination report 2014 of the Chair.pdf	The chief examiner's report on the 2014 Second Examination for the degree of Bachelor of Medicine including statistical analysis	2014	Clinical Education Committee Minutes; Audit Sub-Committee minutes
Doc 014	Doc 014 Annual Report of the Clinical Education Committee 2013.pdf	Annual report of the Clinical Education Committee (evaluation report for years 4-6) for 2012-13	2013	Clinical Education Committee Minutes
Doc 015	Doc 015 Annual report of the Pre-clinical Medicine Steering Committee.pdf	Annual report of the Pre-clinical Medicine Steering Committee (evaluation report for Years 1-3) for 2013-14	2014	Committee Secretary
Doc 016	Doc 016 Clinical Annual Course Reports 2012.13.pdf	This file contains collated annual reports from each of the clinical courses in years 4-6 for 2012-13 (evaluation reports for years 4-6 by course)	2013	Clinical Education Committee minutes

Doc 017	Doc 017 Graduate Entry Year End Summary 2013.14.pdf	This report summarises committee minutes for the Graduate Entry Course (evaluation report for Graduate Entry Medical Course).for 2013-14	2014	Graduate Education Course Committee Minutes; Audit Sub-Committee minutes
Doc 018	Doc 018 Years 1-3 calendar chart.pdf	Overview of course structure for years 1-3 of 6 year course	2013	Student handbook for Years 1-3 (https://weblearn.ox.ac.uk/portal/hierarchy/medsci/med/1bm_1)
Doc 019	Doc 019 Years 4-6 calendar chart.pdf	Overview of course structure for years 4-6 of six year course (years 5 and 6 are identical for the four year Graduate Entry Course)	2013	https://weblearn.ox.ac.uk/portal/hierarchy/medsci/med/medschool
Doc 020	Doc 020 Graduate Entry Medicine Years 1-2 calendar chart pdf	Overview of course structure for years 1 and 2 of the four year Graduate Entry Course. (Years three and four are the same as years five and six of the six year course (Doc 019))	2013	https://weblearn.ox.ac.uk/portal/hierarchy/medsci/med/medschool
Doc 021	Doc 021 Agreement with Local Education Provider.pdf	This is the agreement between the South Central Strategic Health Authority and NHS Trusts providing clinical placements for Oxford students. The arrangements specific	April 2011	South Central Strategic Health Authority: note this agreement is under revision by HEE Thames Valley

		to Oxford medical students are in section 2, Annexe 1 (page 27-28). Please note that this agreement is under review because of the implementation of a national LDA by HEE.		
Doc 022	Doc 022 External Examiner Report 2013 OSCE Graduate Entry Medicine_Warrens.pdf	External Examiner Report from Professor Anthony Warrens on the OSCE component of the 2013 Graduate Entry Medicine (Prelim) Examinations	June 2013	Graduate Entry Education Committee minutes; Audit Sub-Committee minutes
Doc 023	Doc 023 External Examiner Report 2013 Graduate Entry Medicine_Warrens.pdf	External Examiner Report from Professor Anthony Warrens on the 2013 Graduate Entry Medicine (Prelim) Examinations	August 2013	Graduate Entry Education Committee minutes; Audit Sub-Committee minutes
Doc 024	Doc 024 External Examiner Report 2013 Graduate Entry Medicine_Weston.pdf	External Examiner Report from Dr Clive Weston, for the 2013 Graduate Entry Medicine (Prelim) Examinations	September 2013	Graduate Entry Education Committee minutes; Audit Sub-Committee minutes
Doc 025	Doc 025 External Examiner Report 2014 Graduate Entry Medicine_Warrens.pdf	External Examiner Report from Professor Anthony Warrens, for the 2014 Graduate Entry Medicine (Prelim) Examinations	July 2014	Awaiting review by the Graduate Entry Education Committee and Audit Sub-Committee

Doc 026	Doc 026 Neurosciences Learning Record.pdf	Students personal learning record book for Neurosciences *As described in the contextual information request (Doc 001), the Clinical Neurosciences course has been the subject of a course review. Documents 026, 027 and 028 are the documents in place for the new course which began in July 2014*	2014 As part of the revisions to this course, Documents 024 025 and 026 replace earlier versions	https://weblearn.ox.ac.uk/portal/hierarchy/medsci/med/medschool
Doc 027	Doc 027 Neurosciences Logbook.pdf	Course logbook for Neurosciences	2014	https://weblearn.ox.ac.uk/portal/hierarchy/medsci/med/medschool
Doc 028	Doc 028 Neurosciences curriculum.pdf	Core curriculum and learning objectives of the Neurosciences course	2014	https://weblearn.ox.ac.uk/portal/hierarchy/medsci/med/medschool
Doc 030	Blueprint for Year 6 2nd BM exam	Blueprint	2014	School
Doc 031	Composition of Ebel Panel	Standard setting descriptor	2014	School
Doc 032	Year 4 clinical logbook	Guide for students on what must be achieved in clinical placements	2014	School
Doc	Year 5 dermatology	Guide for students on what must be achieved	2014	School

033	logbook	in clinical placements		
Doc 034	Year 5 neurology logbook	Guide for students on what must be achieved in clinical placements	2014	School
Doc 035	Year 5 obstetrics and gynaecology logbook	Guide for students on what must be achieved in clinical placements	2014	School
Doc 036	Year 5 student assistantship logbook	Guide for students on what must be achieved in clinical placements	2014	School
Doc 037	Year 6 DGH 2014-15 logbook	Guide for students on what must be achieved in clinical placements	2014	School