

2019/2020 academic year

Report on Anglia Ruskin School of Medicine

Update on the 2019/2020 annual cycle of quality assurance.

Due to the outbreak of COVID-19 and the national lockdown, the quality activities of the education team have been modified to align with social distancing rules and we continue to be in contact with medical schools. Where we have been unable to modify activities to gain the assurance required, we are developing processes for how this information can be captured over future visit cycles.

This visit is part of the New Schools Quality Assurance annual cycle.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#).

Summary

Education provider	Anglia Ruskin School of Medicine
Sites visited (if applicable)	Anglia Ruskin University – Chelmsford Campus
Programmes	Medicine MBChB
Date of visit	4 th February 2020
Further activities	7 th May 2020 – Document review and e-panel
Key Findings	<p>1 The first visit of the 2019/20 cycle took place on 4 February 2020. The purpose of this visit is to assess the school's progress since the last visit cycle and speak with staff and students to identify areas working well and areas that may require improvement. A follow-up visit to meet with the school, year 2 students and conduct a Local Education Provider (LEP) visit was planned for the summer. This has been cancelled due</p>

to the COVID-19 pandemic. The university campus has been closed and teaching continues to be delivered online. The second visit has been replaced by a document review and e-panel. We will continue our quality assurance processes and learn more about the impact of the COVID-19 pandemic over future visit cycles.

- 2** The school welcomed their first cohort of medical students in September 2018. Since the last visit the school have welcomed a further 100 students following a successful round of recruitment through UCAS and 12 places through clearing.
- 3** The school is making plans for year 3 and beyond. The staffing plan appears to be on track, and they are currently looking to recruit to the Undergraduate Programme Lead post which will replace the Deputy Head of School role. Anglia Ruskin have a contingency agreement with Dundee Medical School who were represented by their Head of School at the February 2020 visit.
- 4** The team were pleased to see that the school has a supportive and collaborative working relationships with Dundee Medical School. This includes Anglia Ruskin working with Dundee as the latter undertake a curriculum review. Educators reported feeling well supported and told us they feel encouraged to develop in their roles. We also commend the schools collaborative work with regional medical schools on local initiatives related to undergraduate medical education.
- 5** We did identify several areas where the school can make improvements including the sustainability of senior roles, exam development and security.
- 6** In particular, we were concerned to see that there were issues in the relationship between some year 2 students and the medical school. Year 2 students told us they do not feel listened to and would like to have more communication from the school particularly in relation to the processing of student feedback. We have asked the school to address this as a matter of

urgency to ensure that student educational experience is not negatively affected.

- 7** Overall, we are pleased with the progress made and the school has been responsive to feedback from the GMC. We will need to triangulate the information we have received from the school when we are able to meet with students and LEPs.

Update on open requirements and recommendations

There were no open requirements from the 2018/19 New Schools visit cycle.

Open recommendations

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

	Open recommendations	Update	Status
1	The school should review the purpose and volume of the assessment and how it relates to student achievement of the learning outcomes, and the sustainability of assessment going forward.	The school have made changes to the assessment schedule, with a focus on rationalising formative assessments. Students now have a single set of mock assessments in each academic year and have access to further formative activities online. The school have addressed this recommendation.	Closed
2	We encourage the school to implement the proposed monitoring system for the Personal Tutor system.	We heard that the school is in the early stages of piloting the <i>TopDesk</i> system and staff have now received their training. This system allows attendance to be tracked and for meetings to be recorded. We look forward to hearing how the system has worked in practice.	Open
3	The school should monitor the workload of personal tutors, as	The school follows the University's policy on personal tutors, setting a	Open

	<p>well as the scalability of the current model.</p>	<p>maximum of 25 students per personal tutor. The school have plans to recruit more personal tutors as the cohort size increases. Personal tutors told us that the workload requires them to be organised but is manageable within their job plans.</p> <p>At the visit in February, we heard from students that not everyone had received a mandatory individual personal tutor meeting and we will follow-up with the school's progress to address this in the next visit.</p>	
4	<p>The school should continue to monitor student experience on clinical placement and redistribute student clinical placements where appropriate for students to meet their learning outcomes.</p>	<p>We heard how the school has managed feedback from students on the clinical learning environment, including an overview of their processes. We will hear more about this from students and trusts when we are able to visit clinical placement sites.</p>	Open

Overview of visit findings

Areas that are working well

We note areas where we have found that not only our standards are met, but they are well embedded in the organisation.

Number	Theme	Areas that are working well	Report paragraph
1	Theme 2 (R2.4)	The positive and supportive working relationship the school have developed with Dundee Medical School, including their involvement with Dundee's curriculum development.	36
2	Theme 2 (R2.8)	The school's collaborative work on local initiatives with Cambridge and UEA Medical Schools.	45
3	Theme 4 (R4.5)	The recruitment and development of staff to support the medical programme.	60

Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted.
- outlines which part of the standard is not being met.
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirements	Report paragraph
1	Theme 2 (R2.3)	The school must take urgent action to address the breakdown in the relationship between the year 2 students and the school.	6

Recommendations

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

Number	Theme	Recommendation	Report paragraph
1	Theme 2 (R2.1)	The school should continue to develop and make explicit their assessment system, in particular, their processes for quality assurance and standard setting of assessment items.	28
2	Theme 2 (R2.10)	The school should consider the resilience and sustainability of senior roles, particularly in relation to assessment.	47
3	Theme 5 (R5.6)	The school should consider steps to improve exam security.	68

Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

Theme 1: Learning environment and culture

Standards
S1.1 <i>The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</i>
S1.2 <i>The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.</i>

Raising concerns (R1.1),

Dealing with concerns (R1.2)

- 1 During the 2018/19 cycle we heard about the school's procedure for raising concerns. Students are encouraged to raise concerns via a portal, but they are also able to raise them directly with staff. We reviewed the school's Raising Concerns Procedure as part of the 2019/20 pre-visit document analysis which clearly outlines the pathway for students to raise concerns. Concerns raised are triaged, investigated and reported to the appropriate committee. This handbook is disseminated to staff and students and the school will continue to reiterate the process to ensure it is clear for everyone. The students we spoke to were able to outline the process for raising concerns when on campus and on clinical placement.
- 2 The school have received training from the Medical Schools Council (MSC) and have further developed their policies for investigating concerns about a student. Concerns are initially discussed with the student involved and triangulation happens at this stage. Staff involved in the investigations process are required to generate a factual report of the concern. This report is reviewed by the support and progress committee who make a threshold judgement on the appropriate outcome, which ranges from remediation to a Fitness to Practice investigation. The Undergraduate Programme Lead has oversight of the whole process. Concerns from the clinical environment are communicated to the Clinical Sub-Dean at the associated trust. The school will inform the Clinical Sub-Dean that an investigation has taken place and what the findings are. This information will then be discussed at the Clinical Learning Environment Group (CLEG) meeting.

- 3** We had the opportunity to review documents that outline the school's first Fitness to Practice case as part of our e-panel in May and we saw the school's Fitness to Practice procedure document. We will hear more about these procedures at future visits, including how student support and professional conduct panels feed into the process, the information students receive throughout the process and how remediation is evidenced.

Supporting duty of candour (R1.4),

Good Medical Practice and ethical concerns (R3.1)

- 4** At the February visit the school updated us with respect to their strategy for delivering communication skills training. Previously communication skills were covered separately on the curriculum and the school has now modified their approach so that communication skills teaching is incorporated into clinical skills training. There has been no change to the content of the communication skills teaching.
- 5** The school have now appointed a lead for medical ethics and law who is responsible for co-ordinating and delivering teaching through a combination of lectures and small group work. We look forward to hearing more about how medical ethics teaching is being delivered at future visits.

Seeking and responding to feedback (R1.5)

Considering impact on learners of policies, systems, processes (R2.3)

- 6** In the 2018/19 visit cycle we heard many examples of how the school collects and responds to feedback, the students we spoke to at that time felt listened to.
- 7** At the February visit the school told us that students are encouraged to provide feedback and it is made clear that this will help the school to identify areas that can be improved as well as those areas that are working well. Students who repeatedly fail to provide feedback will be issued with a Lapse in Professionalism point which can lead to the student being referred to the Fitness to Practice Committee if the threshold number of points is reached. All student responses are anonymised, but the school has oversight of who has completed the feedback survey in order to monitor engagement. We will hear more about the Lapse in Professionalism points over the next cycle as this feeds into the Fitness to Practice procedures.
- 8** The school told us that they hold a verbal feedback session with students once their responses have been evaluated. The students we spoke to confirmed that they are required to provide regular feedback to the school on the learning environment, but they do not feel that the process for reviewing feedback and the outcomes are effectively communicated back to them.

- 9 The year 2 students that we met with at the February visit raised several significant concerns about their relationship with the school which have impacted on student's trust in the school's ability to listen to them. We heard that while students are required to provide regular feedback on their learning experiences it is not always made clear how feedback is managed and what the outcomes are. We observed that there has been a substantial breakdown in the relationship between the year 2 students and the school and we advised the school to investigate the matter urgently.
- 10 Following on from our February visit the school took steps to investigate and address these significant concerns. The senior team met with all year 2 students on 5 February to gather feedback on the issues they wanted to raise. The school have also appointed a lead for student support and conduct issues to address individual concerns. We have reviewed the spreadsheet which documents each concern raised, action plans to address each issue and the status of the item. This spreadsheet is reviewed regularly at the Student Staff Liaison Committee (SSLC) meetings where staff and student representatives will review the items and agree an action plan. We also heard that the school hold weekly meetings with year 2 students to discuss concerns, gather feedback and communicate updates for online teaching, assessments and student support. The school plan to continue these meetings every week until the end of the academic year and will review their usefulness in order to determine the frequency of meetings going forward.
- 11 The school told us that they have found the meetings to be positive and they have received anecdotal feedback from students that communication has improved. We are pleased to hear about the apparent progress made and note that the school have been responsive when significant concerns are raised. We will follow-up with students to hear about their experiences of this enhanced engagement process. We will also explore the new roles of the leads for student support and professional conduct over future visit cycles.

Requirement: The school must take urgent action to address the breakdown in the relationship between the year 2 students and the school.

Appropriate level of clinical supervision (R1.8)

Induction (1.13)

- 12 At the visit we heard from the school that it is made clear to students in each year group what is expected of them on placement for example, year 1 students must be closely supervised and are expected to only take histories and perform examinations during this year.
- 13 The school have updated the document provided to clinical placement educators which outlines the student's campus-based work, what their expected learning outcomes are and some suggested activities. The school told us that they are clear

with students that they should not perform any clinical tasks that they do not feel competent and adequately trained to do and this is also reiterated during clinical induction. We will follow-up on this with students when we are able to meet with them.

- 14** We reviewed the clinical induction checklist from one of the schools associated LEPs as part of our document analysis, which clearly details the general induction that students receive. We will explore how education providers are informed of the boundaries of competencies for different year groups and how the school monitors student engagement with inductions when we meet with students and LEPs.
- 15** Dundee Medical School are in the process of developing a skills passport for their students and will share this with Anglia Ruskin once completed. This is intended to be a place for students to log their clinical experiences and receive feedback from clinicians, it will also work as a further guide for the expected level of competency for each year group. We look forward to hearing more about this over future visit cycles.

Multiprofessional teamwork and learning (R1.17)

- 16** The pre-visit documentation outlined the school's approach to incorporating interprofessional learning into the curriculum across all years, including the GP curriculum. The school have hosted their first Interprofessional Learning (IPL) day which brought together 400 students from across the campus, and there is now an Interprofessional Learning lead in place who sits on the faculty IPL group. Not all students we spoke with had attended the IPL day. We will further explore how the school has incorporated multiprofessional learning into the curriculum over future visit cycles.

Adequate time and resources for assessment (R1.18)

- 17** During the 2018/19 cycle we heard from staff and students that the assessment schedule was demanding for both students and staff. We recommended that the school should review the purpose and volume of their assessments including how they relate to students achieving their learning outcomes.
- 18** The school updated us on this recommendation at the February visit and provided a written response to this in the 2018/19 report. They now hold a single set of formative assessments per year which are held under exam conditions so that students can familiarise themselves with the exam format and question style. This was also confirmed in the assessment handbook which is shared with students. The students we spoke to were well informed on the exam schedule.
- 19** The summative assessment for year 1 will now consist of 2 single best answer (SBA) papers, with 120 questions per paper, a 20-station anatomy spot test and 12 objective structured clinical exam (OSCE) stations over 2 days. The summative

schedule for years 2 and 3 will mirror the format of the year 1 SBA papers and spot test with 14 OSCE stations over 2 days. Students must also complete their portfolio requirements in order to progress to the next academic year.

- 20 The formative assessment schedule for years 1 to 3 will include a 60 question SBA paper, a 20-station anatomy spot test and a 4 station OSCE each year. The school also told us that they have also modified the end of block formative assessments to be more focused on tracking learner progression. These formative activities are available to students on *Canvas* (Virtual Learning Environment).
- 21 Given the progress made, the team are satisfied that this recommendation has been addressed and can now be closed. We will continue to monitor this recommendation as part of our annual cycle of quality assurance.

Recommendation (closed): The school should review the purpose and volume of the assessment and how it relates to student achievement of the learning outcomes, and the sustainability of assessment going forward.

Access to educational supervision (R1.21)

- 22 In the 2018/19 visit cycle we recommended the school should implement their proposed monitoring system for personal tutor sessions as we heard that not all students have had their mandatory meetings.
- 23 The school updated us that staff have received training for the new monitoring system (*TopDesk*) in January and confirmed that they will be piloting this system during this academic year. This system will allow the school to monitor attendance at personal tutor meetings, allowing them to identify students who are not meeting the minimum attendance requirements and to investigate the reason for this.
- 24 The educators we met with were positive about the potential benefits of the *TopDesk* system including the feature that allows for meeting notes to be stored with sections for confidential information. The school told us that they expect the system to improve the ease with which concerns can be escalated.
- 25 We heard from staff and students that they have the flexibility to have meetings on an ad hoc basis if they require more time outside of the mandatory meetings. Students who have had their mandatory meetings told us that they are generally a formality but acknowledge that they are important for times when more support is required.
- 26 Students are required to attend a minimum number of mandatory individual and group meetings. In year 1, students should receive 4 individual tutorials and 3 group tutorials with their personal tutor. In years 2 and 3, students should receive 3 individual and 2 group tutorials. We heard from year 1 and 2 students at the

February visit that not everyone had met with their personal development tutor for a mandatory individual meeting.

- 27** Given the circumstances surrounding the COVID-19 pandemic and the changes to the delivery of the course the remainder of the academic year, we will follow this recommendation up in due course once the system has been tested in practice.

Recommendation: We encourage the school to implement the proposed monitoring system for the Personal Tutor System.

Theme 2: Education governance and leadership

Standards

S2.1 *The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.*

S2.2 *The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.*

S2.3 *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

Quality management/control systems and processes (R2.1),

- 28** Anglia Ruskin have three sources for their assessment material; Dundee Medical School, the MSC Assessment Alliance and the in-house generation of questions. The school is drawing from the extended matching item (EMI) bank at Dundee medical school and modifying the questions to an SBA format in order to be in line with the upcoming Medical Licencing Assessment (MLA) format. Once a question has been modified then it is standardised by the Assessment Group.
- 29** The Assessment Group is responsible for blueprinting and developing the question bank, and standard setting assessment items. The group has produced guidance for the style of written assessment items, standard setting and psychometric analysis. Each lecturer is required to develop 3 new questions which are collated by the block lead and submitted to the Assessment Group. The Assessment Group are responsible for formatting and standardising the new questions as per the guidance. In the post-hoc analysis the psychometrician will review the performance of each item alongside a review by the school's academic team. This data is then discussed in the Assessment Group meeting.
- 30** Results are reviewed and agreed by the Modular Assessment Panel (who sit within the University governance structure) who also incorporate the feedback from external examiners, before being sent to the Awards Board for the final decision on candidate progression. Appeals from students on process grounds are considered centrally to ensure these decisions are made independently.
- 31** In relation to post-hoc analysis; we saw in the pre-visit documentation that the school had used the borderline regression method and borderline group for exam data analysis. The school have clarified that in the future only borderline regression will be used and the example of borderline group was used for completeness while the process was being tested.

32 As part of the e-panel in May we reviewed some of the school's assessment material including the school's assessment strategy and Modular Assessment Panel meeting minutes, we will hear more about the role of this panel over future visit cycle. We will also further explore the school's assessment system, in particular their processes for the quality assurance processes and standard setting of assessment items.

Recommendation: The school should continue to develop and make explicit their assessment system, in particular, their processes for quality assurance and standard setting of assessment items.

Accountability for quality (R2.2)

33 In the pre-visit documentation, we received an overview of the Course Team Review (CTR) Group, which is an operational forum within the medical School, meeting on a monthly basis. These meetings are chaired by Phase Leads and attended by core staff including the Deputy Head of School, block leads and SSC leads. This group focuses on course enhancement including, curriculum reviews, resource allocation, the quality assurance of clinical placements and a review of any issues raised by the SSLC. We also reviewed the minutes of some of these meetings which are shared with senior management and the Management and Quality Enhancement Committee (MQEC).

34 We heard about how the school is accountable for educational governance at the February visit. The school gathers information on the quality of medical education from several sources including assessment performance and student placement evaluation. This data is reviewed by the SSLC and the Clinical Learning Environment Group (CLEG). The CLEG meetings bring together the clinical sub-deans and medical school staff to discuss information gathered from the clinical learning environment. The CLEG quality exceptions and is reported to the Faculty Education Committee (FEC) and the Faculty Executive Team (FET) meetings. The FEC reports to the University Education Committee and the Academic Standards and Quality Committee. The SSLC is reported to the Faculty Partnership Team (FPT) and the FEC. The MQEC has oversight of the process and ratifies decisions.

35 At our visit in February we met with the Head of School from Dundee Medical School. We were pleased to hear about the collaborative working relationship that has been developed between the two medical schools. We heard how the schools work together to identify and address potential issues as they arise. For example; Dundee observed Anglia Ruskin's formative OSCE to provide oversight of a new process for the school. We also heard that Dundee have access to Anglia Ruskin's risk register, and they have channels to discuss concerns that arise.

Evaluating and reviewing curricula and assessment (R2.4)

36 Anglia Ruskin have a role in providing an external view on the current curriculum review at Dundee Medical School; including members of the faculty attending an event to feedback on the curriculum review following document scrutiny. Dundee

Medical School have welcomed this input and there appears to be a supportive two-way dialogue between the schools.

- 37** Both schools report that the curriculum review is unlikely to have a significant impact on Anglia Ruskin as much of this is focused on Dundee being more in-line with new guidance and Anglia Ruskin have already factored this into their curriculum for example, mapping to the revised *Outcomes for Graduates*. Anglia Ruskin do not report any immediate plans to diverge from the Dundee curriculum and would mirror any movement of content between years to ensure that learning objectives are aligned with assessments. We are pleased to hear about the effective use of the contingency model.

Area working well: The positive and supportive working relationship the school have developed with Dundee Medical School, including their involvement with Dundee's curriculum development.

Evaluating and reviewing curricula and assessment (R2.4), Undergraduate clinical placements (R5.4)

- 38** In the last visit cycle, we heard that all year 1 students would be expected to attend a 3-week placement which takes place after the end of year summative exams. The purpose of this placement is to provide the opportunity to consolidate their theoretical learning in the clinical environment. We saw how the school collated and processed feedback from students and educators
- 39** The school have now modified the placement based on the feedback they received from the previous year 1 students including reducing the length of the placement and formalising the expected learning outcomes. This was confirmed by the team in the end of year placement guidelines that are shared with students and educators.

Collecting, analysing and using data on quality and on equality and diversity (R2.5)

- 40** The school currently track performance data on all students including students recruited through the Widening Access to Medicine Scheme (WAMS). Student performance is tracked through admissions performance and assessments. At present the school does not report any significant difference, however they acknowledge the current data set is small and they will continue to monitor this as the schools grows. Any differences or trends identified would be reviewed by the admissions team with oversight from MQEC.

Systems and processes to monitor quality on placements (R2.6), Undergraduate clinical placements (R5.4)

- 41** In the last visit cycle, we heard that the school's processes for quality management of medical education in primary care were structured and consistent and this was confirmed in the pre-visit documentation. However, in relation to secondary care, we heard that two acute trusts had provided a consistently poor educational experience for students. As a result, we set a recommendation for the school to continue to monitor student feedback from the clinical learning environment and redistribute students where appropriate.
- 42** The school have made steps to address this recommendation. Each LEP associated with Anglia Ruskin Medical School has a Clinical Sub-Dean who is responsible for liaising with the school and providing updates on the clinical learning environment. The Clinical Sub-Dean is also responsible for identifying suitable placements within the trust based on learning objectives set by the school. Since the last visit, the school have included the Clinical Sub-Deans in their CLEG meetings to share information from clinical placements and identify any areas of risk. We also heard that the school sends out a document to all the associated trusts and Primary Care placements, which outlines the learning objectives for students. Educators and students receive the learning objectives and suggestions on what they should cover each week. The school told us that these documents are now more aligned to ensure consistency in the expectations of the intended learning outcomes when on placement.
- 43** In the pre-visit documentation, we also reviewed the schools detailed RAG rating documents for primary and secondary care based on student feedback. Some primary care placements scored poorly across several domains including providing the opportunity for students to meet their learning objectives and the quality of clinical supervision. Each practice is provided with general feedback and in areas where they score poorly, they will receive more specific information. Where a Primary Care placement is not meeting the expected standard, the school will investigate this. We heard that a small number of students have been moved where required. The school have not removed any primary or secondary care placement providers from their list in year one, but they will continue to monitor feedback and where LEPs and Primary Care placements are not responding to feedback or the educational experience is consistently poor then students will be moved.
- 44** We are pleased with the progress made towards this recommendation and will hear more about this once clinical placements recommence.

Recommendation: The school should continue to monitor student experience on clinical placement and re-distribute student clinical placements where appropriate for students to meet their learning outcomes.

Sharing and reporting information about quality of education and training (R2.8)

- 45** We were pleased to hear about the schools collaborative working with local medical schools. Anglia Ruskin meets formally with Norwich Medical School and Cambridge School of Clinical Medicine four times per year to review local initiatives. The school told us about the lack of clinical lecturers in Essex and they are currently working with Cambridge to place new staff in the area. We look forward to hearing more about the progress of this work at future visits.
- 46** The school also attend meetings held by Health Education East of England which brings together regional medical schools, Post Graduate Dean and Deputy Post Graduate Deans to discuss LEPs and information from the clinical learning environment.

Area working well: The school's collaborative work on local initiatives with Cambridge and UEA Medical Schools.

Monitoring resources including teaching time in job plans (R2.10)

- 47** The pre-visit documentation outlined the schools working groups and general staffing structure. This was further clarified at the visit in February. Staff members at the school often have multiple roles and this is particularly the case for the senior team. An example of this can be seen with the Assessment Group who are responsible for developing, blueprinting and standard setting assessments in addition to reviewing the psychometric analysis. This is a large amount of work which is carried out by a relatively small team including senior members of staff.
- 48** The school have outlined their plans to recruit more staff as the school grows and we would encourage the school to continue to consider the workload of faculty members and distribute roles accordingly.

Recommendation: The school should consider the resilience and sustainability of senior roles, particularly in relation to assessment.

Theme 3: Supporting learners

Standard

S3.1 <i>Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and achieve the learning outcomes required by their curriculum.</i>
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Learner's health and wellbeing; educational and pastoral support (R3.2)

- 49** The year 1 students we spoke with were positive about their experience at the school so far. They describe the course as well structured and enjoy the mix of teaching styles that are incorporated into each day. The students describe the staff as supportive and were positive about the induction they received. The students we spoke with did not report any problems accessing wider university services and were positive about the occupational health services.
- 50** The year 2 students we spoke to raised a number of issues which suggest that there has been a significant breakdown in their relationship with the school. We heard from students that the school does not appear to be responsive to feedback and some students report difficulty accessing pastoral support. We have asked the school to investigate this matter and will closely monitor their progress (paragraph 6 -11).

Supporting transition (R3.5)

- 51** At our visit in February we heard from the year 1 students that the school hosted a session prior to their induction providing students with opportunity to be familiarised with the campus. Students have been also allocated to a 'medic family', which consists of year 1 and year 2 student contacts. We look forward to hearing how this support system works in practice.
- 52** We reviewed the University No Detriment Policy which has been produced for use during the Covid-19 pandemic. This policy has a section to address medical students and how the threshold standard for progression must be maintained. We will explore how this has worked in practice during the next visit cycle in order to gain an understanding of how the school have risk assessed candidate progression, the impact on future assessments and how students have been supported through this time.

Information about curriculum, assessment and clinical placements (R3.7)

- 53** The school received feedback from students that they did not have enough assessment information at the beginning of year one. As a result, the school have added in a session for students which goes into detail about assessment development including blueprinting and standard setting. The school also run workshops on formative assessments. Before the visit, we reviewed the school's assessment handbook which is disseminated to students. The information provided in the

handbook outlines all assessment and their individual components including the requirements of the student portfolio.

Feedback on performance, development and progress (R3.13)

- 54** At the February visit we heard how the school provides feedback to students on formative assessments. For the OSCE, students receive a personalised document outlining their station performance against the whole cohort and the examiners' free text comments. For the SBA and anatomy spot test, students receive a combined grade and high-level information on how many questions were passed in each subject area. This feedback is discussed with students in a mandatory meeting with their personal tutor and recorded on the *TopDesk system*. Students receive a summary of this meeting including their overall score. We heard from students that they would like feedback on individual questions, however, the school are clear that the feedback is intended to help learners identify subject areas that require improvement to ensure a well-rounded knowledge of the course material. Furthermore, the school is unable to share individual questions to ensure assessment security as the questions may be used in future assessments. The school do not routinely provide detailed feedback for summative assessments, except for those candidates who have not been successful.
- 55** The school have made changes to how they provide assessment feedback as a result of student feedback on the process. Personal tutor sessions are now timetabled to align with the formative assessment results. We also heard about the school's plans to offer formative progress testing for students. We look forward to hearing about the format of this formative assessment and how this works in practice.

Theme 4: Supporting Educators

Standards

S4.1 *Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.*

S4.2 *Educators receive the support, resources and time to meet their education and training responsibilities.*

Time in job plans (R4.2)

- 56** In our 2018/2019 report we set a recommendation that the school should monitor the workload of their Personal Development Tutors (PDT) and consider the scalability of the personal tutor model. The PDT system provides structured support for students in group and individual meetings. These meetings give students the opportunity to discuss their progress and any academic, pastoral or personal issues. In the pre-visit document review we saw the PDT handbook which we found to be detailed and provides tutors with clear guidance on key areas to cover at each mandatory meeting. The handbook also clearly defines the role of a PDT and the intended outcome of the process.
- 57** We heard at the February 2020 visit that the total number of students per tutor has been capped at 25. The school sets several mandatory sessions across the year and students are expected to attend group and individual meetings. The individual meetings last for approximately 20 minutes and students have the option to meet with their tutors more frequently if required. Group meetings focus on general feedback, preparation for assessments and learning support. The individual meetings allow for personal issues to be discussed in addition to other general support that may be required.
- 58** The tutors we spoke to find the workload manageable within their role. We heard examples of tutors sending out polls to their tutees to map availability for meetings. The school has plans to recruit more personal tutors as the cohort increases.
- 59** Some students we spoke to told us that they had not yet had their mandatory personal tutor meeting and there appears to be variability in the student experience of this system. We will continue to monitor this recommendation and review the workload of personal tutors as the meeting capacity increases.

Recommendation: The school should monitor the workload of personal tutors, as well as the scalability of the current model

Working with other educators (R4.5)

- 60** The school continue to demonstrate a culture that supports educators to meet the requirements of the curriculum. The educators we spoke to confirmed that they had

all received their mandatory training with the opportunity to sign up to refresher courses in later years. We were also pleased to hear about the opportunities for educators to liaise with each other. The school holds Faculty Development days which are separate to training. These days are run as conference style events and allow for the opportunity to share up to date practice and communicate any changes at the medical school. Educators also sit on medical school committees including meetings with Dundee Medical School, and the school has plans for a faculty away day.

- 61** The educators we spoke with were highly positive about the support they receive from the school and described a culture of colleagues all working together. The visiting team are therefore satisfied that educators are adequately supported and can work together to ensure a consistent approach to education and training.

Area working well: The recruitment and development of staff to support the medical programme.

Theme 5: Developing and implementing curricula and assessments

Standard

S5.1 *Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.*

S5.2 *Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

GMC outcomes for graduates (R5.1)

- 62** The pre-visit documentation outlined the curriculum mapping tool that has been purchased by the school (*Marlo*). The school are currently in the process of populating the platform with the learning outcomes for each year. The learning outcomes are intended to align with *GMC Outcomes for Graduates* and the *MLA Content Map*. We heard from the school that this platform will link with *Canvas* to allow students to see the learning objectives of each session and see all the relevant teaching sessions under a theme. Tutors have access to *Canvas* and will therefore be able to keep up to date with learning objectives set by the school.
- 63** We heard from students that the learning objectives are often only released just before the scheduled lecture and they would like to receive this in a more timely manner to assist them in their preparation for lectures. The new curriculum mapping tool should be beneficial in resolving this issue and we will hear more on the school's progress during the next academic year.

Undergraduate curricular design (R5.3b)

- 64** The school has made some changes to the year 2 curriculum based on feedback from the first cohort. In order to ensure that all students receive an opportunity to meet their learning outcomes for smaller specialties such as ENT and dermatology, this teaching will now be delivered on campus through pre-arranged sessions.
- 65** The students we spoke to were largely positive about their clinical placements and were keen for more clinical exposure. Some students raised that it would be preferable to have more exposure to learning in the clinical environment, but it was generally accepted that these changes have been made were based on feedback with the aim of improving the consistency of teaching for all students.

Undergraduate curricular design (R5.3f)

- 66** Before our visit, in the pre-visit documentation we reviewed the school's Student Selected Component (SSC) study guides for year 1 and 2. The school plans to incorporate placement based SSCs into later years.

67 The year 1 SSC is a literature review which runs throughout the academic year and titles are generated by academic staff. The year 2 SCC is run as a single 4-week block and is more closely linked to clinical experience. Students are required to select 3 titles from the list, and they are then allocated to a title based on their preferences and student demand. There is also the option to self-propose an SSC title and we heard that some of the year 2 students have done this. The school told us that the students are given the option to shape their own SSC to encourage an individualised experience and focus on personal academic learning objectives. Each student receives an introductory and feedback meeting with their SSC supervisor, and can receive feedback on a percentage of their draft report to check their progress. Through this process the school has demonstrated that they offer students the opportunity to choose areas that they are interested in studying.

Fair, reliable and valid assessments (R5.6)

68 The school holds all SBA papers onscreen and delivers assessment using *Speedwell* exam software. Once the student has logged into the system the computer is locked to the exam screen. The school told us that the system also allows them to accommodate for reasonable adjustments, for example modifying the onscreen formatting.

69 The school confirmed all devices with internet access are prohibited during assessments. Due to the cohort size and school capacity, assessments are generally held over multiple sessions in a day. This requires one cohort to be kept in holding while the first cohort sits the paper. The students we spoke with raised some concerns about exam security including a lack of division between computer screens or privacy screens. We also heard reports of students having access to their mobile phones while in holding. We raised this with the school during the visit and will follow the school's progress on this item during the next academic cycle.

Recommendation: The school should consider steps to improve exam security.

Reasonable adjustments in the assessment and delivery of curricula (R5.12)

70 Before the visit we reviewed the school's policies for reasonable adjustments which are comprehensive and clear but not specific to the medical programme. At the visit, the school confirmed that to ensure independent decisions are made, reasonable adjustments are managed centrally by the University with input from the medical school when required in relation to clinical assessments. Once a decision has been made the information will be disseminated only to staff members or teams that require the information in order to facilitate the process. If the medical school feel that the reasonable adjustment is not conducive to achieving the required outcomes, this will be fed back to the University and re-evaluated.

71 The University team who make decisions about reasonable adjustments liaise with the assessment team about thresholds within the medical course. There are some areas where the school has set a threshold, for example timing in the OSCE will not be altered as this is at the competency threshold for this examination. Any issues with accessibility would be considered and managed on an individual basis.

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