

Visit Report on Aston Medical School

This visit is part of the new school's 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	Aston Medical School
Sites visited (if applicable)	Aston University
Programmes	MChB
Date of visit	28 January 2020 <i>An assessment review was scheduled as a second visit activity on 21 May 2020, but this has been cancelled due to the COVID-19 pandemic. We will review the school's approach to assessment and the impacts of the COVID-19 pandemic over future visit cycles.</i>
Key Findings	<ol style="list-style-type: none"> Over the 2019/20 academic year, the school recruited 118 students onto the programme of which 61 students are Home/EU students, 39 students were recruited via the school's widening participation schemes and 18 are international students. The visit focused on the school's development having recruited another cohort of students. In advance of the visit we reviewed the school's document submission (which included a report of clinical placements, minutes and actions from student committees and the school's approach to risk recording.) During the visit we met with the school's senior management team, students,

educators and members of the admissions and widening participation team.

- 3** A total of 27 students were interviewed (6 Year 1 and 21 Year 2). The Year 1 students gave a uniformly positive report. The substantial majority of the Year 2 group were happy.
- 4** We are pleased with the school's commitment and work that took place since the last visit cycle and we find no new concerns during this visit cycle. We particularly commend the school on the timely completion and opening of the new facilities within the school and we will review the management of this as cohort size increases. We heard from students that they want peer support and the school are in the process of developing near peer groups with Leicester Medical School. We do recommend that the school find the best solution for peer learning opportunities both within the school and with Leicester Medical School.
- 5** We have been able to close one recommendation during this cycle, and note the progress made to resolve the requirement and recommendations which remain open. We look forward to monitoring the school's progress over the next academic year.

Update on open requirements and recommendations

	Open requirements	Update	Status
1	R1.19 - We are concerned that previous plans for teaching facilities have been changed so close to the start of the new programme. These plans must be finalised as soon as possible.	We welcome the timely development of the current facilities for Years 1 and 2. The students speak highly of the resources now available. We are reassured that with the detailed timetabling we have been shown these facilities should be enough for Year 3 also. The requirement relating to this standard should however remain open and will be	Partially Met

		revisited next year when the timetable has been implemented.	
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	Open recommendations	Update	Status
1	R1.17 We encourage Aston Medical School to continue to develop 'Near peer group' support arrangements for their first cohort of students as they progress through the programme	The development of near peer groups with Leicester Medical School has been ongoing. We heard that 22 offers for near peer tutors have been made and the school are yet to allocate mentees. We will keep this recommendation open to monitor how well this is implemented over future visit cycles.	Partially Met
2	R1.7 - The school has a very committed but relatively small core team, many of whom have taken on multiple roles. The school should consider how best to mitigate this in order to successfully deliver a full medical programme.	The school has increased academic staff members and we note the ongoing recruitment plans. We also note that key members such as the school Psychometrician and Phase 1 lead are resigning, and we will keep this recommendation open to review over the next visit cycle.	Partially Met
3	R1.20 - The school's proposed programme will have a strong reliance on technology. The school should provide the necessary level of support to deliver this successfully.	The school has recruited a Senior Technologist to support the school's digital strategy and the various technology platforms used within the programme. We are satisfied that this is being delivered successfully and we have identified no further concerns in this area. We have therefore closed this recommendation.	Closed
4	R1.21 - The school's personal tutor model risks over-burdening individual tutors with too many students to provide effective support.	The school has increased the number of personal tutors and are in the process of recruiting more. We will keep this recommendation open and revisit over the next visit cycle as cohort sizes increase.	Partially Met

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	R1.3	We met a very happy group of Year 1 students and a predominantly happy group of Year 2 students.	9-11
2	R2.20	The school is commended for its commitment to widening participation as evidenced by the recruitment figures.	35-36

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)

6 The school demonstrates a culture that enables concerns to be raised about patient safety and the standard of education openly and safely without fear of adverse consequences. The Year 1 students we met told us they are well supported in raising concerns. We heard from students that raising concerns is actively encouraged at general practice (GP) placements. Year 2 students told us that raising concerns is regularly taught and students are aware of where to find the school's policies and lecture material on Blackboard (online learning environment and resource tool). Students have been provided with school contact numbers and email addresses for raising a concern. In the last visit cycle the visit team were satisfied that there were appropriate governance systems for raising concerns and this year we saw its development as students progressed into clinical placements.

Supporting duty of candour (R1.4)

7 Year 1 students recognise the term duty of candour. They report that teaching about professionalism is embedded into their course and they understand its importance. These students particularly like the additional mindfulness sessions. Similarly, Year 2 students told us they understand the duty of candour and its relevance to their career. The school helps learners to develop the communication skills required to be open and honest alongside supporting student wellbeing.

Seeking and responding to feedback (R1.5)

- 8** During the school's presentation we heard that both the university and school have questionnaires to seek feedback from students on education and training. In addition, the school also seeks feedback from staff and external examiners.
- 9** Year 2 students told us that the school consider students' feedback and responds to it. For example, students have raised concerns about the large teaching groups and the consequent noise during group-work sessions. The school resolved this by using the small groupwork rooms instead.
- 10** Whilst Year 2 students report that the school post 'you said, we did' feedback on the school Blackboard, we heard this is not always on aspects that they consider of most importance to them. We are concerned to learn from some students that the number of learners giving feedback has decreased as the form used for collecting feedback is too broad. Students reported that they are expected to complete approximately 10 forms per term, which are lengthy, including feedback for each lecturer. They find this too time consuming. We therefore encourage the school to review its mechanisms for gathering student feedback to ensure this is not too burdensome for students.
- 11** Year 2 students told us they would like access to a question bank to track their learning and to improve their preparedness for assessment and suggested using Leicester Medical School's. The school is aware of students wanting more formative assessments and self-study questions. The school has an app called TopHat which is integrated with Blackboard and consists of questions, in class assessments, homework quizzes and various team-based learning. We encourage the school to promote these formative opportunities available to its students and discuss with them any concerns they may have. We are satisfied that the school's culture involves seeking and responding to feedback and we encourage the school to develop this further as its cohort sizes increase.

Appropriate capacity for clinical supervision (R1.7), Educators for medical students (R2.13)

- 12** In the last visit cycle, we noted the increase in staff, mostly in support roles. During this visit, the school management team told us the school has appointed and continue to recruit to additional roles, the majority of which are educators. The school has increased the number of clinical fellows from 4 to 10 this year, whose professional backgrounds vary from ophthalmologists, GPs and retired surgeons. The school also has several core science educators and educators from life and health science including pharmacy and neuroscience. These educators teach aspects of pharmacology and physiology on the programme and are a part of Aston University.
- 13** We heard that the Phase 1 lead and the school Psychometrician were due to leave, and these roles are currently being recruited to. We are pleased to hear the school is developing the Aston Head of Academy role to act as a lead between trusts and the

school, in preparation for Year 3 students undergoing clinical placements. Also, they will have an additional 6 senior academic tutors to support Year 3 students. We are pleased with the recruitment plans in place and are satisfied the school has enough staff members who are suitably qualified and have the appropriate clinical supervision skills to support students. We will keep this under review and will revisit this at the next visit.

Induction (R1.13); Supporting transition (R3.5)

- 14** We heard from Year 1 students that they found the transition to University difficult, particularly getting used to the workload. Students commented that they did try to adjust their workload and prepare for teaching sessions; but they are unsure of how to balance their workload. Whilst students reported that the school has an induction process, which includes sessions on preparedness for university, the students would prefer to meet their personal tutor earlier in the term for support on transitioning to university, rather than a few weeks into the term which is the current experience. However, the Year 1 students did report that induction provides them with the opportunity to build connections with staff and students; and introduces them to lectures which they found useful. We are pleased to find that students are happy in Year 1 and are enjoying the course.
- 15** Year 2 students told us that their induction was shorter in comparison to Year 1, with sessions followed by teaching. Students found these short sessions useful as it covers topics such as professionalism, assessment and progression.
- 16** During our meeting with Year 2 students, we met a small number of students who were unhappy with their overall student experience within the school. We noted their concerns, and this was discussed with the senior management team. We were satisfied that all reasonable steps that could be taken are being taken to resolve this matter.

Area working well 1: We were met by a very happy group of Year 1 students and a predominantly happy group of Year 2 students.

- 17** Whilst the school has a well-structured, informative induction for students across years, it would be beneficial for Year 1 learners to have further support in transitioning to university, with an earlier introduction to personal tutors to help in managing workloads. We will review induction and transition over future visit cycles as the cohort size increases.

Multiprofessional teamwork and learning (R1.17)

- 18** During our meeting with Year 1 students we heard that they have interprofessional learning opportunities with Aston University students studying Pharmacy, Audiology and Ophthalmology. We heard that these interactions take place during ethics

teaching and staff from each specialty facilitate groupwork. We also heard that students have an opportunity to have a dissection session at Leicester Medical School, which they enjoy. We were pleased to hear the school provides students with opportunities to learn with other health professions.

- 19** The educators informed us that they do not have a room large enough for inter-professional learning and so they have used groupwork rooms once. They have also tried to move the session to a Friday evening when rooms are available, however there has not been much student uptake. The school is reviewing timetables to ensure adequate teaching space is available.
- 20** We heard from Year 2 students that they have not had any peer learning opportunities yet with students from Leicester Medical School. The students told us they would find it useful to have opportunities with students from Leicester Medical School who are in the year above them. So, for example, the Year 2 students in Aston Medical School would learn from the Year 3 students in Leicester Medical School. We heard these students feel particularly pressured prior to exams because there is no peer support from an above year group and so they are experiencing everything first.
- 21** Aston Medical School has proposals to develop near peer group support with Year 3 students from Leicester Medical School and 22 offers for near peer tutors been made with plans for a steering committee to be formed and allocate mentees. The school are mindful of Year 2 students not having any peers in the above year at Aston Medical School and are in the process of organising training for the near peer tutors. The school is committed to have this support in place before students finish Year 2.

Recommendation 1: We note the commitment of the school in the development of near peer groups with Leicester Medical School and this has been ongoing. We will keep this recommendation open and review over future visit cycles.

- 22** We heard from students from both years about the school's buddy system/academic families which is dependent on a shared personal tutor. Some students reported that not everyone has a buddy, but the new facilities enable social interaction across the year groups (see R.19). We also heard about mentoring opportunities organised by the school's Medical Society. We will review peer learning with the school at the next visit.

Adequate time and resources for assessment (R1.18)

- 23** The school delivers its assessments using online systems. The single best answer assessment is an online exam using the Medical Schools Council Assessment system, followed by a separately timed online short answer paper on Blackboard. Students have fed back to the school that this is not favourable as there is a 3-4-minute gap whilst students' login to their Blackboard account. The school acknowledged this in

their presentation, that this is under review. We will monitor this over future visit cycles.

- 24** In the last visit cycle, we heard the school had experienced some technical difficulties during formative online assessments. During this visit cycle, the school did not report any technical issues and computer rooms have been booked in advance.

Capacity, resources and facilities (R1.19)

- 25** We are pleased to hear that the new school facilities are open on the ground floor of the university. We received a tour of the facilities which included several clinical skills rooms, a large study room and tutorial rooms. We had heard in the last visit cycle that the school did have contingency plans for induction during the school move, but during the school's presentation at this visit we heard these were not required as the move went ahead as per the timescales. The school has reworked the timetable for Year 1 and Year 2 to ensure adequate tutorial rooms are available.

- 26** The student we met spoke positively about the new school facilities. Year 1 students liked the group and the silent study spaces available. They commented that they enjoy interacting socially with Year 2 students and asking for study tips in these spaces. The Year 2 students also enjoy the social interactions with others and like having the large study room open 24 hours.

Requirement 1: We are reassured that with the detailed timetabling we have been shown these facilities should be enough for Year 3 also. The requirement relating to this standard should however remain open and will be revisited next year when the timetable has been implemented.

Access to educational supervision (R1.21)

- 27** The school has 44 personal tutors in total and has planned recruitment to increase this further. We heard from the educator session that Personal Tutors use PebblePad for personal tutor meetings, and email. The school told us during their presentation that they have adapted personal tutor meetings this year to include a welcome week for Year 1 students, x2 one to one meetings and x2 academic family/buddy meetings. The maximum number of students for each tutor is 8 with 4 students from each year. The educators told us that allocation is randomised and is dependent on whether the tutor is based internally or externally. We also heard that the tutors remain the same as the students' progress throughout the course. A change of personal tutor is possible, but this is determined on a case by case basis. To date, no students or personal tutors have requested a change; the only changes in tutor have been the result of a staff member leaving.

- 28** Educators told us there is no formal evaluation of personal tutors. The students have canvassed positive feedback through their student representatives. We also heard

that the University does not evaluate personal tutors, but the school would find this useful to do. We encourage the school to evaluate its personal tutoring model and we will keep this under close review over future visit cycles as cohort sizes increase.

Accessible technology enhanced and simulation-based learning (R1.20); Supporting improvement (R1.22)

- 29** During the last visit cycle in 2018/19 the students reported concerns about the limited availability of core textbooks in the library. We are therefore pleased to hear from the students in this visit cycle that the online library is now available, so books that are not available to loan can be accessed via an e-book. Some students reported that they would still prefer to loan textbooks, and so it was encouraging to hear in the school's presentation that textbook availability is being addressed as a result of feedback received from the Year 1 evaluation. We are satisfied that there are enough resources available for students and we will revisit this as cohort size increases.
- 30** During the last visit cycle in 2018/19 we found that the school's proposed programme would have a strong reliance on technology and recommended that the school should provide the necessary level of support to deliver this successfully. We heard during the school's presentation that they had received some feedback from Year 1 students about problems with the new audio-visual (AV) systems and Wi-Fi in lecture halls. The school has recruited a senior learning technologist and the students we met during the visit reported no concerns regarding the accessibility and use of the various online platforms. The previously open recommendation regarding support for IT strategy has been closed in this visit cycle as we are satisfied that these issues have been addressed.

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 manage/control systems and processes (R2.1), Accountability for quality (R2.2), Sharing and reporting information about quality of education and training (R2.8)

- 31** During the school's presentation we learnt how the school has integrated with the university's reporting structure through management committees. The school engages with a variety of internal stakeholders including students, admissions, assessment, and university level learning and teaching committees, and has been successful in influencing change. An example we heard was a year-long module which enabled timetabling to take place more flexibly and the school to run integrated exams, which is different to how the university usually runs a module. We also heard how feedback from both school and university questionnaires is discussed at the university learning, teaching and quality committee.
- 32** The school continues to develop its relationship with clinical partners. There are 3 meetings a year for leads from clinical placements to meet with academic leads to discuss the course and to enable the sharing of best practice and areas for improvement. The school also plans to visit every trust once a year, with a formal quality assurance (QA) meeting every 2 years. We also heard that the school plan to hold meetings with the West Midlands Postgraduate Dean, to consolidate and provide feedback on trusts within the area and meet with other medical schools to work collaboratively. We commend the school's commitment to developing relationships with clinical partners. We will further review the quality of information sharing in relation to clinical placements over future visit cycles.

Systems and processes to monitor quality on placements (R2.6)

- 33** During the school's presentation we heard that the school is working on a strategy for clinical placements. The school is developing a 5-year plan and in turn this will be used to develop and train staff. We heard that service level agreements (SLAs) work is ongoing with University Hospitals Birmingham (year 3 – year 5 students), The Royal Wolverhampton NHS Trust (year 3 students) and Walsall Healthcare NHS Trust (year 4 - year 5 students) with regular implementation meetings.

- 34** The school informed us of the withdrawal of Worcester from the previously agreed SLA and negotiations are underway with other potential partners and that the HEE regional office is also involved in the planning of placements. We encourage continued engagement on this matter with all relevant regional partners. This is an area that will be explored again in future visits.

Concerns about quality of education and training (R2.7)

- 35** The school reported on areas of risk identified through its quality management processes. For example, we heard that there were issues surrounding the audio-visual system, but this was swiftly rectified. The school also has a WhatsApp group for staff absences which we consider to be a positive use of technology. When a staff member is delayed in arriving to a session this can be communicated to the group and another staff member can start the session, ensuring educational continuity for students. We are pleased to hear that the school reflects on the challenges they have faced through its quality management processes. We will review this over future visit cycles as cohort size increases.

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

- 36** We heard during the school presentation that the university has supported the school in appointing honorary senior lecturers and often these are consultant colleagues from neighbouring trusts. We also heard that the school is learning to manage contracts for teaching and clinical time for consultant lecturers to avoid research excellence framework (REF) issues with the support of the university. Senior managers will continue to consider this as the school increases its teaching staff. We will monitor this over future visit cycles.

Managing concerns about a learner (R2.16); Support for learners in difficulties (R3.14); Considering impact on learners of policies, systems, processes (R2.3)

- 37** We met with the curriculum and assessment team who informed us that 6 students from the first cohort of Year 1 failed the year. The school is supporting all these students through the personal tutoring system and they receive additional support from the Head of Student Support. The school has a policy whereby the maximum number of attempts to pass the year is 3 (the 3rd attempt being exceptional). The school does make the number of attempts clear in its policies and representation meetings. Importantly, the school has analysed the demographics of those students that failed and whilst there was nothing untoward to infer from the data, we encourage the school to continue monitoring this as cohort size grows.
- 38** The school monitors student engagement through attendance at personal tutor appointments, exam attendance and occupational health appointments. The school requires compulsory attendance at sessions which cannot be replicated by personal private study. Examples include interactive group working and skills sessions. Whilst

the school does not mandate lecture attendance, there are attendance monitoring systems in place; for example, there is a professionalism sub board which reviews student conduct and attendance across all types of teaching sessions.

- 39** During our meeting with the Year 2 students, they reported finding the attendance policy strict. Authorised absences need to be emailed a week before. Students commented that those with long term conditions could be disadvantaged as they would require absences to be authorised regularly. The students thought it was unfair to put all students in the same category, as some students may have established, long term medical issues that require regular absences. We heard from some Year 1 students that there have been technical difficulties in registering attendance using their ID card and this results in them receiving an email about their apparent non-attendance.
- 40** The school monitors student behaviour. We heard from educators how they have identified a few instances of poor behaviour and this has been managed through the school's student support mechanisms. We were pleased to hear the school's commitment in having systems and processes to identify, support and manage learners.

Recruitment, selection and appointment of learners and educators (R2.20); Collecting, analysing and using data on quality and on equality and diversity (R2.5)

- 41** The school reported no changes in the admissions requirements for the 2019/20 visit cycle. The admissions process has been aligned with Aston University in view of the large number of applications received. The central admissions team have received training on the school's admission process and received further training on equality and diversity and unconscious bias.
- 42** We were pleased to hear the school continues to recruit students from a widening participation background and has recruited another 39 such students this year. Additionally, the clinical teaching fellows have formed a group and are working on a systematic review of widening participation student progress through the medical school to help them provide targeted support. We commend the school's active approach to supporting widening participating students.

Area working well 2: The school is commended for its commitment to widening participation as evidenced by the recruitment figures.

- 43** The school ensures its student recruitment process is fair through ranking widening participation students, international students and home/EU students within their own groups. The school trains each interviewer, which includes training on multiple mini interviews (MMIs). Interviewers consist of medical students from Keele University, PhD students from Aston University, GPs and staff. The school hopes to have its own medical students recruited as interviewers as cohort sizes increase.

44 The school welcomes students with disabilities and plan to arrange visits as and when required should they receive early enquiries from an applicant with a disability. The visits would include a tour of the School, a taste of some of the tasks that a medical student would learn and have an opportunity to chat with students and staff. The school has also reviewed various policies in line with the GMC's *Welcomed and Valued* guidance. Whilst the school collects data on equality and diversity and the outcomes of student progressions, it has not identified any trends in the data but will continue to analyse this as its student cohort increases. We will review this over future visit cycles.

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>

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

- 45** The Year 1 students we met told us they enjoyed their one-week GP placement; they learnt consulting skills and how a practice works. The students told us that the placement providers expected them, but we heard of instances in which the information and location of placements were provided at short notice and students struggled to arrange transport in time. We also heard from students that the GP educator provided them with materials from the Aston practice clinic and that they were well supported with cross-over between the personal and clinical tutors.
- 46** We heard from the Year 2 students that they are meant to have Wednesdays off, but this has not happened as they have sessions which commence at lunchtime. The school has informed students the rationale behind this, but the students commented that they would like to have the free time to catch up on self-study. There were also some reports of group work being cancelled due to the availability of staff. Students stated that they would prefer more consistency in their timetable so that they could manage their time effectively. We did hear during the School's presentation that timetables will change to ensure there is adequate space next year.
- 47** Year 2 students told us that they are aware of the requirements for progression into year 3 and have received some information regarding placements in year 3. We heard of upcoming briefing sessions and students report that they are happy with the level of detail provided.
- 48** The school's senior management team told us that an outline of the Year 3 placements was provided to students before Christmas. This outline informed students that the placements are within travelling distance of Birmingham as there had been some worry about accommodation and travel. This included a list of clinical partners. Students are yet to be provided with information about which placement provider they have been allocated to. The school has provided information to students in a timely manner so far and we encourage the school to maintain this as the student cohort size increases.

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.*

Induction, training, appraisal for educators (R4.1)

49 We heard from educators that they are always supported in their continued professional development and they have been provided with opportunities to complete a Post Graduate Certificate which 4 educators completed last year. The clinical education forum meets every two weeks to help collaborate with educators outside the medical school. We also heard of how Aston University's Centre for Learning and Teaching Innovation provides learning and development opportunities for educators.

Time in job plans (R4.2)

50 We heard from the educators that academic leads needed a lot of time to prepare; and the clinical teaching fellows had a rather high workload. Presently, there are 10 fellows, so they try to provide a fair timetable for them all. We heard that block leads always have some time available for support and those that are clinical can have a full clinical day every two weeks. However, we heard that some educators chose to have these outside term time, so teaching and clinical duties do not affect each other.

Accessible resources for educators (R4.3), Working with other educators (R4.5) Evaluating and reviewing curricula and assessment (R2.4)

51 We heard from educators that resources are readily available and that they can request resources where required. The school is investing in resources such as further ultrasound machines for teaching.

52 We heard from educators that the team are close, and all are familiar with the content of the curriculum. We also heard that the shared offices encourage openness amongst staff. The increase in clinical teaching fellows is welcomed and has contributed to not having a pressured workload. Although staff to student ratios are the same as last year, the student perception of this has been better this year.

53 Educators commented that the marking workload is very manageable, and most assessments are online and therefore are quick to mark. Marking is done in scheduled bouts, as a team for both online and offline assessment and educators found this efficient.

- 54** The school continues to evaluate and review curricula and assessment to improve the quality of education. We heard during the school's presentation that the feedback received from external examiners is very positive and that the assessment team have responded to all the comments raised after review of the examination papers.
- 55** We also heard how clinical teaching fellows are involved in curriculum development and have provided feedback at the end of each block. We heard that 2 clinical teaching fellows have been given senior roles as block and course leads to have further involvement on curricula development.
- 56** Educators reported a good relationship with Leicester Medical School, and they share materials. We also heard that staff at Leicester Medical School meet regularly with Aston Medical School for strategic planning and these meetings take place two to three times a year.

Educators' concerns or difficulties (R4.4)

- 57** We heard of no concerns reported by educators. Academic Lead Educators are working to recruit more GP practices for future cohorts and have already contacted clinical commissioning groups and training hubs to ensure there are enough GP practices available as cohort size increases. We also heard that the school has a risk register which they could compare with Leicester Medical School. Educators found this is useful to reflect on what they are doing by making comparisons to Leicester Medical School.

Theme 5: Developing and implementing curricula and assessments

Standard

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

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

GMC outcomes for graduates (R5.1), Assessing GMC outcomes for graduates (R5.5)

58 The school has made significant progress in ensuring that the curriculum is planned and mapped to the outcomes for graduates. We heard during our session with the curriculum and assessment team that block leads are leading on the GMC's *Outcomes for Graduates* work and are taking the responsibility to ensure these were mapped to learning outcomes. The school has not been able to map to the full programme yet as learning outcomes and materials from Leicester Medical School have not been provided for the full programme. However, the school has actively made progress for interim planning for year 4 and will have a complete blueprint at the end of Year 4 when all the information has been received from Leicester Medical School.

Undergraduate curricular design (R5.3); Undergraduate clinical placements (R5.4) Meeting the required learning outcomes (R3.15)

- 59** During our meeting with the Year 1 students we heard that they find groupwork useful as it enables them to carry out self-directed learning. Students appreciate that there are limitations to self-directed learning and like to have peers to communicate with and have further follow up with teaching staff if needed. However, students also noted that the style of teaching varies between subjects. We heard from students that the physiology and pharmacology block rely on notes and lecture slides and students can link the material to the learning outcomes. Conversely, the cell biology and genetics block consist of "randomly" assigned topics which involve a lot of groupwork. Students reported that they find it difficult to link these topics to the learning outcomes and often seek support outside of scheduled teaching to get clarity.
- 60** We also heard from students that they enjoyed online learning, and opportunities are available in their physiology and pharmacology block for this but not in the cell biology and genetics block. Students had fed this back through the student representation committee, and feedback had been received from staff that this will be explored. The Year 1 students also told us that they were informed that lectures would be available as recordings, but this is inconsistent across blocks.
- 61** During our meeting with the Year 2 students we heard that the teaching is very lecture heavy. Students reported that they often had difficulty in preparing for

lectures. They commented that when they were in Year 1, they were informed that lecture material would be uploaded 48 hours prior to the session for preparation, but students told us this has not happened this year. These students also have concerns about the management block because they feel it is not required until phase 2. We heard that the delivery of management block teaching consists largely of NICE guidelines and the students are unclear what to take away from this block.

- 62** Year 2 also told us that some lectures have clearer learning objectives than others and students would find further detail on Blackboard. Students also reported that the external lectures are sometimes fragmented. Although they are interesting, we heard from students that external lecturers are not aware of what has or has not been taught already. The school does put information on assessments and learning objectives on blackboard and they hold compulsory sessions on assessment and standard-setting for Year 1 students. We also heard there have been some instances where lectures have mistakes in them. For example, students told us they were informed of a mistake less than 2 days before an assessment. The content of this lecture did come up in the assessment and students feel therefore that it is difficult to rely on lectures. Some students complained of inaccuracies in lecture material and discrepancies between lecture content and the provided lecture summaries
- 63** During our session with the Curriculum and Assessment team we heard that Year 2 have many external lecturers and they are sent workbook material from Leicester Medical School. External lecturers also sent their learning outcomes and submitted their lecture slides to the phase lead, and this is shared on blackboard. In addition, we heard from the attendees that external lecturers brief the clinical teaching fellows for groupwork, learning outcomes and presentations. We heard that most sessions delivered by external lecturers consists of some overview on what has or has not been taught from the briefing with the clinical teaching fellow.
- 64** The school carries out peer reviews of lectures in line with Aston University's policies and the school actively encourages student feedback on all lectures including those commissioned from Leicester Medical School. The school told us the main feedback that has been received from students is the need for clearer learning outcomes.
- 65** During the school's presentation we heard that the school are currently evaluating learning outcomes and how these can be made clearer for lectures. We note that in Year 2, there are many lectures delivered by external lecturers. We encourage the school puts a process in place to ensure the material is appropriate and relevant across all external lectures for consistency. We also encourage the school to manage student expectation and consistency around the recording and availability of lectures. We will review this over future visit cycles.

Fair, reliable and valid assessments (R5.6); Mapping assessments against curricula (R5.7); Feedback on performance, development and progress (R3.13)

- 66** During our meeting with Year 1 students, we heard that they had taken their first formative exam in October. Students are reassured and confident on their learning and can identify areas of weakness having taken their first exam. Students told us that the assessments were focused and covered the material that they were taught. However, students did report that they did not receive feedback for their assessments in a timely manner. Formative feedback on assessment involves having a feedback sheet detailing how well they did. We heard that students would prefer to go over assessments earlier to aid revision to identify weak areas. The school has cut down on short answer questions and has increased their multiple-choice questions in response to student feedback.
- 67** The school also provides students with a feedback report for formative and summative assessments. This report consists of feedback on each paper the student has sat, and it compares their assessments at a block level and with the performance of the overall cohort. We encourage the school to review and refine their processes for student feedback so that students can discuss their assessments earlier to ensure revision and early engagement, particularly for Year 1 students. We will review this over future visit cycles.
- 68** The Year 2 students told us that the level of difficulty in their assessments is higher in comparison to the previous year. Some students reported that some questions are not covered in their learning and the example we heard were those in relation to ethics sessions. We heard in the school's presentation that this is one of the areas that the school is evaluating as a result of feedback from both students and staff.
- 69** The Year 2 students reported a concern in the way results of assessments are given. Students explained that they are given raw scores and graphs. Whilst some of their lectures did cover Angoff standard setting, students could not understand the difference between a distinction and merit based on their raw scores and thought they often lost out due to Angoff standard setting. We also heard that students could not understand the lectures in relation to standard setting. Whilst Angoff standard setting is widely used, we encourage the school to explain this more so students can understand their scores.

Reasonable adjustments in the assessment and delivery of curricula (R5.12); Sharing information of learners between organisations (R2.17)

- 70** We are satisfied with the processes the school has in place for providing reasonable adjustments for students using Aston University's Enabling Team. We heard that the current approach for notifying GP placement providers on reasonable adjustments is on a one to one basis with consent from students. The school is working on a systematic approach for notifying placement providers about reasonable adjustments as cohort size increases. We will revisit this over future visit cycles.

Team leader	Professor Alastair McGowan
Visitors	Professor Steven Burr, Professor Deborah Murdoch-Eaton, Dr Catherine Swales, Ms Ellie Read
GMC staff	Kevin Connor, Jamie Field, Tulsi Patel

General Medical Council
Regents Place, 350 Euston Road
London NW1 3JN

Dear Tulsi

Visit Report on Aston Medical School 2019-20 Visit Cycle

Thank you for the 2019/20 quality assurance report on Aston Medical School. We found the visits and the feedback helpful and informative.

We were pleased that the GMC continues to recognise areas that are working well including “*We met a very happy group of Year 1 students and a predominantly happy group of Year 2 students. AND The school is commended for its commitment to widening participation as evidenced by the recruitment figures.*”

	Open requirements	Update	Status
1	R1.19 - We are concerned that previous plans for teaching facilities have been changed so close to the start of the new programme. These plans must be finalised as soon as possible.	<p>We welcome the timely development of the current facilities for Years 1 and 2. The students speak highly of the resources now available. We are reassured that with the detailed timetabling we have been shown these facilities should be enough for Year 3 also. The requirement relating to this standard should however remain open and will be revisited next year when the timetable has been implemented.</p> <p>AMS RESPONSE 08.10.20: The Year 3 timetable has been rolled out and includes a number of Wednesday afternoon sessions for Year 3 students. AMS is now looking closely at the Year 4 timetable. Covid-19 and social distance requirements have meant that the pressure on space is not as critical, due to online teaching, but AMS continues to work on plans and to monitor progress.</p>	Partially met

	Open recommendations	Update	Status
1	<p>R1.17 We encourage Aston Medical School to continue to develop 'Near peer group' support arrangements for their first cohort of students as they progress through the programme</p>	<p>The development of near peer groups with Leicester Medical School has been ongoing. We heard that 22 offers for near peer tutors have been made and the school are yet to allocate mentees. We will keep this recommendation open to monitor how well this is implemented over future visit cycles.</p> <p>AMS RESPONSE 08.10.20: Following recruitment, 44 Leicester Medical School students volunteered to support our vanguard year via near-peer mentoring. These volunteer mentors were in years 3 and 4 of the MBChB at Leicester Medical School in the 19-20 academic year. In collaboration with the Learning Development Centre at Aston University, we created online training resources for our Leicester Medical School mentors. Pairing of mentors and mentees was completed at the end of teaching period 2 of the 19-20 academic year and notifications sent to mentors, mentees and the appropriate Aston Medical School Personal Tutors. Alongside this, we also created and recruited to an AMS-LMS staff student planning group for near-peer mentoring. The remit of this group is to allow students to lead on developing the near-peer mentoring between the two medical schools. Membership of this group consists of:</p> <ol style="list-style-type: none"> 1. The Student Chairs from each medical school (LMS and AMS) 2. Secretary (AMS Staff) 3. Student Leads/Representative for Feedback and Dissemination (LMS and AMS) 4. Student Leads/Representative for Training and Best Practice (LMS and AMS) 5. Academic Lead (AMS Staff) <p>We invited applications for representation from both Aston Medical School and Leicester Medical School and recruited to all roles. The first meeting of this group is due to take place early in the 20-21 academic year.</p> <p>Alongside this initiative with Leicester Medical School, the Lead for PPD and Student Support has been developing near peer mentoring within AMS to link students with peer mentors in more senior years of the programme.</p>	Partially met

	Open recommendations	Update	Status
2	R1.7 - The school has a very committed but relatively small core team, many of whom have taken on multiple roles. The school should consider how best to mitigate this in order to successfully deliver a full medical programme.	<p>The school has increased academic staff members and we note the ongoing recruitment plans. We also note that key members such as the school Psychometrician and Phase 1 lead are resigning, and we will keep this recommendation open to review over the next visit cycle.</p> <p>AMS RESPONSE 08.10.20: AMS has recruited to the Psychometrician and Phase 1 Lead roles. Additionally, AMS has recruited a Year 5 and Acute Medicine Lead and new CTFs to replace those returning to clinical practice.</p>	Partially met
3	R1.20 - The school's proposed programme will have a strong reliance on technology. The school should provide the necessary level of support to deliver this successfully.	<p>The school has recruited a Senior Technologist to support the school's digital strategy and the various technology platforms used within the programme. We are satisfied that this is being delivered successfully and we have identified no further concerns in this area. We have therefore closed this recommendation.</p>	Closed
4	R1.21 - The school's personal tutor model risks over-burdening individual tutors with too many students to provide effective support.	<p>The school has increased the number of personal tutors and are in the process of recruiting more. We will keep this recommendation open and revisit over the next visit cycle as cohort sizes increase.</p> <p>AMS RESPONSE 08.10.20: AMS continues to recruit personal tutors and has sufficient to cover the incoming 20/21 cohort. The plan is for Personal; Tutors to build 'academic families' across their groups of students. The e-portfolio system has been welcomed and has decreased the burden on personal tutors. The School is continuing to monitor this area closely to ensure the role does not become too burdensome.</p>	Partially met

Finally, thank you again for a supportive and stimulating visit during 2019-20. As a school, we continue to find the process thought-provoking and value the constructive nature of the report.

Kind regards

A handwritten signature in black ink that reads "Helen Cameron". The signature is written in a cursive style and is positioned above a solid horizontal line that extends slightly beyond the width of the signature.

Helen Cameron
Acting Head of Aston Medical School
Dean of Medical Education