

## 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

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|--------------------------------------|---|
| <b>Education provider</b>            | Aston Medical School  |
| <b>Sites visited (if applicable)</b> | Multiple short MS Teams visits<br>All visits took place virtually due to the covid-19 pandemic.   |
| <b>Programmes</b>                    | MBChB   |
| <b>Date of visit</b>                 | 7 January 2021 (OSCE assessment review)<br>18, 21 & 22 January 2021   |
| <b>Key Findings</b>                  | <ol style="list-style-type: none"><li>1. Over the 2020/2021 academic year we visited Aston Medical School as part of our multi-year quality assurance review. We conducted an Objective Structured Clinical Exam (OSCE) observation and several short virtual visits to the school.</li><li>2. During the visits we met with the school's senior management team, students, academic educators, and members from primary and secondary clinical placements. The visits focused on the impacts of the pandemic, the adjustments to teaching and learning</li></ol> |

and the school's development having recruited another cohort of students.

- 3.** In advance of the visits we reviewed the school's document submission which included the school's response to the GMC covid-19 survey, the school's missed and adapted teaching register, quality management and governance documents and assessment and external examiner documents.
- 4.** The school has a total of 303 students (125 year 1, 115 year 2 and 63 year 3). A total of 27 students were interviewed during the visits (12 year 1, 9 year 2 and 6 year 3). Students gave a positive report overall, although some year 2 students raised some areas of dissatisfaction largely around the pandemic catch-up assessments and mental health during the pandemic.
- 5.** We are pleased with the school's progress since our last visit. We particularly commend the school in their efforts in supporting educators, students, and local education providers (LEPs) during the pandemic. We heard from students that communication from the school could be better and we would also like to see more students engaged with the school's quality assurance process for GMC approval. We recommend that the school provide students with opportunities to discuss issues that are global to the school and across cohorts to strengthen student engagement.
- 6.** The current covid-19 pandemic, national lockdowns and changes to government guidance has meant the school has numerous temporary changes to processes. Some of the open requirements and recommendations from the 2019/2020 cycle have been rolled over into the 2021/2022 cycle until we have satisfactory assurance for closure. We have closed one recommendation and opened one new recommendation during this cycle.

## Update on open requirements and recommendations

|   | Open requirements   | Update  | Report paragraph   |
|---|---|---|--------------------|
| 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. | The school has partially met this requirement. The pandemic has meant that the school has moved to online learning and the use of facilities is limited. The school is planning timetabling on-campus sessions for year 3 and year 4 for when pandemic restrictions are lifted. | <a href="#">22</a> |

|   | Open recommendations  | Update  | Report paragraph      |
|---|---|---|-----------------------|
| 1 | 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. | This recommendation remains open. We were updated with recruitment numbers and new roles at the school and note that the roles appointed are largely part time. The school has understandably experienced delays in recruitment due to the pandemic.                | <a href="#">12</a>    |
| 2 | 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 school has partially met this recommendation. The school told us that the 22 offers from last year for near peer support from Leicester Medical School, have increased to 41. The school plans to meet with students to advocate participation in this project. | <a href="#">20-21</a> |

|   |  |   |                    |
|---|--|---|--------------------|
| 3 | R3.2 - The school's personal tutor model risks over-burdening individual tutors with too many students to provide effective support. | The school has met this recommendation. The school ensures tutor to tutee ratio is manageable and has developed and implemented enhancements to the PebblePad personal tutoring platform. | <a href="#">65</a> |
|---|--|---|--------------------|

### 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 1:<br>Learning environment and culture<br>(R1.18; R1.19; R1.20)      | We commend the school on their IT infrastructure and are satisfied with the contingencies in place should there be a disruption to technology during virtual assessments.  | <a href="#">23-25</a> |
| 2      | Theme 4:<br>Supporting educators<br>(R4.4; R4.5)                           | We commend Aston Medical School on the strength of their educator team, both on campus and within the NHS community, evidenced through strong collaborative spirit and staff feeling supported and engaged in curriculum development.  | <a href="#">85-86</a> |
| 3      | Theme 5:<br>Developing and implementing curricula and assessment<br>(R5.4) | We are pleased to find that the integration with students from University of Birmingham is working well. Furthermore it is very encouraging to hear about the range of adaptations on how clinical providers are working with Aston Medical School to ensure students have access to the clinical experience they require during the pandemic and ensuring that these remain of educational value. | <a href="#">98</a>    |

## 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: Educational governance and leadership (R2.3) | The school should communicate clearly with students on processes and opportunities that exist where initiatives and issues global to the school can be shared and discussed across cohorts. | <a href="#">37-39</a> |

## 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   |
|---|
| <p><b>S1.1</b> 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.</p> <p><b>S1.2</b> 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.</p> |

#### *Raising concerns (R1.1); Dealing with concerns (R1.2); Learning from mistakes (R1.3)*

1. Aston Medical 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. In the previous cycle we heard from students that an email address and contact number is available to raise concerns. We reviewed the MBChB Code of Practice for Quality as part of the school's document submission which outlines the raising concerns process and additional named contacts for students to use when raising concerns.
2. The school also takes responsibility to investigate and act on these concerns. We reviewed the Annual Concerns Report for the period of 2019/2020 which details the management of the concerns raised and the actions undertaken together with the Significant Event Analysis form which provides students with an opportunity to reflect on concerns raised. The school provides several examples in their document submission, where concerns have been raised by students which has led to a change in processes. For example, we had heard that during the allocation of the year 3 placements, students requested to be placed with their peers due to shared accommodation. Unsuccessful requests for these were not informed and students fed back to the school. The school has since reflected from this event and will respond to each student to notify them of the outcome of their request.
3. During our meeting with clinical placement providers, we heard how one provider had used the raising concerns process. The provider was contacted within 24 hours of the concern being raised, a plan was formulated and there was a positive outcome. We

also heard how providers include videos as part of induction to support students to raise concerns.

4. During our meeting with students we heard that they are comfortable in raising concerns both at the school and during clinical placements and are aware of the channels available to do this. The year 1 students gave the example of raising a concern involving comments on a WhatsApp chat. This was taken seriously by the school and led to a meeting with the Dean. The students were satisfied with the Dean's response and the school has since organised a session on equality and diversity for students.
5. We are assured that the school continues to encourage students to raise concerns and ensure that the management of these include reflection and the recognition of learning to improve processes.

#### *Seeking and responding to feedback (R1.5)*

6. The school demonstrates a culture that both seeks and responds to feedback on education from students. We saw in the school's document submission the various methods to capture student feedback. The school uses feedback forms for modules that feed into the annual module evaluation report. This also includes feedback for Local Education Providers (LEPs). We heard during the visit that staff feedback is captured largely from minutes of meetings but also informal meetings and emails.
7. The year 1 students told us they attend 'meet the dean' sessions where feedback or concerns can be raised. We heard an example whereby students fed back that dissection sessions could be more interactive, and additionally the usual dissection session with Leicester Medical School could not take place during the pandemic. Following this feedback, we heard that these sessions are now more interactive and engaging for students.
8. During our meeting with year 2 students, we heard that whilst the school do seek feedback, closure of the feedback loop is not always clear. Additionally, students told us that they are sometimes consulted at a time when plans cannot be changed. We heard an example where students carried out a survey and the results highlighted mental health issues amongst the cohort due to pandemic pressures. This was fed back to the school. The students are aware that the school has undertaken a review, which has been reported on, but are unclear on the details of the report or the outcomes. During the school's presentation, we saw that one of the school's ongoing challenges is managing anxiety during the pandemic - often government guidance is released at short notice and therefore requires some planning before informing next steps to students. We heard in the school's presentation that the school has organised resilience training in response to these concerns.

9. The year 3 students told us that the school does take feedback seriously, but implementation does not take place quick enough for them to benefit from the change. We heard an example where students fed back that at some general practice (GP) placements, students saw a reduced number of patients during the pandemic and would have liked to use the spare time to study or volunteer. Students suggested they would benefit from a flexible timetable and this was discussed with the school. However, as the change took 10 weeks to implement, the current students did not benefit from this as the placement is 12 weeks long.
10. From our findings, we note there have been time constraints due to the pandemic for both students and the school. It is evident that the school continues to be responsive and act on the feedback received by students. However, we do encourage the school to ensure there are clear, timely closure of feedback loops and this is an area we will follow up in the next visit cycle.

*Appropriate capacity for clinical supervision (R1.7); Monitoring resources including teaching time in job plans (R2.10); Educators for medical students (R2.13); Time in job plans (R4.2)*

11. During our meeting with the senior management team, we were updated with staff recruitment numbers. All clinical teaching fellows have been replaced since the last visit and a recruitment campaign is underway for a year 5 lead. In the last visit cycle, we heard that the school psychometrician and phase 1 lead were resigning, and we note that these roles have since been appointed to in this visit cycle. We saw in the school's presentation, additional roles which have been appointed to, such as an anatomy lecturer, assessment leads and a year 3 lead.
12. We previously set a recommendation on the relatively small core team at the school. During this visit, we note that the roles appointed are largely part time and together these would be equivalent to 2-3 full time equivalent posts. We also note that staff turnover has been high and whilst there are no underlying concerns, we would expect staff members to increase in line with having another cohort of students. The school has understandably experienced delays in recruitment due to the pandemic, staff absences and illness and are using external guest lectures to fill gaps needed for year 3 as well as expanding the recruitment campaign. We will explore this area further at our next visit.

**Open recommendation 1: 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.**



### *Identifying learners at different stages (R1.10)*

- 13.** The school does have a reliable way of identifying students at different stages of education and training to ensure students are not expected to work beyond their competence. During our meeting with clinical placement providers, we heard that students wear badges which identify students not only at different stages but recognise students from other medical schools. We will review this as cohort size increases over future visit cycles.

### *Induction (R1.13); Access to educational supervision (R1.21)*

- 14.** The school has adequate processes in place to ensure students have an induction. The year 1 students we met told us that the school has communicated well with them during their induction and that the sessions cover what is required. The students are directed to a variety of online resources on how to access support, library support and the personal tutoring system.
- 15.** We also heard from students that timeframes have not always been clear following amendments to national guidance by the government during the pandemic. The rapid changes to timetabling and the move to online learning has meant that students are not clear on how to use the resources since the timetable has been revised. During our meeting with school, we heard that they are meeting with staff to discuss learning and teaching as soon as possible to reflect new guidance throughout the pandemic but require planning meetings before relaying the information to students.
- 16.** During the last visit cycle, we heard that year 1 students would prefer earlier contact with their personal tutors to help transition to university. During this visit students told us they met their personal tutors within 3 weeks of starting the course (virtually) and find this helpful.
- 17.** The year 3 students told us they receive a good induction from both the medical school and at clinical placements, both of which are useful as they provide students with the information needed to prepare for placements.
- 18.** We are assured that the school continues to provide an adapted and informative induction for students during the pandemic. These consist of school inductions and placement inductions which students find helpful. This is an area we will continue to monitor over future visit cycles.

### *Multiprofessional teamwork and learning (R1.17)*

- 19.** The school promotes a culture of learning and collaboration between specialties and professions during the pandemic. The year 1 students told us about virtual teaching sessions with optometry and pharmacy students covering scenario-based problem solving. We also heard from students that they are provided with other opportunities such as being a mentor for the school's Douglas Ellis Pathway and chaperoning for

medical interviews. All students during our visit told us that students talk to each other within the cohort and seek support from their peers.

20. The school told us that the 22 offers from last year for near peer support with Leicester Medical School, has increased to 41 and this initiative is supported by Aston Medical School. The school reported that Leicester Medical School have fed back that whilst the project is going well, Aston Medical School mentees are not responsive. From our meetings with students we found that they are not aware of this opportunity and we encourage the school to explore the reasons for the mentees not being responsive.
21. During the school's presentation we heard that the school plans to meet with students to promote the peer learning opportunity with Leicester Medical School. In addition, we heard from year 3 students that they found integrating with University of Birmingham students more valuable, considering the clinical phase of their learning. This is an area we will revisit in the next visit cycle.

**Open recommendation 2: 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**

*Adequate time and resources for assessment (R1.18); Capacity, resources, and facilities (R1.19); Accessible technology enhanced and simulation-based learning (R1.20)*

22. During the pandemic the school continues to ensure that there are enough resources and capacity to deliver safe learning opportunities. In the last visit cycle, we toured the school facilities and commended the school on the timely development of the facilities for year 1 and 2 students. Whilst we were reassured that the facilities would be enough for year 3 students together with timetable revisions, the requirement remained open for the timetable to be implemented. The pandemic has meant that the school has moved to online learning and the use of facilities is limited in line with national guidelines. During the school's presentation we heard that timetabling on-campus sessions for year 3 and year 4 students is being planned when pandemic restrictions are uplifted, and the school is negotiating with LEPs on ideal timings. We will keep this requirement open and review the implementation of timetables in the next visit cycle.

**Open requirement 1: 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.**

23. The school has adapted the curriculum to enable students to have practical experiences and has increased the use of technology enhanced learning opportunities. The year 1 students told us they have access to a variety of online resources and told us Touchpoint sessions which are used for anatomy are good.

Similarly, the year 2 students also like the adapted anatomy teaching and really enjoy this despite not having access to cadavers. We heard from some students that assessment changes are taking place at very little notice which adds anxiety due to the IT used for virtual assessments. The students raised concerns about Wi-Fi issues in student accommodation and are paying for data to ensure their online assessments remain unaffected. The school does have a process in the event of disruption to technology during a virtual assessment which includes a number to call.

24. During our meeting with the year 3 students they also told us they are well supported during the pandemic and have access to a range of online resources, recorded lectures, question banks and an online library. Whilst the medical school is not open to students, we heard that students could reserve desks at the library for personal study. However, students would like clinical skills to restart to practise Objective Structured Clinical Exam (OSCE) skills but appreciate this is dependent on national government guidance. During our meeting with clinical placement providers, we heard that some secondary clinical placement providers have an education centre where students can practise practical skills.
25. In the previous cycle we were satisfied with the IT infrastructure and closed the recommendation in relation to this. This year the pandemic has meant the school heavily relies on technology and we saw in the school's presentation that technology enhanced learning has been good, Blackboard (online learning environment and resource tool) has been redesigned and the school is supported by a learning technologist as the school move to online teaching and learning during the pandemic. The school also reported no students have used the telephone number to report any IT issues during the virtual year 3 formative OSCE which we observed.

**Area working well 1: We commend the school on their IT infrastructure and are satisfied with the contingencies in place should there be a disruption to technology during virtual assessments. We are assured that the school continues to provide suitable and adapted resources for learning for students during the pandemic.**

## 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 manage/control systems and processes (R2.1); Accountability for quality (R2.2); Systems and processes to monitor quality on placements (R2.6)*

- 26.** In the school's document review, the school detailed its governance systems which includes accountability for various aspects of the programme through school committee structures, liaison with clinical placement providers, the university and feedback from students.
- 27.** Aston Medical School also holds a LEPs liaison committee meeting 3 times a year to discuss matters in relation to curriculum changes, student feedback, clinical educator feedback, share any concerns and quality improvement. In addition, the school hosts biannual meetings for undergraduate coordinators and an annual visit to LEPs, to provide updates and planned changes to curriculum and assessment. The school also plans to undertake formal quality assurance visits every two years to secondary placement providers and every 5 years to primary care placement providers.
- 28.** The school has appointed a Primary Care Education Lead overseeing the quality management of primary care placements. During our meeting with clinical placement providers, we heard that formal quality management visits are paused during the pandemic and are replaced with more frequent meetings to ensure that placements remain of educational value. In this session we also heard that if student concerns are raised, the school will carry out virtual quality management visits to ensure immediate issues are followed up. The school seeks feedback of placements through student questionnaires, surveying the experience of clinical educators and collecting end of placement feedback by sending a formal email to the placement provider.
- 29.** The school has good quality management adaptations in place during the pandemic and we are assured that there are processes in place to measure quality with clear accountability in the school's governance structures which is inclusive of clinical placement provision.

**30.** In the last visit cycle, we heard that one LEP had withdrawn a previously agreed service level agreement (SLA) with Aston Medical School. During the school's presentation we heard that SLA discussions continue with Walsall Healthcare NHS Trust and local hospices. The school has confirmed SLAs in place for University Hospitals Birmingham NHS Foundation Trust and The Royal Wolverhampton NHS Trust. We heard that Birmingham Women's and Children's NHS Foundation Trust have also agreed to partner with Aston Medical School students. We will continue to monitor the progress of SLAs and placements in the next cycle.

*Considering impact on learners of policies systems, processes (R2.3); Information about curriculum, assessment, and clinical placements (R3.7)*

**31.** The school considers the impact of students on policies systems and processes and considers the views of Leicester Medical School as the contingency school. During the visit we heard that whilst the pandemic has brought challenges and there are fewer opportunities to hold meetings, Leicester Medical School has reviewed the missed/adapted teaching register that we reviewed as part of the school's document submission and we are assured that Leicester Medical School continue to support Aston Medical School during the pandemic.

**32.** The school continue to ensure that students receive timely and accurate information about their learning during the pandemic. Following the announcement of a national lockdown by the government, the school heightened their communication channels to manage student expectations. This includes Phase 1 Lead fortnightly meetings with the Dean, 'open mic' sessions and 'meet the dean' sessions for students. The school also introduced a 'you said we did' log.

**33.** During our meeting with educators, we heard that the school has a range of opportunities to provide feedback which enhances and improves the school's approach to curriculum and assessment. This includes the Student Staff Consultative Committee (SSCC), end of block evaluation, midterm feedback and student representatives are provided with training to give feedback. We also heard about weekly newsletters encouraging students to raise concerns and feedback. We heard an example where students had voiced feedback on the absence of a lecturer during video recorded lectures and having no opportunity for interaction during lectures. The school are currently reviewing this and will be rolling out live lectures following recent trials. We will continue to monitor this in the next cycle.

**34.** During our meeting with the year 1 students, we heard that students' feedback and raise issues to the cohort's student representatives who meet every teaching period and feedback at the SSCC. Students told us that year 2 and year 3 students have separate SSCC meetings and there is not a process for combining the student voice across the medical school.

35. Whilst the school is responsive to feedback, students told us that communication between the school and students could be better. The example we heard was the year 2 cohort being informed about the catch-up assessment too late. The school emailed students when the first national lockdown took place, but students felt they were inundated with emails and announcements about the various changes. They would prefer that student representatives attend meetings when decisions around teaching and learning are discussed so that the student voice is represented, and information can also be cascaded back to students.
36. The year 2 students told us that they would like to receive their lecture material in a timelier manner so that they can effectively plan their learning schedule. Whilst students have raised this with the school, they do not feel the school has made adequate changes. We heard that lectures continue to be scheduled into the timetable but are released after the scheduled time. We will follow this up in the next visit cycle.
37. As part of the school's education governance documents we reviewed, the school holds SSCC meetings once per term with student representatives of each cohort. The year 3 students are aware of their student representatives but told us there is not a specific meeting to discuss issues across cohorts. In addition, students told us they have no access to meeting notes or are aware of the discussions for the year 1 and year 2 meetings but provide support to these students only if they are part of the academic family for their group. The school told us that student representatives are responsible for sharing minutes of meetings which are also shared by staff on blackboard so that students of all cohorts can access these. In addition, the school holds cross programme SSCCs in teaching period 2 for issues global to the school to be discussed.
38. During this visit there were a low number of students available to meet with us. The school informed us that examinations together with greater anxiety and priority of clinical placement opportunities are contributing factors. The school told us they capture feedback through forms to support improvement and take care to consider the impact of policies and processes on students. Whilst students also have formal opportunities to raise programme-wide issues, the students we met appeared confused on how issues global to the school are recorded and discussed. This is an area that we consider can be improved.
39. We encourage the school to provide students clearer information about opportunities where initiatives and issues global to the school can be shared and discussed across cohorts.

**Recommendation 1: The school should communicate clearly with students on processes and opportunities that exist where initiatives and issues global to the school can be shared and discussed across cohorts.**

*Evaluating and reviewing curricula and assessment (R2.4)*

- 40.** The school is in the process of collecting feedback from the year 3 virtual formative OSCE we observed from both students and examiners. The findings will be used for assessment planning as well as the school's reflections. We will review the findings and the implementation of these in the next visit cycle.

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

- 41.** The school ensures that equality and diversity is embedded in the curriculum and assessment. For example, they are diversifying scenario-based teaching, introducing inclusivity and protected characteristics in modules and organising cultural communication sessions in teaching. The school demonstrates their commitment to equality, diversity and inclusion in its assessments using a variety of simulated patients and the reasonable adjustment processes.
- 42.** In the school's document review, the Code of Practice for Quality details the school's quality management processes in the programme. These include descriptions on key teams who collect and analyse data on curriculum outcomes and assessment analysis and arranging activities to capture feedback and psychometric analysis of learning.
- 43.** During our visit we heard that the school continues to collect and analyse student data. Whilst there is currently no evidence of any differential attainment in the assessment and progression data, the school does not yet have a full programme of students. We will revisit this area over future visit cycles as cohort size increases.

*Sharing and reporting information about quality of education and training (R2.8); Working with other educators (R4.5)*

- 44.** The school ensures that educators can liaise with each other to make sure they have a consistent approach to education and training both locally and across placements. Educators have been involved in decision-making processes during the pandemic through college wide committees and we heard there are good channels of communication to ensure teaching activities are consistent.
- 45.** We heard during our clinical placement provider sessions that academic and clinical educators have formed a WhatsApp group for any questions and concerns, aside from the regular meetings, which has been helpful. Furthermore, we heard that Health Education England West Midlands has started an engagement initiative with Aston Medical School and University of Birmingham to share regional intelligence on LEPs. The school demonstrates that they continue to share information and work with other educators in the region to share information about the quality of education and provide educator support.



*Managing progression with external input (R2.12); Examiners and assessors (R5.8)*

- 46.** The school continues to consult with external examiners through boards when managing progression and use external examiners for assessments during the pandemic. We also reviewed sample feedback and recommendations from external examiners.
- 47.** We note that the level of external input has remained high for assessments during the pandemic. The school's document submission includes external examiner guidance, protocol for remote proctoring and training slides with examples of how verbal feedback should be given to ensure consistency amongst examiners. Additionally, during the year 3 virtual formative OSCE, we saw external examiner and internal auditor presence.
- 48.** The school ensures assessors and external examiners are embedded with the school's governance processes as well as ensuring they are appropriately trained. This is an area we will continue to monitor over future visit cycles.

*Managing concerns about a learner (R2.16); Support for learners in difficulties (R3.14)*

- 49.** We heard that the school is adopting a team-based learning model across the curriculum. For each teaching session, students are provided with pre-work so that they are prepared for engaging in the session. The school finds that this has been a key indicator in identifying those students in difficulty.
- 50.** The school also has a range of early indicators and measures which are monitored and help to identify a student in difficulty. We heard examples of these which include weekly team meetings to monitor concerns about students and personal tutors having access to an online My Engagement platform to monitor attendance and act on unauthorised absences. In addition, the clinical teaching fellows identify any students that may not be engaging, appear quiet or not coping well and raise this at the clinical fellow drop-in sessions.
- 51.** During the pandemic, the school has also introduced additional indicators of engagement. For example, the school are monitoring engagement with self-study questions on the platform TopHat, interactive online learning is encouraged by requesting students to use chat functions, and video cameras are expected to be switched on during teaching sessions.
- 52.** During our meeting with clinical placement providers, we heard that they are reviewing how students interact with patients and colleagues. The school's Pebblepad platform provides checkpoints to ensure students have achieved the required competencies and if a student is identified in difficulty this is raised with the school.
- 53.** We are assured that the school has appropriate processes in place to manage any concerns about students and that these include a range of early indicators and



measures which have been adapted during the pandemic to help identify a student in difficulty. We will continue to monitor this over future visit cycles.

*Recruitment, selection and appointment of learners and educators (R2.20)*

- 54.** In the 2020/2021 academic year, the school recruited a further 119 students onto the programme of which 52 students are Home/EU students, 48 students are recruited via the school's widening participation schemes and 19 are international students. The school continues to advocate and recruit to the widening participation (WP) schemes. Furthermore, we met students who highlighted their positive experiences of the scheme.
- 55.** During the covid-19 pandemic, the government took the decision to cancel A Levels and as a result Aston Medical School reviewed their approach to offers for the 2020/2021 admissions cycle. The Centre Assessed Grades (CAGs) were published after the school had undergone clearing, Aston Medical School agreed to take on 11 extra students, but these places were not required. The school accepted 4 deferral students from the Medical Schools Council scheme.
- 56.** During our meeting with the senior management team we heard that despite the recruitment changes following government announcements of cancelled A Levels, the school remains in a steady state and anticipates that the next cohort joining the school will not be pressured. The school are planning for this cohort and reviewing the anticipated student numbers to ensure the school are not overwhelmed. We also heard about collaboration between the medical schools through the Medical School's Council as an avenue to share best practice and ensuring that recruitment in the pandemic remains transparent and fair.
- 57.** We are assured that the school ensures recruitment, selection and appointment of students are open, fair, and transparent and we will continue to monitor this over future visit cycles.

### Theme 3: Supporting learners

| Standard  |
|---|
| <b>S3.1</b> 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. |

#### *Learner's health and wellbeing; Educational and pastoral support (R3.2)*

- 58.** The school demonstrates that students have access to resources to support their health and wellbeing during the pandemic. We heard that the school delivered sessions for students on managing online learning and understood the difficulty faced by students who may not be able to attend clinical placements due to reasons such as self-isolation or shielding. The school carries out regular and repeated risk assessments for each student including additional risk assessments when students move from a covid negative ward to a covid positive ward, to ensure that any student above the ordinary risk level is identified and that this is communicated to placement providers. Furthermore, the school does not allow students into the intensive care unit or permit them to participate in aerosol generating procedures.
- 59.** During our meeting with clinical placement providers, we heard that students have access to lateral flow tests, personal protective equipment (PPE), fit testing for masks and students are in the process of being vaccinated. Students across years 1-3 told us that covid safety guidance is clear and is reinforced via email. We heard there are no compulsory sessions that require face to face attendance, and optional revision sessions are available with a restricted number that are socially distanced.
- 60.** We were pleased to hear that students have found PPE accessible on clinical placements. However some year 3 students told us that they did not have the same opportunities as their peers during secondary clinical placements because they were not fit tested for masks in time which led to a delay before they could attend specific wards. Students reported that this was rectified by week 9/10 of the 12-week placement which was too late for students to have adequate learning time on these specific wards.
- 61.** The school has worked hard to maintain clinical placements during the pandemic and ensuring that they remain of educational value. We note the approaches to careful planning through meetings after government guidance has been published and appreciate that whilst there has been some delay before actions can be taken, the school is demonstrating that student wellbeing remains a priority.
- 62.** We heard from the year 1 students that they had an isolated start to the year and found it difficult getting to grips with the learning material outside of teaching. The students said this feeling was increased as they are not with their peers. Students also told us that the learning material is difficult to absorb in a virtual environment as

often the learning style is monotonous, and this is not suited to all students. This was raised with the school who have since developed smaller sessions and trialed live lecture delivery.

63. The year 2 students also find online learning monotonous and would like to see more resources and support being offered for students both educationally and for wellbeing. Students raised concerns around wellbeing and the school's resilience sessions. We heard an example whereby students had raised concerns on feeling stressed and consequently the school put on compulsory resilience sessions, but as this ran before a formative assessment, students felt further pressured.
64. We heard about a variety of student support channels available during our visit for wellbeing such as the University's enabling team and the student hub. Furthermore, the school has ensured additional support is provided during the pandemic such as delivering resilience and managing online learning sessions. Staff report provision of extensive one-to-one meetings by senior academic leads. However, we do encourage the school to continue reviewing these approaches so that students are not overstretched through timetable pressures. This is an area that we will follow up in the next visit cycle.
65. The school has an open recommendation in relation to personal tutoring. During our visit we found that the school continues to ensure that each student has a personal tutor for pastoral support. We have seen an increase in academic families through the recruitment of another cohort, which involves students across years coming together and sharing a personal tutor. We heard during the school's presentation that some tutors have 4 or 5 tutees, but these are often only year 1 students to help manage the large numbers. In addition, the school has developed and implemented enhancements to the school's PebblePad personal tutoring platform and students speak positively about tutor support. We are assured that the school's personal tutoring model has a balanced ratio of tutor-tutees and that students are provided with the pastoral support required at the school. We have therefore closed this recommendation we will continue to monitor this area over future visit cycles.

**Close recommendation 3: The school's personal tutor model risks overburdening individual tutors with too many students to provide effective support.**

*Information on reasonable adjustments (R3.4); Reasonable adjustments in the assessment and delivery of curricula (R5.12)*

66. The school continues to assess requests for reasonable adjustments through the central student hub during the pandemic. A student meeting takes place with the student hub and any recommendations are discussed with the school leads. We also note the school's approach to reasonable adjustments for clinical placements, whereby adjustments are identified prior to placement allocation. We heard of one

example where a student required an adjustment for health reasons and was accommodated after discussion with the clinical educator at the GP practice and having taken following student consent to do this.

- 67.** Whilst the school reports lower needs for adjustment from students at clinical placements, the school continues to focus on covid risk assessments to ensure students at risk have the appropriate consultation, have an earlier fit test, vaccination, and access to PPE. The school reported no reasonable adjustment requests for the remote delivery of assessments during the pandemic and we are assured that there are appropriate pathways for dealing with such requests. We will continue to monitor this throughout future visit cycles.

#### *Supporting transition (R3.5)*

- 68.** The school continues to provide information and support to help students move between different stages of education. During our meeting with the year 1 students we heard that students are prepared for clinical placements. The 'open mic' and 'meet the dean' sessions provide detail on what to expect and they are provided with information on placement locations. Students told us that being prepared for placements has enabled them to have a positive experience.
- 69.** The year 2 students also like attending clinical placements but have found virtual consultations challenging. Students reported mixed experiences with examination skills and would prefer to have enhanced clinical examination teaching prior to starting placements to be better prepared. The clinical skills sessions had been cancelled during the pandemic due to national restrictions.
- 70.** We also heard from year 2 students that placements continue to be randomly allocated during the pandemic. Students told us that many live together in households but had different placements allocated rather than being kept in a bubble. Students would like the school to consider off campus and on campus students to be bubbled up in placements, especially because those off campus live with other family members or vulnerable people. We heard an example where 4 students were living together, 3 were together on placement and 1 was separated. In the school's document submission, we saw that placement allocation is being addressed and the school has reflected on lessons learned.
- 71.** Whilst we are assured that the school provide the required information and support for students to have a positive experience on placement, we will review the school's approach to placement allocation and lessons applied over future visit cycles.

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

- 72.** Last year students had told us that they found it difficult to understand their results and how these would be used for progression. This year students across all cohorts

told us they understand their results. Students are provided with documents on Blackboard with further information on bell charts and decile ranking as well as teaching sessions to support this. We are assured in this cycle that students understand their results following the school's revised approaches.

- 73.** During our visit we found that the school provides opportunities for students to receive feedback on their performance. The year 1 students told us that 'open mic' sessions take place before and after assessments and are an opportunity to discuss the assessment. The year 3 students particularly liked the feedback session following the formative assessment. We heard from students that this session was one of the best for them as there was a detailed analysis of each question. However, year 1 and 2 students told us they would like feedback sessions to include specific questions they had incorrectly answered.
- 74.** We note the school has organised revision sessions in response to assessment feedback specifically for OSCEs in year 1 and year 2 and the number of revision sessions have increased as students enquire about similar topics. The school told us that team-based learning takes place after a formative assessment for all three cohorts with a focus on questions that have been answered incorrectly amongst the cohort. Correct answers and explanations are provided online, students are also provided with a performance report and students are encouraged to contact the school should further support be required. We will revisit assessment feedback sessions in the next visit cycle.

*Meeting the required learning outcomes (R3.15)*

- 75.** Students of all cohorts told us that information on learning outcomes is accessible on Blackboard (online learning environment and resource tool). In addition, students have logbooks and patient counters to use at clinical placements and understand the requirements needed to meet the learning outcomes and progress.
- 76.** The school is challenged in the number of consultations available to them at smaller clinical placements during the pandemic and continue to review these to ensure that learning outcomes can be met. During our meeting with clinical placement providers we heard how some primary care providers are enabling students to carry out virtual consultations with patients in pairs. The students then have an opportunity to go through clinical reasoning with their clinical supervisor. We heard examples of other adaptations in primary care placements such as splitting the day and using afternoon sessions with a prescriber to discuss the management of the cases seen that morning. This provides students with more time to learn about the breadth of conditions to meet their learning outcomes.
- 77.** We were pleased to hear that one primary care provider allows all Aston Medical School students to experience out of hours service. During the pandemic this has

been a busy service and students can answer calls through NHS 111, practise history taking and management planning skills in these hours.

- 78.** The school's approach together with the adjustments at clinical placements during the pandemic demonstrates that clinical placements remain of educational value and assure us that students have the clinical exposure needed to meet their learning outcomes during the pandemic.

*Career support and advice (R3.16)*

- 79.** The school told us about the management pathways of students who exit the programme. The process includes support from occupational health, personal tutors, Head of Student Support and careers advice where applicable. We are assured that there are appropriate processes in place should a student exit the programme.
- 80.** During the pandemic the school has paused its opportunities for students to access lab based extra-curricular experiences. The students we met told us that they would be interested in this restarting as they want to consider applying for academic training in the future. The school may want to consider an academic programme for these students. We will monitor this area over future visit cycles.

## 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); Accessible resources for educators (R4.3)*

- 81.** The school ensures that educators receive an appropriate induction and that they provide educators with the resources required for teaching. We heard that the school has recruited new clinical teaching fellows who started in August 2020 and had remote inductions due to the pandemic. The clinical fellows told us that these inductions are well organised and provide the level of detail required.
- 82.** We heard from educators that clinical educators have received briefing sessions on the curriculum, which include material on the programme, phase and taught aspects which is sent to clinical educators in advance of student placements.
- 83.** In preparation for moving to online delivery of teaching and learning, educators were provided with IT training sessions on campus prior to lockdown and educators complement the support they received. Due to the number of online learning technologies already available at the school, staff are proactively thinking about enhancements through building online resources. Furthermore, educators told us how the current opportunities will enable innovation and confidence in adopting a blended learning approach in the future.
- 84.** We are pleased to hear that educators at the school have adapted well to online delivery and that the school are looking to expand this through a blended learning approach in the future. We will review the progress on this over future visit cycles.

### *Educators' concerns or difficulties (R4.4)*

- 85.** The school has supported educators and deal with any difficulties they face as part of their educational responsibilities throughout the pandemic. Educators told us that the school has regular meetings, WhatsApp groups, and are involved in university wide initiatives such as mindfulness classes and have access to mental health first aiders. The school also coordinates mental health counselling training sessions for staff at Aston Medical School.
- 86.** During our meeting with clinical placement providers we heard that the teams are well supported by Aston Medical School and have regular meetings to raise any

concerns. The academic educators also told us of their positive experiences and the strong collegiate approach which has been enhanced during the pandemic.

**Area working well 2: We commend Aston Medical School on the strength of the educator team, both on campus and within the NHS community, evidenced through a strong collaborative spirit and staff feeling supported and engaged.**



## Theme 5: Developing and implementing curricula and assessments

| Standard   |
|--|
| <p><b>S5.1</b> Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.</p> <p><b>S5.2</b> 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.</p> |

*GMC outcomes for graduates (R5.1); Assessing GMC outcomes for graduates (R5.5); Mapping assessments against curricula (R5.7)*

- 87.** The national lockdowns during the pandemic led to disruption of teaching and assessment across all years and led to an evaluation of curricula and assessment. The school's document submission includes a register of teaching adaptations for years 1-3 to ensure learning outcomes can be fulfilled later in the year/programme. We also heard during our visit about the range of adaptations undertaken such as organising catch-up assessments, moving to online learning, and substituting anatomy teaching.
- 88.** The school's document submission also includes the GMC Outcomes for Graduates (2018) mapping for years 1 -3 in addition to mapped sessions of the programme for core content. However, we note that these are not currently mapped to any assessments. During our visit, we heard that the school commissions new assessment questions each year and the rest are owned by the school, based on the planned blueprint for that exam. All of these are mapped to learning outcomes and themes in the curriculum as well as GMC learning outcomes. We also heard that learning outcomes are also available on Blackboard and mapped to core content to ensure students are aware of their learning requirements. The school are progressing with plans for the Medical Licensing Assessment (MLA). In addition, the school continues to work with Leicester Medical School to ensure that where there are points of divergence from the Leicester Medical School programme, the Aston Medical School programme and curriculum still fulfil all of the GMC Outcomes for Graduates (2018).
- 89.** During our meeting with year 2 students, we heard that students are provided with reading lists for each block that are mapped to each lecture. Similarly, year 3 students told us that they are given a spreadsheet which outlines learning outcomes which is further supplemented by information on Blackboard which includes submission deadlines, assessment mapping and common conditions. However, both cohorts told us they are unsure of how much detail they need to know for an assessment as some learning outcomes are either not met during lectures or appear too broad.
- 90.** In the previous cycle we heard that external guest lectures were not mapped appropriately or did not cover the appropriate material for the year 2 cohort. This

year we found that the new cohort of year 2 students continue to have this issue. Students told us that external guest lectures vary and sometimes do not cover learning outcomes relevant to the students' level of study.

- 91.** Whilst we are assured that the school has appropriate steps to ensure both curriculum and assessment material that is commissioned and those developed by the school, are appropriately mapped, we would encourage the school to ensure students have clearer guidance on learning outcomes to help prepare for their assessments. We also encourage the school to enhance their quality assurance processes for external guest lectures, particularly for year 2 of the programme. This is an area we will follow up in the next cycle.

*Informing curricular development (R5.2); Undergraduate curricular design (R5.3)*

- 92.** The school built in catch-up assessments in teaching period 1 and 2 which were originally planned to be delivered on campus. However, these assessments were moved online due to pandemic restrictions. During our meeting with year 2 students, we heard disquiet amongst the cohort regarding the catch-up assessments. The school weighs 10% of year 1 content in year 2 assessments to ensure student learning is maintained. Students told us they raised concerns with the school about this. Students collated feedback from the cohort which highlighted the mental health issues amongst the cohort, and this included feedback that the preferred approach would have been an assessment in the form of coursework to alleviate pressures.
- 93.** During our meeting with the school, we heard about the school's rationale around the catch-up assessments and weighting which included the consideration of student progression. We heard that having a larger weighting of year 1 content would put students at risk in that if they failed these assessments and did not progress this would be because of year 1 content and not year 2 which is where the cohort currently are in the programme. In addition, we heard that the school did feedback to students and provided a matrix of conditions for catch-up assessments as well as online meeting support. The school were also advised by their external examiners who recommended that a catch-up assessment following the first lockdown was the favoured measure to ensure academic rigour appropriate to the cohort.
- 94.** We support the school's intention to ensure there are appropriate measures for academic rigour relevant to where the cohort are in the programme. However, we note the pressures faced by students and we encourage the school to consider alternative methods of support and material when communicating changes about curriculum and assessment. We will monitor this area in the next visit cycle.
- 95.** During our meeting with clinical placement providers we heard that the strong communication with Aston Medical School is providing several opportunities to enhance curricular design. For example, we heard from a secondary care provider that they are including professionalism and team working teaching at their trust

which has been established since Aston Medical School students joined. We also heard an example from a primary care provider who told us how psychosocial focus is being enhanced to Aston Medical School students to ensure students consider the wider picture of the psychological effects which coincide with the socioeconomic status of the population in the area. Furthermore, The Royal Orthopaedic Hospital is introducing a new perioperative block for the students at Aston Medical School which will utilise innovative online teaching delivery.

96. We are pleased to hear that curriculum and learning in clinical placements are being enhanced and that students at Aston Medical School are provided with ample opportunities to broaden their learning. The school is planning for contingencies to curriculum and assessment in collaboration with clinical placement providers and is considering a future blended approach to curriculum and assessment delivery by undertaking a review of the areas working well. We will review student experiences of these opportunities and monitor the developments in the next visit cycle.

#### *Undergraduate clinical placements (R5.4)*

97. The school continues to provide clinical placement provision which gives medical students a range of experiences and identify areas that require review during the pandemic. During our meeting with year 3 students, we heard there is variability in clinical placement experience in that larger GP practices enable more learning so that themed weeks can take place, whereas smaller practices are challenged in providing these opportunities due to the low number of patients attending. During the school's presentation this area was identified as an area the school is addressing, and we will revisit this in the next visit cycle.
98. During our meeting with clinical placement providers, we heard how a secondary placement provider has updated their programme and has themed weeks which provides an opportunity for students from Aston Medical School to work alongside University of Birmingham students due to curricular overlap. We also heard that the differences between the curricula are taught separately to ensure Aston Medical School students have access to the learning they require. Furthermore, the trust has an education centre where teaching is provided so that the number of students on wards can be managed. The students from Aston Medical School and University of Birmingham have worked collaboratively with a common lead from the clinical team to coordinate placements at the trust. This is working well, and students value the opportunity of working with students from another medical school within the same year.

**Area working well 3: We are pleased to find that the integration with students from University of Birmingham is working well. Furthermore it is very encouraging to hear about the range of adaptations on how clinical providers are working with Aston Medical School to ensure students have access to the clinical experience they require during the pandemic and**

**ensuring that these remain of educational value. We will continue to monitor this over the next cycle.**

*Fair, reliable and valid assessments (R5.6)*

- 99.** Following the national restrictions, the school continues to deliver the curriculum and some assessments online. The school's response to the GMC covid-19 survey showed that assessments have been adapted in discussion with external examiners, Leicester Medical School and vetted through the school's governance committees.
- 100.** Due to the pandemic, Aston Medical School were unable to deliver on-campus computer-based examinations and there were 8 students who required a further sit as they had not passed their closed book examination in January 2020. The school proposed a series of remotely delivered examinations in August 2020 and the process was trialed in June 2020 with all the students who were due to undertake a resit of the exams. The school provided us with details of remote proctoring, invigilator instructions and exam instructions provided to students in their document submission. We saw that student feedback showed that 100% agreed that the trial was successful.
- 101.** The GMC visit team observed the year 3 virtual formative OSCE which consisted of 4 stations and we saw a blended approach of some students sitting this on campus and others at home. The OSCE was well organised and included time for station switches and snagging time which ensures that the assessment remains fair for students. We saw that students remain on the same link and examiners switch stations which worked well and enables the online assessment to be fair.
- 102.** During our visit, the school told us about contingency plans for the summative assessments through trials and involving LEPs. The school are making sure that the technology enhancements coincide with contingency plans, ensuring adequate processes are in place should there be disruption due to technology.
- 103.** From our findings, we are assured that the school sets fair, reliable and valid assessments, and this has been maintained during the pandemic and this will be an area we continue to follow up over future visit cycles.

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|--------------------|--|
| <b>Team leader</b> | Professor Alastair McGowan   |
| <b>Visitors</b>    | Professor Deborah-Murdoch Eaton, Dr Catherine Swales, Professor Steven Burr, Ms Ellie Read |
| <b>GMC staff</b>   | Martin Hart, Kevin Connor, Tulsi Patel, Lauren Monteiro                                    |

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Dear Tulsi

**Visit Report on Aston Medical School 2020-21 Visit Cycle**

Thank you for the 2020/21 quality assurance report on Aston Medical School. We found the visits and the feedback helpful and informative.

We continue to be encouraged that the GMC recognises areas that are working well including “*We commend Aston Medical School on the strength of their educator team, both on campus and within the NHS community, evidenced through strong collaborative spirit and staff feeling supported and engaged in curriculum development.*”

|   | 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>The school has partially met this requirement. The pandemic has meant that the school has moved to online learning and the use of facilities is limited. The school is planning timetabling on-campus sessions for year 3 and year 4 for when pandemic restrictions are lifted.</p> <p>AMS RESPONSE 28 07 21: The intention is to include a number of Wednesday afternoon sessions for Year 3 students and a number of Thursday afternoons for Year 4. It is hoped that these sessions will be on-campus, but will be run online should this be required due to Covid-19 restrictions.</p> | Partially met |


|   | 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 | <p>The school has partially met this recommendation. The school told us that the 22 offers from last year for near peer support from Leicester Medical School, have increased to 41. The school plans to meet with students to advocate participation in this project.</p> <p>AMS RESPONSE 28.07.21: AMS has sought feedback from all LMS mentors to see how the AMS-LMS near-peer mentoring has been going. This was informal feedback and also included a reminder for mentors to contact mentees. Generally where contact had been established it had been positive although Covid-19 had meant that all contact was electronic (email, WhatsApp etc). The School will continue to monitor the scheme and encourage further communications as necessary.</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>This recommendation remains open. We were updated with recruitment numbers and new roles at the school and note that the roles appointed are largely part time. The school has understandably experienced delays in recruitment due to the pandemic.</p> <p>AMS RESPONSE 28.07.21: AMS has fully recruited CTFs for the coming academic year, including an additional colleague to support the Effective Doctor (Year 3), and AMS-based teaching afternoons for Year 3 and Year 4, a Year 5 Lead and MLA/Assessment Lead. The School is currently recruiting Clinical Specialty Leads, a Clinical Skills Lecturer/Centre Manger and a Global and Public Health Lecturer.</p> | Partially met |
| 3 | R1.21 - The school's personal tutor model risks over-burdening individual tutors with too many students to provide effective support.   | The school has met this recommendation. The school ensures tutor to tutee ratio is manageable and has developed and implemented enhancements to the PebblePad personal tutoring platform.   | Closed        |

|   |   |  |     |
|---|---|--|-----|
| 4 | R2.3 - Theme 2: Educational governance and leadership | <p>The school should communicate clearly with students on processes and opportunities that exist where initiatives and issues global to the school can be shared and discussed across cohorts.</p> <p>AMS RESPONSE 28.07.21: AMS students have a number of ways in which initiatives and issues global to the school can be shared and discussed across cohorts. These include: student representatives attending Programme Committee, programme wide Staff Student Consultative Committees, BMA student representatives meeting with staff, 'meet the Dean' sessions, and Academic Families.</p> <p>The school will be setting up fortnightly meetings with Year Lead Reps and the Dean in the new academic year.</p> <p>At the last Staff Student Consultative Committee (SSCC) of the academic year, the School outlined the range of opportunities, listed above, to raise and share issues across cohorts. The School also demonstrated the areas on Blackboard that hold the written feedback data, evaluation summaries, staff responses, SSCC reports, and the running reports on <i>You Said We Did</i>. The school will include this information in all student inductions at the start of 2021/22 academic year and will seek to flag new items to students via the weekly newsletters.</p> | New |
|---|---|--|-----|

Thank you again for the visiting team's report on the virtual visits during 2020-21. It is as ever challenging and thought-provoking and we value the constructive nature of the report.

Kind regards




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