
Review of Barts and The London School of Medicine and Dentistry

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see:

<http://www.gmc-uk.org/education/13707.asp>

Review at a glance

About the School

Programme	MBBS
University	Queen Mary University of London (QMUL)
Years of course	4 year graduate entry programme (GEP), 5 year standard programme and some students extend their study to six years by taking an intercalated year, normally at the end of year 3 or 4.
Programme structure	<p>Phase 1: in years 1 - 2, teaching revolves around systems-based modules teaching basic biosciences and clinical placements in GP practices.</p> <p>Phase 2: in years 3 - 4, students are placed in teaching hospitals to acquire clinical skills and knowledge, returning to the school for teaching weeks and assessments.</p> <p>Phase 3: in year 5, students are placed in hospitals to gain experience of working as an F1 doctor, including shadowing their F1 placement, and complete an SSC module.</p>
Number of students	1747

Number of local education providers (LEPs)	573 clinical placements across 61 trusts, PCTs or other providers, excluding GP placements.
Local deanery	London Deanery
Last GMC visit	2009 - QABME
Outstanding actions from last visit	None

About the visit

Visit dates	21 – 22 November 2012
Sites visited	Barts and The London School of Medicine and Dentistry
Areas of exploration	Changes to medical education landscape, fitness to practise, student evaluation, student support, assessment, curriculum, clinical placements/assistantship, equality and diversity, staff development, patient and public involvement, transfer of information, quality management
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns identified?	No
Has further regulatory action been requested via the <u>responses to concerns element of the QIF</u>?	No

Summary

- 1 London was the region selected for review in 2012/13. The north east London regional visit team visited Barts and The London School of Medicine and Dentistry (Barts). Barts has 1,747 students and shares its site with The Royal London Hospital (RLH) which is a large teaching hospital. Barts has a four year graduate entry programme and a standard five year programme, all findings outlined in this report relate to both programmes.
- 2 We observed a strong sense of community amongst staff and students who are all committed to continuous improvement and quality enhancement. We met with students who are well supported and heard about strong support infrastructures. The School showed that it has responded positively to the outcomes of the previous GMC visit in 2009. The School's quality management processes are responsive to feedback, and we noted examples of quality loops being closed.
- 3 We identified some areas for improvement at Barts. We have concerns that student placement experience can be variable. We recognise the School's ongoing work to develop new robust, specific and transparent service level agreements (SLA) with provider trusts, aimed at reducing student placement variability. The School does not have clear systems or resources in place to monitor and use equality and diversity (E&D) data. We also noted limited involvement of patients and the public. The School should seek to extend the scope of its quality management processes by using a wider range of data inputs (eg student progress rates, employer feedback and graduate achievement). Quality management of other processes to include assessment, admissions, student support and mentoring, and educational facilities would involve one overarching quality management structure. The School should enhance interprofessional education (IPE) and improve the consistency of their assessment blueprinting.

Requirements

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

Number	Paragraph in <i>Tomorrow's Doctors</i> (2009)	Requirements for the School
1	41, 50	Robust, specific and transparent service level agreements (SLA) must be in place with provider trusts to ensure student placement experience is consistent across sites.
2	60, 61	The School must routinely collect and analyse equality and diversity (E&D) data and ensure that themes and trends are identified, policies are being implemented and any concerns are addressed and monitored.
3	48, 105, 111	Patient and public involvement (PPI) must be developed within the programme, including strategic involvement in the management and governance of the curriculum.

Requirement 1: Make sure robust, specific and transparent SLAs are in place with provider trusts.

- 4 We heard from students that placement experience can be variable, both across different LEPs but often between departments and specialties within the same LEP. We noted that the quantity and quality of teaching and supervision students received varied, with some students reporting high levels of consultant access and others reporting limited access. Final year students reported variability of access to experience in emergency medicine (EM). At RLH, students are unable to get experience within the emergency department, while students in other LEPs within the same teaching block can do so. Students also commented that a number of placements were oversaturated with medical students and that this can impact on their placement experience. Particular examples mentioned were the vascular placements at Homerton University Hospital and respiratory placements at RLH.

- 5 The School management team (SMT) demonstrated awareness of variability of student experience in clinical placements. We heard from the curriculum team that a lot of work had been put into the student logbooks and guidance for clinical teachers, which now clearly highlight what needs to be covered within a placement, including levels of assessment and feedback. Assessment staff also commented that assessments within placements have moved from a scaled marking system to one based on competency - pass or fail - to help address assessment variability. We heard that there are robust agreements in place with General Practices, which define what teaching is required, and regular monitoring occurs.
- 6 The quality management team (QMT) explained that a SLA is currently in place with NHS London. The School reported that the agreement includes general requirements, such as student access to resources and supervision. The QMT highlighted that they do not have SLAs in place directly with provider trusts. The SMT conceded that the current arrangements are not fit for purpose as they provide the School with a limited degree of influence over the provider trusts. From a review of the SLA we also noted its limitations. We heard that in principle all the provider trusts are committed to signing direct SLAs with the School and that the agreements will explicitly outline the School's student experience requirements, such as feedback expectations and access to teaching by various grades of staff. The QMT and SMT told us that they were optimistic that agreements could be drawn up with provider trusts and that meetings were in place with the Chief Operating Officer and Medical Director of Barts Health NHS Trust to discuss drawing up new agreements.
- 7 We noted the School's commitment to developing SLAs with provider trusts and that newly revised logbooks and guidance aim to standardise and audit student placement experience. We also noted that the School is operating in a changing medical landscape and there is uncertainty about funding streams. However, we did observe significant variability in placement experience and require the School to clearly outline an action plan and put in place robust, specific and transparent SLAs with provider trusts.

Requirement 2: Collect and analyse themes and trends from E&D data.

- 8 Within its documentation, Barts highlighted issues with its reliance on its parent university (QMUL) for E&D data. The School stated that it was expected to follow the QMUL E&D policies, monitor E&D and provide

QMUL with data each year. We reviewed the QMUL E&D policies and considered them robust.

- 9 The curriculum team explained a research project that focussed on E&D and assessment outcomes. We noted the results of the research, which indicated variation in performance between different demographic groups and that the School is exploring the reasons for these results. We also learnt that the School is planning to introduce further teaching on study techniques in response to this research. We support this and are pleased to see actions as a result. We would encourage the School to undertake similar work looking at admissions, progression, and supervision in relation to E&D.
- 10 In the absence of other resource for analysis of E&D data, we heard that at present, the student office has responsibility for collection of E&D data but is not resourced for analysis of the data within the school. We heard that the Medical Education Committee (MEC) monitors all data produced by the student office and is responsible for reporting to QMUL. However, neither the curriculum team nor the QMT were able to clearly outline School level policies which demonstrate the routine collection and analysis of E&D data. We were unable to find evidence that the School ensures themes and trends are routinely identified and any concerns are addressed and monitored. We were also unable to find evidence that equality impact assessments (EIA) are undertaken when new policies are created.
- 11 We noted some examples of *ad hoc* good practice around E&D, including the assessment research. We also noted QMUL's E&D resources and robust policies and would encourage the School to further utilise QMUL resources. The School must ensure E&D data are routinely analysed, themes and trends identified and concerns addressed.

Requirement 3: Enhance PPI within the curriculum, including strategic involvement in quality management and control.

- 12 We heard from students that expert patients are used in some teaching sessions and that patients can provide feedback to them during placements. The academic teachers told us about strong links with carer groups and specialist patient groups such as the Arthritis and Rheumatism Council. They also told us about students working with Multiple Sclerosis (MS) patients and being invited to see MS research taking place at the Blizzard Institute. The curriculum team talked about lay involvement in breast and gynaecology workshops. These opportunities are valued by students. Although the School is using

patients for teaching opportunities, more could be done to involve patients and the public at a strategic level. We noted discussions with the QMT who stated that the School is considering PPI involvement at a more strategic level, including lay involvement on School committees.

- 13 We require the School to further enhance PPI within the curriculum, and to develop a clear PPI strategy to ensure that this is consistent across all parts of the programme. The School should ensure there is PPI within the management and governance of the curriculum and further consider the role of PPI in other areas of the programme, such as admissions and assessments. The GMC supplementary advice document *Patient and public involvement in undergraduate medical education* (2011) offers further guidance.

Recommendations

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

Number	Paragraph in <i>Tomorrow's Doctors</i> (2009)	Recommendations for the School
1	49	The School should use a wider range of data inputs (eg student progress rates, employer feedback, patient feedback and graduate achievement) and bring quality management of other processes (eg assessment, admissions, student support and student mentoring, educational facilities) within one overarching quality management structure.
2	110, 123, 127	Communication between the School and students should be reviewed to ensure any changes to the programme are clearly communicated and policies and protocols are universally understood.
3	102	The School should review IPE within the curriculum to ensure that all students have equal opportunity to work with and learn from other health and social care professionals and students.

4	112, 120	The School should review the assessment blueprints to ensure consistency and clear links with <i>Tomorrow's Doctors (2009)</i> (TD09) outcomes.
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Recommendation 1: Form one overarching quality management structure and include a wider range of data inputs and processes

- 14 We noted the previous GMC visit requirement to review quality control mechanisms across provider trusts and we acknowledge that there are now robust quality systems to utilise student evaluation effectively. The QMT told us about the effectiveness of the Bristol online survey (BOS) and how placement reports are produced and feed through formal committee structures. The QMT also told us about informal quality mechanisms that are in place such as students reporting issues to the student office. However, we noted that formal quality management systems are predominately focused around responding to student evaluation and do not capture all potential data inputs such as student progression rates, employer feedback, patient feedback, outcomes of EIAs and graduate achievement.
- 15 The School told us about quality management processes for other aspects of the programme including assessment, admissions, student support and student mentoring. We noted that these quality management processes can take place in isolation and are not centrally coordinated and therefore common themes cannot always be identified across all aspects of the programme. Fragmentation of quality management processes may inhibit an effective response to any adverse outcomes of policies and processes. The School should use a wider range of data inputs and bring quality management of all processes within one overarching structure to ensure consistency across all aspects of quality management.

Recommendation 2: Review the way the School communicates important updates to students

- 16 Students highlighted examples where the School has communicated effectively with them. We heard that students are well prepared for placements and the importance of professionalism and *Good Medical Practice* is clearly communicated to them. We also heard from students that the School has introduced a logo system that helps them recognise when they are receiving feedback. All students highlighted that the student office is approachable if they have any questions.

- 17 However, students also stated that communication from the School can be variable. We learnt about a new system for monitoring student professional standards whereby students receive cumulative penalty points in response to episodes where they fail to demonstrate appropriate professionalism and these can result in sanctions from the School. However, we heard contradictory statements from students who had a mixed understanding of the new system, with some students telling us that they are awarded professionalism points if professional standards slip and others saying professionalism points are rewarded for positive behaviour. Students also demonstrated variable understanding of the principles and purpose of student assistantships. Students were able to reference a period of shadowing in the final year of medical school but the requirements for this period varied depending on the respondent. Students were not familiar with the term 'student assistantship'. Students also stated that they were not fully aware of specific policies linked to fitness to practise, but stated that they would speak to a senior colleague within the LEP or someone within the School if they were unsure.
- 18 The SMT noted that effective communication with students is an ongoing challenge and a number of measures had been put in place to improve communication, including increased social media presence and the use of text messaging. They also noted that communication was a focus of discussion at a recent staff and student conference.
- 19 We encourage the School to continue to improve communication with students, work collaboratively with provider trusts to ensure communication and terminology is consistent, and to ensure key programme changes are disseminated to the entire student body.

Recommendation 3: Review IPE within the curriculum

- 20 Discussions with the curriculum team confirmed that the IPE partnership with City University involving student nurses and doctors has been discontinued. Year two students told us that they had limited experience of meeting other healthcare professionals. Year four students, particularly GEP students talked reflectively about IPE experiences in year one and three. They stated that it felt artificial and the exposure to other healthcare professionals had not enhanced their learning experience. Year four students also stated that when they go on placement there is no formal directive from the School to ensure that multi-professional learning should take place. Students stated that multi-disciplinary working is emphasised in the programme learning outcomes

but more could be done to ensure it is delivered and adds educational value.

- 21 The curriculum team highlighted the single base line scheme that is in place for year three students that encourages them to work collaboratively on a piece of work with other health professionals during placements. We also noted that the School is running an interprofessional communication course during this academic year, which covers subjects including handovers and discharge planning.
- 22 The School should review IPE within the curriculum to ensure that all students have an equal opportunity to work with and learn from other health and social care professionals and students. The School should also consider developing an IPE strategy and assess options for using other approaches to further develop IPE. Given the acknowledged strength of simulation within the School and LEPs, multi-professional simulation might be one option to help further develop IPE within the curriculum.

Recommendation 4: Review the assessment blueprints to ensure consistency and clear links to TD09

- 23 Discussions with assessment staff confirmed that written assessments and objective structured clinical examinations (OSCEs) are blueprinted separately. The team reviewed a variety of assessment blueprints, and found variability in approach with no clear link to the outcomes specified in TD09. Whilst it was clear that a wide range of material was assessed, and the School is working to link assessment items to its own course outcomes, there was no clear over-arching strategy to ensure that the TD09 outcomes are systematically assessed in an appropriate range of contexts.
- 24 We noted the School's online curriculum map, 'Compas', which outlines all learning objectives within the programme at modular and session level. Some students told us that they find this resource useful. However, the School told us that at the moment 'Compas' does not link to the outcomes of TD09 in a transparent way. We were told that the School is working towards developing a blueprint that clearly shows where overlap takes place within the curriculum and explicitly links to TD09.
- 25 We discussed and noted the value of 'Compas' with the assessment team. We highlighted that in 'Compas' the School has a potential mechanism to systematically demonstrate that the outcomes of TD09 are

covered within the curriculum and assessments. The School should develop a clearer blueprinting strategy and review the assessment blueprints to ensure consistency and clear links with TD09.

Areas of good practice

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

Number	Paragraph in <i>Tomorrow's Doctors (2009)</i>	Areas of good practice for the School
1	124	Strong student support mechanisms.
2	53	An ongoing commitment to continuous improvement and quality enhancement, responsive to feedback and stakeholder input.

Good practice 1: Strong student support

- 26 Students told us that they feel well looked after and supported. We heard from students that pastoral support is excellent, particularly the support offered by the student office. The recently introduced mentoring scheme provides additional support. Students reported a positive and friendly culture of peer support with students in the later stages of the programme offering advice to students in earlier stages.
- 27 We heard about strong student support infrastructures, including engagement from senior management, with students reporting good accessibility to the Dean and Deputy Dean for Students. Students told us about the responsiveness of the programme team. Emails are responded to within 24 hours and the team is accessible by phone. We also heard that a system is in place to ensure that students can contact the School when on placement and heard individual examples of students being assisted in proactive ways when they experienced health problems.
- 28 Student support staff told us about proactive systems to screen for learning disabilities such as dyslexia and gave several examples where reasonable adjustments had been put in place for students. The School has a system where students who require additional support during

placements are given a card to help them explain any adjustments that they may require. We heard that the system prevents students having to answer difficult questions relating to the adjustment and shows that the School is aware and supportive. We also heard about strong links to QMUL support services such as counselling, disability, financial support and careers services.

- 29 We met with several Associate Deans from provider trusts who told us that they act as a conduit between the School and the provider trust. We also heard that each LEP has an undergraduate coordinator linked to the School administration. We heard about close links between the Associate Deans and the Dean for students and how information is passed to the School if concerns are raised about a student. Students reported positively about the support they received whilst on placement. The foundation school representatives also told us that the School goes through all transfer of information forms (TOI) to check that students have made appropriate declarations and to highlight support issues as required.

Good practice 2: Commitment to continuous improvement

- 30 We were told that we would find a strong sense of community within the School and that students would tell us that the School listens and is responsive to evaluation. The SMT also told us how the changes made to the curriculum in 2008 have brought the School community closer together.
- 31 Students confirmed that there is a strong sense of community within the School, stating that there is a friendly and collegiate environment. We heard that the School actively engages students to seek feedback, and explains the rationale of any changes made. Students told us that they value the staff student liaison committee and that they have regular meetings with the Dean to discuss programme matters. Students highlighted the School's branding campaign to clearly identify when students were receiving feedback as an example of the School's active and open listening approach and their responsiveness to student evaluation.
- 32 We met with engaged clinical and academic supervisors who were clearly committed to quality enhancement and willing to pull together to make things happen. We heard from the QMT that negotiations are underway to formalise new SLAs with provider trusts and how this is an example of the School's commitment to continuous improvement.

- 33 The SMT also gave us an example of the School's response to stakeholder input, where quality loops had been closed and a clear willingness to change had been evidenced. The SMT told us how assessment feedback has been a longstanding issue with students and that they regularly report that they want more. We were told that the School discussed the issue with the students and it was noted that often students are getting feedback but not identifying it as formal feedback. In response to this the School has put in place a campaign to clearly badge assessment feedback, including developing a feedback logo and distributed posters around the School to promote the campaign. Students commented positively on the School's response. We noted that significant advances in the quality management processes now provide the School with a strong platform for identifying areas for development and allows changes to be made and followed through to conclusion.

Acknowledgement

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

Appendix 1: Sources of evidence

Visit team

Team leader	Stewart Petersen
Visitor	Angela Carragher
Visitor	Russell Peek
Visitor	Carolyn Evans
Visitor	Katie Kemp
Visitor	Ghazia Saleemi
Visitor	Jane Nicholson
Visitor	Roger Barton
Regional coordinator	Alastair McGowan
GMC staff	Lewis Roberts Louise Wheaton

Visit action plan

The document register (in appendix 2) gives more detail on the documents we reviewed.

Paragraph in <i>Tomorrow's Doctors</i> (2009)	Areas explored during the visit	Documents reviewed	People interviewed	Our findings
Domain 1: Patient safety				
27, 36	<p>FTP processes:</p> <p>Explore externality of FTP processes, numbers going through FTP and case studies to ensure that medical students who are not fit to practise are not allowed to graduate with a medical degree. Explore process variability across London and any forums that allow sharing across schools/deanery.</p>	<p>Doc 01 – Organograms</p> <p>Doc 03 – Quality management strategy and linked operational guidance</p>	Students, clinical teachers, fitness to practise and student support, quality management staff	<p>Standard met</p> <p>The School has robust FTP processes. We heard examples of where the School had addressed FTP issues through formal FTP processes.</p>
28c, 36	<p>Professionalism:</p> <p>Explore the penalty points system, attendance monitoring and how patient safety concerns</p>	Professionalism flyer received from the School	Students, clinical teachers, fitness to practise and student support, quality management staff	<p>Standard met</p> <p>Students are assessed on their professionalism on every placement and log books help</p>

	that arise from student conduct issues are addressed.			frame the assessment. Penalty points system in place to capture low level concerns but we heard from students that they have a mixed understanding of the system (see recommendation 2).
28e	Whistleblowing: Explore how the School informs students of their responsibility to raise concerns if they identify risks to patient safety and the mechanisms in place to do this.	NA	Students, clinical teachers, fitness to practise and student support	Standard met During programme and LEP induction students are informed about their responsibility to raise concerns if they identify risks to patient safety. Mechanisms are in place for students to raise concerns. Students all stated that they would raise a concern if one was identified.
Domain 2: Quality assurance, review and evaluation				
42	Curriculum evaluation:	Doc 03 – Quality management strategy	Senior management team, curriculum staff,	Standard met

	Explore the systems in place to review enhancements or changes to the curriculum, with a particular focus on the new third year curriculum.	and linked operational guidance Doc 10 – Statistical reports of final examinations Doc 11 – Evaluation reports Doc 12 – Calendar and timetable	quality management staff	The School has in place committee structures to review curriculum changes and quality management processes ensure student evaluation feeds into the review process. Students commented positively on the new third year curriculum.
43	Quality management and evaluation: Explore how the new quality systems to utilise student evaluation are working. Explore how feedback from patients and employers forms part of the quality data.	Doc 01 – Organograms Doc 03 – Quality management strategy and linked operational guidance	Senior management team, clinical teachers, quality management staff	Standard met We heard that the School actively engages students to seek feedback, and explains the rationale of any changes made (see good practice 2). However, we noted that formal quality management systems are predominately focused around responding to student evaluation and do not

				capture all potential data inputs such as student progression rates, employer feedback, patient feedback, outcomes of EIAs and graduate achievement (see recommendation 1).
39	<p>Management structures:</p> <p>Explore roles and responsibilities within quality management. Explore how committees interact and feed into each other, join up and result in change when applicable.</p>	<p>Doc 01 – Organograms</p> <p>Doc 03 – Quality management strategy and linked operational guidance</p>	Senior management team, quality management staff	<p>Standard met</p> <p>Clear management structures in place. We heard examples where committees interacted and facilitated change.</p>
41, 50	<p>Service level agreements:</p> <p>Explore the formal agreements in place between the School and providers of each clinical or vocational placement.</p>	Doc 13 – Agreements with local education providers	Senior management team, quality management staff	<p>Standard not met</p> <p>The QMT highlighted that they do not have SLAs in place directly with provider trusts. The SMT conceded that the current arrangements are not</p>

				fit for purpose as they provide the School with a limited degree of influence over the provider trusts (see requirement 1).
41, 42, 51	<p>Quality reporting:</p> <p>Explore whether regular quality reporting takes place between the LEPs and the School. Documentation makes reference to reporting but it is not clear who produces them and what action result from them.</p>	Doc 4 – Quality management reports and associated action plans	Senior management team, quality management staff	<p>Standard met</p> <p>Regular reporting takes place between the School and LEP.</p>
43	<p>Feedback from patients and employers:</p> <p>Explore how the School collects quality data from patients and employers.</p>	NA	Senior management team, curriculum staff , quality management staff	<p>Standard not met</p> <p>The QMT stated that the School is considering PPI involvement at a more strategic level, including lay involvement on School committees. We found limited evidence of PPI within the</p>

				management and governance of the curriculum (see requirement 3)
Domain 3: Equality, diversity and opportunity				
59, 60	Equality and diversity: Explore E&D at the School level. The documentation suggests that the QMUL E&D strategy appears comprehensive, however it is not clear how the School routinely collects and analyses data about E&D. Explore how reasonable adjustments are made for students with disabilities.	Doc 05 – Equality and diversity strategy	Senior management team, students, academic teachers, equality and diversity staff, student support staff.	Standard not met We noted QMUL’s E&D resources and robust policies. However we heard that E&D data is not routinely analysed and trends are not routinely identified (see requirement 2).
172	GEP student attrition: Explore student attrition rates amongst the GEP students.	Doc 05 – Equality and diversity strategy	Senior management team, quality management staff	Standard met GEP student’s attrition rates are monitored by the School and GEP students spoke positively about their programme of study.

63	<p>Access schemes: Explore the School's access schemes (Newham.doc programme and summer school programme with Warwick University). How are these access programmes monitored and evaluated.</p>	Doc 05 – Equality and diversity strategy	Senior management team, students, academic teachers, equality and diversity staff.	<p>Standard met</p> <p>The access programmes are monitored and evaluated through the School's quality management structures.</p>
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Domain 5: Design and delivery of the curriculum, including assessment

82	<p>Blueprinting and standard setting: Explore blueprinting to ensure they allow for a clear programme overview and link to GMC outcomes.</p>	Doc 09 - Blueprints	Senior management team, curriculum staff, assessment staff, quality management staff.	<p>Standard met</p> <p>We noted the School's online curriculum map, 'Compas', which outlines all learning objectives within the programme at modular and session level. However we also noted that there is no clear over-arching strategy to ensure that the TD09 outcomes are systematically assessed in an appropriate range of contexts (see</p>
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				recommendation 4).
102	<p>Interprofessional education (IPE):</p> <p>Explore IPE within the programme. Note relationship with City University has ended.</p>	<p>Doc 07 – Curriculum map</p> <p>Doc 12 – Calendar and timetable</p>	Senior management team, curriculum staff.	<p>Standard met</p> <p>The curriculum team confirmed that the IPE partnership with City University involving student nurses and doctors has been discontinued. Students told us that they had limited experience of meeting other healthcare professionals and that when they go on placement there is no formal directive from the School to ensure that multi-professional learning should take place (see recommendation 3).</p>
88	<p>Examiner recruitment and selection:</p> <p>Explore how examiners and assessors are</p>	Doc 03 – Quality management strategy and linked operational guidance	Assessment staff, clinical teachers, quality management staff.	<p>Standard met</p> <p>Systems are in place to ensure all examiners go through standardised</p>

	<p>selected, trained, supported and appraised. Note previous issues identified with selection of examiners so explore to see if more senior examiners are now in place.</p>			<p>recruitment. They are required to undertake training and regular refresher training. Senior examiners are now in place.</p>
95	<p>Student selected components (SSCs):</p> <p>Explore SSCs to ensure they are integral to the curriculum and enable students to explore areas of particular interest. Note from documentation some variability in student experience.</p>	<p>Doc 07 – Curriculum map</p> <p>Doc 12 – Calendar and timetable</p>	<p>Students, curriculum staff, assessment staff, quality management staff</p>	<p>Standard met</p> <p>Students commented positively about the range of SSCs. Some students noted a perceived variability in the assessment burden between different SSCs and variability in the level of feedback. The assessment staff noted these issues and highlighted that all new SSCs are moderated within the School.</p>
48, 105, 111	<p>Stakeholder (PPI / employer) involvement:</p> <p>Explore involvement of</p>	NA	<p>Senior management team, students, curriculum staff, quality</p>	<p>Standard not met</p> <p>Although the School is using patients for</p>

	public/employers in quality management and control processes. Explore role of patients in teaching and whether patients feedback to students.		management staff	teaching opportunities, more could be done to involve patients and the public at a strategic level. We noted discussions with the QMT who stated that the School is considering PPI involvement at a more strategic level, including lay involvement on School committees (see requirement 3).
84, 104	Assessment of integrated skills and professionalism: Explore how all integrated skills such as communication skills and professionalism required by the final year are assessed.	Doc 09 - Blueprints	Senior management team, students, academic teachers, clinical teachers, curriculum staff, quality management staff	Standard met Integrated skills and professionalism are assessed throughout the programme. Students interact with people from a range of social, cultural, and ethnic backgrounds and with a range of disabilities, illnesses and conditions.

83	<p>Basic science:</p> <p>Explore the structure of the curriculum to ensure a balance between basic and clinical science.</p> <p>Explore the outcomes of the recent review of basic science in the curriculum.</p>	Doc 03 – Quality management strategy and linked operational guidance	Senior management team, academic teachers, curriculum staff	<p>Standard met</p> <p>The SMT reported that basic science review has lead to enhanced provision within the delivery of anatomy. Students were positive about the changes and we were told by the School that LEPs report positively.</p>
90	<p>Extenuating circumstances:</p> <p>Explore how extenuating circumstances process works. Can extenuating circumstances be declared after an exam has been sat?</p>	NA	Students, fitness to practise and student support, assessment staff.	<p>Standard met</p> <p>The School outlined a clear extenuating circumstances policy.</p>
86	<p>OSCEs and problem based learning (PBL):</p> <p>Explore the final year OSCEs and how it meets the requirements of TD09.</p> <p>Explore and clarify the</p>	Doc 09 - Blueprints	Students, clinical teachers, assessment staff.	<p>Standard met</p> <p>We heard about a pilot to provide written feedback to students undertaking OSCE's. We also heard that the</p>

	assessment criteria for PBL.			School plans to make OSCE feedback electronic and it is an identified area for development.
100	Equity of teaching on placement: Explore how the School monitors, controls and influence quality and levels of teaching students access on placement.	Doc 03 – Quality management strategy and linked operational guidance Doc 4 – Quality management reports and associated action plans	Senior management team, quality management team.	Standard not met The quantity and quality of teaching and supervision students received on placement varied, with some students reporting high levels of consultant access and others reporting limited access (see requirement 1).
89, 111	Block assessment sign off: Explore block assessment sign off. Does the School provide guidance to consultants? Note that students report variability in the level of feedback they receive. What is the role of student logbook in	Doc 03 – Quality management strategy and linked operational guidance	Students, assessment staff.	Standard met Students commented that the level of feedback received from consultants at the end of placements can be variable. Assessment staff also commented that assessments within placements have

	<p>this process?</p>			<p>moved from a scaled marking system to one based on competency - pass or fail - to help address assessment variability (see requirement 1).</p>
109	<p>Transition and assistantships:</p> <p>Explore transition from year 5 and the support and advice available for managing the transition to F1 doctor. Explore student assistantships.</p>	<p>Doc 08 - Student Assistantships</p>	<p>Students, foundation school, senior management team.</p>	<p>Standard met</p> <p>Year five students stated that they feel well prepared to be F1 doctors. Students were able to reference a period of shadowing in the final year of medical school but the requirements for this period varied depending on the respondent. Students were not familiar with the term 'student assistantship' (see recommendation 2).</p>

Domain 6: Support and development of students, teachers and local faculty

124	Financial support: Explore impact of fee increases on students.	NA	Students, fitness to practise and student support.	Standard met Students are able to access hardship funding.
124	Student support: Explore support offered to students to ensure general welfare needs are met. Explore the new policy to screen students for specific learning disorders.	NA	Students, fitness to practise and student support, assessment staff.	Standard met We heard about strong student support infrastructures, with students reporting good accessibility to the Dean and Deputy Dean for Students (see good practice 1).
128, 148	Teacher training: Explore training provision offered by the School to those involved in teaching medical students (NHS staff). Are plans in place to extend the current provision and does the School monitor training	Doc 03 – Quality management strategy and linked operational guidance	Senior management team, quality management team, clinical teachers	Standard met A range of training is offered to academic and clinical teachers.

	history?			
Domain 8: Educational resources and capacity				
160	IT provision: Explore student access to electronic resources to ensure they develop their knowledge and skills.	NA	Students, senior management team.	Standard met Students reported positively about the IT provision within the School.

Appendix 2: Document register

Document number	Document name	Description	Publication date and version	Source
-	Barts MSAR 2011	<ul style="list-style-type: none"> Annual data return from Barts SMD to the GMC 	January 2012	GMC
-	GMC student survey results	<ul style="list-style-type: none"> Results of the GMC survey of Barts SMD medical students in April 2012 	June 2012	GMC
-	GMC previous visit reports	<ul style="list-style-type: none"> Reports of previous GMC visits 	2000, 2009	GMC
Doc 001	Organograms	<ul style="list-style-type: none"> QMUL Governance structures School Education Committee (SEC) and Reporting Structures for the MBBS and Intercolated Degrees Supervisory structure for Undergraduate Medical Education Academic Governance School Education Committee - Terms of Reference 	October 2012 November 2011 November 2011 June 2012 October 2011	QMUL registry Barts Barts QMUL registry QMUL registry
Doc 002	Organisational Risk Register	<ul style="list-style-type: none"> MBBS Risk Register 2011-12 SMD TPAP 	August 2012 August 2012	Barts Barts
Doc 003	Quality management strategy & linked	<ul style="list-style-type: none"> SMD Education Quality Strategy Standard Operating Procedure for Student Evaluation and Feedback Ideas for Good Practice to Trusts 	2009 – 2010 2011 – 2012 August 2011	Barts Barts Barts

	operational guidance	<ul style="list-style-type: none"> • Guidelines for teachers on giving feedback • Mapping of MB BS programmes to the Graduate Attributes document of QMUL • MBBS QMUL Periodic Review Self-Evaluation Document 2011 • SMD MBBS QA review commendations and recommendations for SMD • Notes of Student Staff Conference 2 November 2011 • Learning and Teaching Strategy for Barts and The London - 2010-2015 • Action for Basic Science Review and Institutes • SMD Policy for Screening for Specific Learning Disorders 	<p>June 2011 2010 – 2011</p> <p>October 2011</p> <p>December 2011</p> <p>November 2012</p> <p>2010 – 2011</p> <p>October 2011 April 2012</p>	<p>Barts Barts</p> <p>Barts</p> <p>Barts</p> <p>Barts</p> <p>Barts</p> <p>Barts Barts</p>
Doc 004	Quality Management Reports and Associated action plans	<ul style="list-style-type: none"> • Barts /Royal London Action Plan 2011-12 • Whipps Cross Action Plan for 2011-12 	<p>2011 – 2012 2011 – 2012</p>	<p>Barts Barts</p>
Doc 005	Equality and Diversity Strategy	<ul style="list-style-type: none"> • Athena Swan • Equality Impact Assessment • Equality Training • Impact Assessment Completed Reports • Equality Interest Groups • Equality Objectives • Equality Policies • Minutes QM Equality Forum November 2011 		<p>QMUL registry QMUL registry QMUL registry QMUL registry QMUL registry QMUL registry QMUL registry QMUL registry</p>

Doc 006	Evidence of Good Practice		August 2012	Barts
Doc 007	Curriculum Map	<ul style="list-style-type: none"> • MBBS Timetable 2012-13 	May 2012	Barts
Doc 008	Student Assistantships	<ul style="list-style-type: none"> • Letter for FYs outside NETFS • Shadowing for F1 Doctors in England • Year 5 Tutor Guide 2011-2012 Student assistantships 	February 2012 February 2012 February 2012	Barts Barts Barts
Doc 009	Blueprints	<ul style="list-style-type: none"> • Blueprints for MB BS3, MB BS4, MB BS5 • Map of exams against curricula outcomes MB BS1, MB BS2, MB BSGEP1 & 2 • Schemes for Assessment 2010-11 • Schemes for Assessment 2011-12 	2011 – 2012 2011 – 2012 June 2010 June 2011	Barts Barts Barts Barts
Doc 010	Statistical Reports on Final Examinations	<ul style="list-style-type: none"> • Exam Reports 2010-11 • Exam Reports 2011-12 	September 2011 April 2012	Barts Barts
Doc 011	Evaluation Reports	<ul style="list-style-type: none"> • GPs - Evaluation reports for each MBBS year • Trusts - Evaluation reports for each MBBS year • Summary Reports MBBS 	2011 – 2012 2011 – 2012 2011 - 2012	Barts Barts Barts
Doc 012	Calendar and Timetable	<ul style="list-style-type: none"> • Exam Timetable 2012-13 • MBBS Block Timetable 2012-13 	May 2012 May 2012	Barts Barts
Doc 013	Agreements with local education providers	<ul style="list-style-type: none"> • Master Copy SLA 24 Sessions plus - GP: Agreement to Provide Teaching of Medicine to Undergraduate Students at Queen Mary University of London. • QMUL Partner Trust Generic contract 2011-12 - 		Barts

		Partner NHS Trusts: Agreement to Provide Teaching of Medicine to Undergraduate Students at Queen Mary University of London for the		Barts
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Appendix 3: Abbreviations

E&D	equality and diversity
F1	foundation year 1
F2	Foundation year 2
GMC	General Medical Council
GP	general practice/practitioner
IPE	inter-professional education
LEP	local education provider
MBBS	Bachelor of Medicine and Surgery
NHS	National Health Service
QMUL	Queen Mary University of London
OSCE	objective structured clinical examination
GEP	graduate entry programme
SSC	student selected component
QABME	Quality Assurance of Basic Medical Education
QIF	<i>Quality Improvement Framework</i>
PCTs	primary care trusts
RLH	The Royal London Hospital
PPI	patient and public involvement
SLA	service level agreement
A&E	Accident and emergency
SMT	School management team
QMT	Quality management team
MEC	Medical Education Committee
EIA	equality impact assessment
MS	Multiple Sclerosis
TD09	<i>Tomorrow's Doctors</i> (2009)

BOS	Bristol online survey
TOI	transfer of information
FTP	fitness to practise
PBL	problem based learning
EPM	education performance measure