

## Action Plan for Hull York Medical School

### Requirements

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/year)	School lead
HYMSI	Next scheduled report to the GMC  -via MSAR Dec 2015	The School must review its Fitness to Practise (FtP) policy to ensure that the escalation policy is clear and the process for referral is not open to misinterpretation.	<p>During the academic year 2013-14 the School undertook a comprehensive review of its academic governance arrangements, with plans to make changes to the School FtP policy in alignment with new GMC guidelines anticipated in late 2015.</p> <p>However change has been escalated following the GMC regional visit (November 2014). The HYMS Code of Practice on Fitness to Practise Medicine will be re-written</p>	A focussed multi- professional working group will convene in April 2015. Drawing on best practice across other medical schools, including our regional partners a new approach for 2015-16 will be approved through the School governance infrastructure.	Reconfiguration of committee structure, with accompanying updated Codes of Practise for the academic year 2015-16.	Head of Quality and Standards

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			<p>with clearly defined thresholds, to become effective from the academic year 2015-16.</p> <p>Consequently terms of reference for the current HYMS Fitness to Practise Committee and other governance arrangements for low level matters including the existing Academic Progress Committee (APC) will also be changed from 2015-16.</p> <p>A draft proposal has been prepared and considered by APC (February 2015) and FtP and Board of Studies in (March 2015).</p>			
HYMS2	Next scheduled report to the GMC  -via MSAR Dec 2015	The School must engage regularly with the LETB to share information relating to patient safety concerns and quality management of the training environment.	The HYMS Head of Clinical Placements now has 'read only' access to the LETB database regarding patient safety concerns flagged at postgraduate level either through the national trainee survey or at Quality Monitoring visits.	Quality metrics are being developed and Key Performance Indicators identified which are consistent with those used to quality manage postgraduate medical placements, to enable triangulation of feedback by Local Education Provider and by specialty.	6-weekly meetings with LETB Quality Manager now in place, from April 2015. Work to develop patient safety database ongoing – School to be in	Head of Clinical Placements

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			<p>Following an initial meeting with the LETB Senior Business Manager responsible for quality management, the database will be further developed to enable undergraduate data to be uploaded and information shared, using HYMS as a pilot.</p> <p>In the interim, concerns at undergraduate and/or postgraduate level will be discussed by the Head of Clinical Placements and Senior Business Manager at regular meetings. Senior staff within the School and LETB will be kept informed of any issues arising.</p> <p>In the event of medical students being removed from a clinical placement at short notice due to patient safety concerns, the School will notify the LETB immediately, and vice versa should any issues arise at postgraduate level.</p>	<p>A review of the regional Medical School Partnerships has been instigated following the GMC regional visit (led by Professor Tony Weetman). This short review will focus on how the LETB and our medical schools work together. The focus is predominately on the relative responsibilities and accountabilities of partners as well as information sharing and Service Level Agreements / contracts / placement agreements.</p>	<p>a position to pilot with effect from September 2015</p>	

## Recommendations

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HYMSI	Next scheduled report to the GMC  -via MSAR Dec 2015	The School should develop guidance with regard to the reporting of patient safety concerns that is aimed specifically at medical students.	HYMS is keen to ensure that School policy is congruent with and embedded in the clinical governance arrangements of the NHS. The current HYMS policy was already being updated in preparation for the new academic year 2015-16 in consultation with student representatives. We have also contacted other schools which are seen as having best practice in this area and will incorporate initiatives where these are appropriate.	<p>Revisions to policy and protocols will be communicated widely across the School, but particularly with the Directors of Clinical Studies and Student Liaison Managers within the NHS, to ensure consistency of approach across all sites. Any training issues identified will be addressed by the School's Clinical Programmes Manager.</p> <p>We will ensure that the importance of patient safety is re-emphasised, with a student campaign across the region for the start of the academic year 2015-16 across all year groups. This will focus on the need for all students to understand :</p> <ul style="list-style-type: none"> <li>• importance of patient safety reporting</li> <li>• how to report in a diversity of situations (and the various routes that may be applicable)</li> </ul>	Academic year 2015-16	Head of Clinical Placements

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				<ul style="list-style-type: none"> <li>the importance of having the confidence to challenge appropriately</li> <li>the changing national context in which reporting of patient safety concerns now takes place</li> </ul>		
HYMS2	Next scheduled report to the GMC  -via MSAR Dec 2015	The School should review curriculum delivery across placements and develop quality management mechanisms to monitor and ensure consistency in curriculum delivery.	<p><b>The “End of Placement survey” has been implemented across Phase II and III<sup>1</sup></b> identifying specific examples of variance and addressing those immediately as they arise.</p> <p>Clear reporting lines have been established between NHS Student Liaison Managers and Directors of Clinical Studies and MB BS Phase Leads, producing specific identified actions reported to Phase Committees and MB BS Programme Board.</p> <p>Changes implemented are communicated clearly to students.</p>	<p><b>Phase II/III</b> Important areas of variance are: <b>I. Quality of feedback delivered to students</b> HYMS will:</p> <ol style="list-style-type: none"> <li>Produce clear guidance for tutors on expected standards of feedback</li> <li>On introduction of curricular change this year deliver training sessions on giving feedback on all sites</li> <li>Institute peer observation in secondary care</li> <li>Monitor all feedback (done by relevant lead)</li> </ol>	Academic year 2015-16	Programme Director - MBBS

<sup>1</sup> Phase I – Years 1 and 2 : Phase II – Years 3 and 4; Phase III – Year 5

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				<p>and address issues as they arise</p> <p>5. Produce a narrated sessions for Blackboard on giving good quality feedback</p> <p><b>2.OSLER formative assessments</b> HYMS will;</p> <ol style="list-style-type: none"> <li>1. Update guidance for tutors on website/VLE</li> <li>2. Engage all tutors delivering OSLEs in face to face training</li> <li>3. Offer OSLEs training on curriculum review update days on the five sites</li> <li>4. Arrange intermittent observation of OSLEs by central staff during the academic year</li> </ol> <ul style="list-style-type: none"> <li>• Update guidance for tutors on website/VLE</li> <li>• Review OSLEs forms to improve clarity of process</li> </ul>		

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				<p><b>3. Variations in delivery of core content between sites:</b>  Each block lead will:</p> <ol style="list-style-type: none"> <li>1. Identify mandatory activities which <b>MUST</b> be delivered on each site in each rotation</li> <li>2. Identify seminar topics which must be delivered on each site, including PPT</li> <li>3. Identify additional activities which can be offered in each site</li> <li>4. Identify examples of good practice and look at ways of making as many as possible available on all five sites via recording of sessions</li> <li>5. Review block learning outcomes and ensure all activities map to the outcomes</li> <li>6. Provide clear guide for all tutors delivering that block (primary and secondary care)</li> </ol>		

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				<p>7. Ensure monitoring of activity by SLO teams, reporting to DoCs and Phase Committee on areas of poor delivery</p> <p><b>4. Variations in teaching quality in General Practice Placements.</b></p> <p>HYMS has developed a new Quality Assurance process for managing this area of the school's work in which practice visits and a Quality Assurance reporting cycle are outlined to address issues related to GP practice delivery of teaching</p> <p><b>5. Induction</b></p> <p>One site always receives excellent feedback in this area: SLO teams will identify and share areas of good practice (from survey results) for full implementation in August 2015</p>		



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				<p><b>6. Timetabling</b></p> <p>Short term: all SLO teams will work to agreed template and approach mapped against Hull template.</p>		
HYMS3	Next scheduled report to the GMC  -via MSAR 2015	Quality management processes employed by the School should be focused such that information derived can be used to inform future policy and developments.	<p>The School has already undertaken a comprehensive review of its Widening Participation strategy and has introduced a policy (2014) on the use of contextual data.</p> <p>The School has appointed a Progression Coordinator who will take up post in July 2015. Working with the Associate Dean for Assessment he will lead the process of actively tracking and monitoring student outcomes against identified characteristics. This will bring a more systematic approach to work which already informs on-going enhancement, for example to the selection and admission process and the provision of targeted and relevant student support signposting and resources.</p>	<p>The School will identify specific issues to monitor and track (from the academic year 2015-16), which are of particular interest to the school and most likely to lead to beneficial impact on policy, for example graduate entry and those students from BME backgrounds.</p> <p>As a small medical school where these groups are small in size we will draw on best practice in relation to Data Protection but also the priorities identified by our two host universities, in addition to the national initiatives identified in the Medical Schools Council : Selecting for Excellence and related projects.</p> <p>The School will seek project funding for a Student Learning Analytics initiative.</p>	On-going	Associate Dean for Assessment

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HYMS4	Next scheduled report to the GMC  -via MSAR 2015	The School should work with associated stakeholder organisations to review and plan future workforce requirements and use this information to inform careers guidance.	<p>HYMS is currently seeking to appoint an Academic Lead for Student Support. The remit for the development of a careers support area will fall to this individual and their team.</p> <p>Work is already in progress with regard to the Year 3 and 4 Careers Fair. HYMS Head of Clinical Placements has already met with representatives from Health Education Yorkshire and Humber and NYEC Foundation School to consider the format of the event and content. This Careers Fair is intended to improve early guidance and range of career options to students, ahead of their student selected and elective periods of study so that they may tailor their CVs accordingly.</p> <p>HYMS has introduced a Pastoral Mentor Scheme for Year 3 students. This scheme is being piloted in academic year 2014/15 with a view to rollout to all of Phase 2 &amp; 3 students. The Mentor Guidelines include the</p>	<p>The School is currently exploring the following priorities with the existing NHS Workforce forum.</p> <ul style="list-style-type: none"> <li>In 2015-16 the School intends to host a conference/regional event with the aim of considering a 5 year plan to address local/regional needs</li> <li>Actively pursuing intelligence from the NHS and workforce landscape to identify area of particular concern e.g. Emergency Medicine</li> <li>The possibility of Foundation Year 1 GP posts (currently only happening in Foundation Year 2)</li> <li>Measuring the impact in the region of the</li> </ul>	On-going	Academic Lead for Student Support

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			possibility of mentors providing advice related to careers to their mentees, supported by the School Senior Advisors.	Primary Care Academy <ul style="list-style-type: none"> <li>Defining the HYMS distinctiveness (especially with regard to the Primary Care Academy), whilst ensuring that we don't dilute the impact of the benefits of the PCA by incorporating too large an area, thereby, spreading ourselves too thinly.</li> </ul>		

### Good practice

Report Ref	Due Date	Description	Details of dissemination (across LEPs within the LETB or outside the School)	Any further developments planned to enhance the area of good practice	Timeline for action (month/year)	School lead
HYMSI	Next scheduled report to the GMC  -progress report via MSAR 2015	The establishment of a Academy of Primary Care	<b>HYMS is establishing an Academy of Primary Care (AoPC) to:</b> <ul style="list-style-type: none"> <li>enhance quality in its extensive community-based medical education,</li> <li>support retention of students and qualified staff in clinical positions in our region,</li> <li>improve recruitment into areas of need</li> <li>support, evaluate and research the primary care workforce development initiatives.</li> </ul>		Annual review of initiative; Quarterly reports to HYMS Management Board	Director of Academy of Primary Care

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			<p>HYMS will continue to develop CPD opportunities for GPs, NPs &amp; PNs in the region, including offering subsidised high quality protected learning time events, short courses and support for regional GP Update days.</p> <p>The AoPc is already active in:</p> <ul style="list-style-type: none"> <li>• Research into impact of primary care placements on career intentions and preparedness for practice (with HEE Y&amp;H and University of Leeds Medical School);</li> <li>• Recruitment of Academic Fellows in Research &amp; Education in conjunction with local CCG partners - to enhance primary care educational and research provision in most vulnerable and understaffed areas.</li> </ul> <p>Joint initiatives (led by AoPC, with HEE Y&amp;H, CCGs &amp; NHS-E) on overseas recruitment of primary care clinicians.</p>			