

Visit report on Bristol Medical School

This visit is part of the 2015/16 South West Regional Review to ensure organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#).

Summary

Education provider	The University of Bristol: Bristol Medical School
Sites visited	Bristol Medical School
Programmes	MB ChB medicine course
Date of visit	9 th March 2016 (year 5 students only) 10-11 th May 2016
Key Findings (New school/programme ONLY)	<ol style="list-style-type: none"> 1 We visited the University of Bristol Medical School (the school) as part of our regional review of medical education in the South West of England. Prior to the visit we conducted a student survey, as well as visiting the school and two of its local education providers. During our visit we met with the school's senior management and quality teams, educators and students. 2 During the visit we found that the academy structure supports the delivery of education and strong working relationships between the academy deans and the school were evident during both the medical school visit and the LEP visits. The school has a strong system of academic support and the learning environment values education. In addition, educators are trained and are well supported in their roles. We were impressed with the developments and the level

of stakeholder engagement in the design of the new curricula and the Learning in the Hospital Environment unit, which the students spoke highly of.

- 3 However, we found that the school needs to improve the reliability of its long case assessment and that further clarification is needed on how intercalating students will integrate and transition into the new curricula.

Areas of good practice

We note 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	Theme	Good practice
1	Theme 3: Supporting learners (S3.1)	We were impressed with the Learning in The Hospital Environment Programme (LiTHE), which bridged the transition between pre-clinical and clinical learning. (paragraphs 53 & 54)

Areas that are working well

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

Number	Theme	Areas working well
1	Theme 2: Educational governance and leadership (R2.1)	The medical school have an effective system of educational governance that is responsive to feedback from both learners and educators. (paragraphs 21 & 22)
2	Theme 2: Educational governance and leadership (R2.2)	We heard good evidence that the academy structure supports the delivery of undergraduate education for both learners and educators. We note the strong working relationships between the academy deans and the university. (paragraph 23)

3	Theme 3: Supporting learners (R3.2)	There is a strong system of academic support and the learning environment values education allowing students to achieve their learning outcomes. (paragraphs 44,45,46,47,48,49 &50)
4	Theme 4: Supporting Educators (4.1)	Educators are well trained and supported in their roles. (paragraphs 67 & 68)
5	Theme 5: Developing and implementing curricula and assessments (R5.2)	We were impressed with the developments and the level of stakeholder engagement in the design of the new curricula. (paragraphs 71, 72, 73, 74)

Requirements

When the requirements that sit beneath each of our standards are not being met, we outline where targeted action is needed and map to evidence we gathered during the course of the visit. We will monitor each organisation's response to these requirements and will expect evidence that progress is being made.

Number	Theme	Requirements
1	Theme 3: Supporting learners (R3.9)	The school must clarify further how future intercalating students will integrate and transfer into the new curriculum. (paragraphs 62 & 63)
2	Theme 5: Developing and implementing curricula and assessments (R5.6)	The school must improve the reliability of the long case clinical assessments. (paragraphs 82,83,84,85)

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	Theme	Recommendations
1	Theme 3: Supporting	The school should ensure adequate quality of feedback to students on portfolio work to

	learners (R3.13)	support their learning and development. (paragraphs 65 & 66)
--	------------------	---------------------------------------------------------------------------------------

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' eg where things are working particularly well or where there is a risk that standards may not be met.

Theme 1: Learning environment and culture

S1.1 *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.*

S1.2 *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.*

Raising concerns (R1.1)

- 1** The school has raising concerns processes designed to enable educators and learners to raise any concerns they may have about patient safety and education and training. The Rules, Regulations and Procedures Handbook, which is readily available to the students documents how to raise concerns and the academy deans raise any concerns through the Programme Director at a monthly meeting.
- 2** Most of the students that we met told us that they are able to identify and raise patient safety concerns and feel comfortable doing so. However, we heard that there is a disparity in how concerns are raised at the different academies. Some students noted that they would seek the advice of a clinical fellow in the first instance; others noted that they would go to the consultant in charge and others said that they are not aware of a specific process that is in place for raising concerns in some academies.
- 3** The students told us that patient safety is key theme embedded throughout the course. We heard that the LiTHE unit has an emphasis on patient safety and the Preparing for Professional Practice unit teaches students about never events and the importance of raising concerns. Some of the year 5 students told us that there is a strong focus on patient safety during the preparation for the Situational Judgement Test. We also heard about a patient safety day held at Great Western Hospital from some of the year 5 students. However, some noted that the delivery format of a lecture made the day less engaging.
- 4** The senior management team told us that they address the topic of patient safety in their monthly meeting with the academy deans and that there is a standing item on the agenda for this meeting addressing patient safety.

Seeking and responding to feedback (R1.5)

- 5** During the visit we heard examples of how the school encourages and responds to student feedback, as well as examples of changes made as a result of feedback. This supports the findings of the pre-visit student survey in which a large proportion of the students that took the survey agreed that the school responds effectively to feedback about the course.
- 6** Some of the students told us about changes as a result of their feedback, including improvements in the teaching of histology and moving the timing of certain units in the curriculum. In addition, they told us that the school publishes a 'you said, we did' document detailing the changes that have been made as a result of student feedback.
- 7** We were told that there is a formal process for the students to give feedback via the Bristol online survey at the end of each unit, survey results then go to the unit lead for analysis. Students also give feedback on the central teaching sessions held at the university whilst on placement. Some students noted that student course representatives meet with their fellow students on a regular basis to discuss hot topics. The student representatives then take the topics that have been raised to a discussion with the faculty, who are responsive and listen to their suggestions.
- 8** Some students noted a feedback overload, which some of the academic teachers acknowledge. In addition to a perceived feedback overload, some students feel that changes can take some time to implement however most students acknowledge that change does happen as a result of their feedback.

Appropriate capacity for clinical supervision (R1.7)

- 9** Clinical tutors did not highlight any issues with the supervision of medical students. They told us that the students are frequently seen throughout the week when on placement. Medical students that we met whilst visiting Gloucester Hospitals NHS Foundation Trust (GHNHSFT) advised that during their induction they are assigned a unit lead and that they have the opportunity to meet regularly with the unit lead, either as a group or in one-to-one meetings.

Appropriate responsibilities for patient care (R1.9) Identifying learners at different stages (R1.10)

- 10** Nearly all of the students that responded to our survey noted that they have not been asked to carry out a procedure without appropriate supervision or instruction. During the visit some of the year 3, 4 and 5 students that we met had examples of being asked to work outside of their competency whilst on placement. However, those that said this noted that both the school and the academies encourage the students to decline instances to work outside of their competency. The students said that they

feel empowered to state that they cannot perform a task, ask if they can observe and noted that this is well received by those on the wards.

- 11** We were advised that whilst out on placement at the academies the students have lanyards confirming medical student status. They noted that consultants and doctors in training are familiar with having students on placements so they ask the student to confirm what year they are in.

Induction (R1.13)

- 12** All of the students that we met noted that they receive an appropriate induction that allows them to understand trust policies and processes and what is expected of them during their placement.

Multi-professional teams (R1.17)

- 13** The vast majority of the students that responded to the pre-visit survey agreed that the programme offers good opportunities to work with and learn from other health and social care professionals.
- 14** During the visit students supported this by giving examples of the opportunities that they have had to work with other health and social care professions. The year 2 students told us that inter-professional learning begins in the LiTHE unit and that during this unit they all have scheduled time with nurses and physiotherapists. Year 3 and 4 students noted the tutorial they have had with a pharmacist.
- 15** Academic teachers also reinforced this by giving examples of inter-professional learning opportunities that take place with physiotherapists, occupational therapists, clinical psychologists and specialist nurses.

Capacity, resources and facilities (R1.19)

- 16** We heard varied opinions with regards to capacity, resources and facilities. Some students told us that they feel there are a lot of students on placement at one time. In addition, we also heard about competition with other health care and medical students, with some year 5 students telling us that at some sites it can be difficult to complete their portfolios; and some year 3 and 4 students advising of competition with student midwives to attend clinics at some sites.
- 17** However, some of the clinical teachers advised that capacity in the academies is not an issue in terms of other health care students hindering the experience of Bristol medical students and that the school monitors capacity through feedback from the students and clinical fellows.
- 18** Some clinical teachers told us that the academies have adequate space for teaching. However, we did hear examples of difficulties when trying to accommodate late or

unexpected changes. Academic teachers supported this telling us that they have experienced timetabling problems as rooms are sparse making it can be difficult to reschedule learning. The senior management team also acknowledge that there is increasing pressure on teaching space across the university which is the result of an increase in the total student population.

Accessible technology enhanced and simulation-based learning (R1.20)

- 19** We heard from the students that they have access to technology enhanced and simulation based learning opportunities at most of the academies. Access to these facilities is shared with doctors in training and students have a designated number of days that they are required to complete. However, some students noted a disparity in simulation opportunities across the academies. We were told that Yeovil District Hospital does not have access to technology enhanced learning; however we were advised that Great Western Hospitals runs weekend sessions for students that do not have access to simulation based training at their academy.
- 20** In addition, the medical students that we met at GHNHSFT and University Hospitals Bristol (UHB) told us that they have good access to simulation based learning during their placements and we were told that UHB has invested in providing simulation based training opportunities.

Theme 2: Education governance and leadership

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)

- 21** The school has governance systems and processes in place to manage the quality of medical education and training. Before the visit the school told us that the quality management framework for the MB ChB programme is aligned to the university's quality assurance and enhancement procedures. Components of the university's framework include school reviews, faculty quality teams, and annual programme reviews. During the visit senior managers told us that the medical school quality manage the undergraduate programme through rolling programme of faculty academy monitoring visits to the academies (see theme 2 (2.6) for further information of these visits).
- 22** As part of the on-going curriculum review work, a governance working group has been established in order to map the school's governance model onto the GMC's *Promoting Excellence* standards.

Area working well 1: The medical school have an effective system of educational governance that is responsive to feedback from both learners and educators.

Accountability for quality (R2.2)

- 23** The school demonstrated senior accountability for educational governance. Senior management told us that undergraduate education is represented at board level at the academies and that the board is well informed about aspects of undergraduate education. Each academy has an academy dean and these are key roles that work on strategic and operational issues in the academies. We were told that although the academy deans do not have a seat on trust boards they have close working relationships with those on the board, including the medical director and the chief executive and they raise issues pertaining to undergraduate education through these links. In addition, the Academy Management Group (AMG) meets monthly and is a forum for dealing with issues across all academies. The school told us that they have close working relationships with the academy deans and that they are central to feeding back any concerns in the academies to the school.

- 24** In addition, before the visit the school evidenced that they are responding appropriately to concerns by proving examples of concerns that have been identified, managed and fed back to the individual that raised the concern.

Area working well 2: We heard good evidence that the academy structure supports the delivery of undergraduate education for both learners and educators. We note the strong working relationships between the academy deans and the university.

Evaluating and reviewing curricula and assessment (R2.4)

- 25** During the visit we heard evidence that the school evaluates their frameworks to drive improvement in the quality of education and training. The school are currently in the process of developing the MB21 which is a new curriculum scheduled for roll out in 2017. They noted that improving the student experience is one of the key reasons for the development of a new curriculum (see theme 5 (5.2) for more information on the MB21 curricula).
- 26** The 2014/15 GMC Assessment Audit Checks identified that the school must develop a clear overall strategy for assessment. Following this check the school has successfully developed an assessment and feedback strategy and code of practice, thus reinforcing that the school review their frameworks to improve the quality of education and training.

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

- 27** The quality management team told us that final year results are analysed in relation to equality and diversity protected characteristics. We were told that some trends were beginning to emerge but it was suggested that this analysis is in its infancy. We encourage the school to develop their analysis in this area.

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

- 28** Before the visit the school told us that they have formal contracts with each of the academies which outline the level of service expected from the academy and are on-going until 2017.
- 29** During the visit the school told us about systems and processes in place to monitor the quality of placements. One of the ways in which the school monitors the quality of teaching is through their faculty academy monitoring visits. Student feedback is used to inform the visit and during these visits the school speaks to students, teaching staff and members of the executive team. Reports of these visits are written alongside agreed action points. In addition to these visits, the unit lead visits each academy annually and the reports from these unit lead visits are a standing item on the AMG agenda.

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

- 30** The senior management team told us that the Associate Dean for Bristol is a member of the Medical Schools Council and represents the ambitions and interest of the school. We also heard that the school has good working relationships with neighbouring medical schools in, Exeter and Plymouth.
- 31** We were also told that the school has an effective relationship with HEE SW and during the visit the school noted examples of how the two organisations work together and senior staff from the school sit on various committees at HEE SW. In addition, the Associate Dean has joined the HEE SW quality board which is a twice yearly meeting and the school has worked to strengthen their relationship with the Associate Postgraduate Dean for quality in HEE SW through meetings and sharing of their quality data.
- 32** We were told many ways in which the school promotes good practice. Academic teachers told us that the school has innovation days, posters and year group meetings to help communicate areas of best practice with other areas of the school. We also heard that the university has a good practice directory that brings together a wide range of good practice drawn from across the university.
- 33** Clinical teachers also told us that good practice is shared across the academies through organised activities such as the monthly AMG meeting and the annual dean school event. In support of this, we were told about an example of good practice identified in one of the academies pertaining to simulation in the ward environment, which has been piloted and rolled out across the other academies.

Managing concerns about a learner (R2.16)

- 34** The school has systems in place to identify and manage concerns about a learner. For instance, the school told us that they use a variety of approaches to assess professional behaviour, including e-BioLabs data reports on students' attendance and in Year 3, a report card system reviews students' professional behaviour. Engagement with the E-Portfolio also acts as a means for identifying concerns about a learner.
- 35** Student support and FtP told us that an additional gateway to the system for dealing with concerns about a learner is through an expression of concern, which can be raised by staff or students. After a concern is raised the case investigators decide if the concern meets the threshold to take forward. If it does meet the threshold then it goes to a panel and warnings can be issued. If it is a serious issue then it is escalated to an FtP panel. Those students that the school have low level concerns about are monitored by the school through regular meetings.
- 36** The school told us that they communicate fitness to practice procedures to the students in the first week via the delivery of a presentation and that the rules policy and procedures handbook documents everything in relation to FtP and is readily available to the student. Some of the students that we spoke to told us that they are

aware of student concern forms and the duties around FtP. But a relatively large proportion of the students that responded to our pre-visit student survey noted that they do not know where to find the school's fitness to practice policy (see theme 2 (R2.18) for more information on FtP).

Sharing information of learners between organisations (R2.17)

37 We were assured that the school has systems in place to adequately share information about a learner between sites. We were told that the student completes a transfer of information form which is checked by the director of student affairs. Academic tutors told us that the academy deans receive encrypted and confidential information about students from the student support office ahead of a placement. The academy dean ensures that an individualised support service is provided to the student. The clinical and educational supervisors that we met at GHNHSFT supported this and told us that they receive information about students, including information on how support if necessary can be provided.

Requirements for provisional/full registration with the GMC (R2.18)

38 The senior management team told us that there is a system in place to ensure that only final year students that are fit to practise as doctors are permitted to graduate. We were told that in instances where the school has concerns about a student a student review form is completed and sent to the FtP team for analysis. Based on a meeting with the student either no action, a formal warning or remedial action is issued (see theme 2 (R2.16) for more information on FtP).

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

39 We were advised that the school has updated their admissions process. Previously students had a 15 minute interview; however the school has introduced a series of smaller interviews that are blueprinted to *Promoting Excellence*. The multiple interview stations allow the school to get a better understanding of potential students' abilities and also allow students to recover if they underperform in one station. The school has also introduced UKCAT as part of their admissions process.

40 We were told about widening participation initiatives that the university and school undertakes including the Sutton Trust Summer Schools which aim to make higher education more accessible by introducing university life to a wider range of students. The summer schools offer a variety of subjects including medicine and balance academic life with social activities to give students a taste of what life will be like as an undergraduate student.

41 In addition, those that have the potential to become doctors but do not meet the academic entry criteria to apply directly to the MB ChB Medicine can apply to the MB ChB Gateway to Medicine Course. This is a new course for 2016 and successful

completion of this one year course enables students to progress to the MB ChB Medicine course.

Theme 3: Supporting learners

S3.1 *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.*

Good Medical Practice and ethical concerns (R3.1)

- 42** The vast majority of students that responded to our pre-visit student survey agreed that the standards expected of a doctor as outlined in the GMC's *Good Medical Practice* (GMP) are covered throughout their course.
- 43** This was supported during the visit as students confirmed that they are taught about GMP. They explained that they are taught about the GMC requirements and where in the course they can expect to cover them. In addition, we were told that GMP is embedded throughout the course.

Learner's health and wellbeing; educational and pastoral support (R3.2)

- 44** During the visit students told us that they have been assigned an academic mentor for the duration of their time at the medical school which they meet twice a year. However, some students told us that because they only have the opportunity to meet with their academic mentors twice a year that they do not form a strong relationship with them meaning that if problems arise they are likely to speak to someone that they have formed a stronger relationship with.
- 45** When students are on placement the academy deans act as a central point of liaison for providing the students with support relaying information back to the school. In addition, student support advised us that students have access to health care arranged locally when they are on placement.
- 46** We heard about several support services that the students can utilise. The senior management team and some medical students told us that the school provides support for those with mental health problems and that there is a dedicated clinic for students with eating disorders. We also heard about the well-being day that the school held aiming to teach students how to stay well, physically and emotionally and The Vulnerable Students' Support Service (VSSS) that provides support to the most vulnerable students in emergencies.
- 47** Students told us that there is a team to support them with pastoral concerns and some noted that although academic mentors are not responsible for pastoral support, they do provide information on how to access services and make a referral when necessary. In addition, a large proportion of students that responded to our survey rated the pastoral support that the school provides as very good or good.
- 48** We heard that as part of the pastoral support services, the school offers a support service called 'Just Ask' which is located in the Student Union; however some of the

year 3 and 4 students noted that this service closes at 5pm meaning that those on placement cannot always get there before closing time. The school advised us the service holds evening appointments for students that require them, although students did not appear to be aware of this.

- 49** We were advised that when issues come to light regarding the health of a student, that the disability and health team assess the individual case and then develop an appropriate action plan. We were told about some evaluation that has been completed on the support provided to students and that on the whole feedback is positive.
- 50** All of the students that we spoke to noted that they have access to careers advice should they need it, with some stating that they go to their academic mentors for advice whilst others noted that they go to the clinical fellows. In addition, the students spoke highly of the careers week that took place at the end of year 4. Student support highlighted that students are encouraged to discuss their interests regularly and that they promote students to explore their interests.

Area working well 3: There is a strong system of academic support and the learning environment values education allowing students to achieve their learning outcomes.

Undermining and bullying (R3.3)

- 51** None of the students that we spoke to have ever experienced a problem with undermining or bullying. They said that if they experienced or witnessed it that they would feel comfortable raising their concerns with a member of staff at the academies or at the school. The school told us that they have a policy to address undermining and bullying concerns should they arise and that students can raise concerns by submitting a staff/student concern form.

Information on reasonable adjustments (R3.4)

- 52** Most of the students that we spoke to are aware that they are entitled to request reasonable adjustments and the route which they must take. We heard examples from students highlighting positive experiences when requesting a reasonable adjustment is put into place. In addition, we heard evidence from the school that they consider and implement reasonable adjustments. This is supported by our survey as the students who stated that they have made a request to the school for a reasonable adjustment, most then went on to state that the school dealt fairly with their request.

Supporting transition (R3.5)

- 53** Before the visit the school told us about the recent introduction of the Learning in the Hospital Environment (LiTHE) unit which takes place at the end of year 2. This unit

marks the beginning of clinical medicine and aims to bridge the transition between pre-clinical lecture based learning and clinical ward based learning. The unit was developed in response to challenges that the students had raised and is a 4 week NHS-based course which takes place in the university academies across the region.

- 54** The vast majority of students that responded to our pre-visit student survey agreed that the course teaches them the connections between basic science and clinical practice. During the visit most of the year 3, 4 and 5 students confirmed this by stating they were supported during the transition from pre-clinical to clinical learning and they spoke highly of the LiTHE module. In addition, they added that there is a strong patient safety focus and that inter-professional learning begins in this unit.

Good practice 1: We were impressed with the Learning in The Hospital Environment Programme (LiTHE), which bridged the transition between pre-clinical and clinical learning.

Student assistantships and shadowing (R3.6)

- 55** Before the visit the school told us about the Preparing for Professional Practice (PPP) unit during which students assist a foundation doctor in medicine for 4-5 weeks and in surgery for 4-5 weeks. The purpose of the assistantships is to allow students to gain direct experience of working as a foundation doctor and as a member of a medical team in a trust, as well as preparing students for the transition from student to foundation doctor.
- 56** During the visit the year 5 students that we met spoke highly of the PPP unit stating that they appreciate the timing as they have finished their exams when they commence the PPP unit. Academic teachers told us that the PPP unit has changed in response to student feedback and they have now increased the duration of the unit. We also heard generally positive feedback regarding the unit as the year 5 students said that the unit has prepared them for becoming a doctor as it allows them to see sick patients.

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

- 57** We found that students are generally receiving timely and accurate information about their curriculum, assessments and clinical placements from the school. To support this, the medical students that we met at UHB told us that the school provides them with a clear and concise curriculum and assessment guide which is followed by the Trust.
- 58** During the visit students' spoke highly of the curriculum map stating that it is a useful tool in equipping them with the knowledge of their curricula and the year 1 students noted that the student handbook has essential information relevant to the course.

59 We spoke to the year 5 students about the Prescribing Safety Assessment (PSA) and we found mixed views on how prepared the students felt for this exam. Whilst some felt adequately prepared, others did not. We were told that the students completed a mock PSA in their 4th year; students complemented the format and acknowledged that it was a useful tool in preparing them for the PSA, but they suggested that this exam would be better placed closer to the final PSA.

Out of programme support for medical students (R3.9)

- 60** During the visit we were told about central teaching at the university when the students are out on placement in the academies. Generally the students value the core lectures that the school provides stating that they bring them back to their curricula and provide focus on what the students need to learn for their assessments.
- 61** The year 5 students told us that they are aware of the support mechanisms in place when they are on their electives and they praised the Year 5 Handbook. Student support reinforced this by detailing examples of how students on electives have been supported by the school's team. The student support and FtP team told us that the students are supported to design their own elective plan including a risk assessment detailing the hazards that could be encountered whilst completing their electives and that this helps to prepare them for things that could potentially go wrong.
- 62** During our meeting with the senior management team we were told that a draft strategy for the integration of future intercalating students into the new curricula is in development. Although we were made aware that at the time of the GMC visit that there are no students who would be affected by this change currently studying at the university; further clarification on how these students will integrate and transition into the new curricula should be developed and communicated amongst students and faculty in due course. The senior management team advised that they are planning a transition phase and following the visit the school confirmed plans detailing how they propose to integrate students who begin the current curriculum, intercalate and then return into the new MB21 curriculum. We encourage the school continue to develop this plan and communicate it clearly amongst students and the faculty in due course.

Requirement 1: The school must clarify further how future intercalating students will integrate and transfer into the new curriculum.

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

- 63** Before the visit we received the school's Assessment and Feedback Strategy which details the different types of feedback given to the students in each year. During the visit students told us about the different opportunities they get to receive feedback including the feedback they receive from patients, the pre and post laboratory quizzes and the feedback style of the Objective Structured Clinical Examination (OSCE). All of these feedback methods were praised with the students stating that such feedback is insightful for development and improvement. In addition, the students that we met at

the local education providers also confirmed that they receive adequate feedback on their performance.

- 64** However, whilst most of the students that we met during the visit noted that the feedback they receive is timely, they highlighted that feedback on their assessments feels unbalanced at times. Some students used the example of receiving more detailed feedback on their essays in comparison to their portfolio work which is often limited. Such feedback is not perceived as proportional as they told us that they spend significantly longer completing their portfolio in comparison to essays. This was supported by the students that we met on the UHB visit. They noted that feedback is limited on portfolio work and that more detailed feedback is required in order for them to improve.

Recommendation 1: The school should ensure adequate quality of feedback to students on portfolio work to support their learning and development.

Career support and advice (R3.16)

- 65** For those students who decide not to pursue a career in medicine, or wish to explore alternative careers, the university offers a career service. The student support team highlighted that for those following this route they support them through their decision providing advice on possible career alternatives. If students choose to leave after the completion of their third year then they will leave with an unclassified BSc. The school noted that there are very few students that choose to leave the course.

Theme 4: Supporting Educators

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)

- 66** All of the educators that we met said they are trained and supported in their roles. Academic teachers told us that there is online training to be completed annually as part of their role. Supervisors have access to educators' learning records and this is discussed during their appraisal.
- 67** Clinical teachers told us there is a range of teaching opportunities and they are well supported by their academy deans. They had an induction with the university which covered key topics such as equality and diversity. In addition, educators spoke highly of the university run programme Fit2Teach, which is a short course aiming to prepare staff in the academies and faculty for teaching, assessment and the support of learning. On the whole educators noted that they are well trained and they have adequate access to training for their role.

Area working well 4: Educators are well trained and supported in their roles.

Time in job plans (R4.2)

- 68** Before the visit the school highlighted that they monitor the time allocated in educators' job plans in the documents that they submitted. Before an academy visit the academy deans complete a questionnaire for the Dean which covers teaching time in job plans.
- 69** During the visit all of the educators that we met told us that they have time in their job plans to teach. Clinical teachers told us that they discuss the time in their job plans and how the academy can support them in ensuring that they get time to teach in their annual appraisal. Additionally, educators are questioned about this during the academy visits. The quality management team acknowledge ensuring time for teaching in job plans is a challenge within the current climate of service pressure and ensured us that this is managed at academy dean level.

Theme 5: Developing and implementing curricula and assessments

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

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

Informing curricular development (R5.2)

- 70** The school are currently reviewing their curriculum in order to enhance the current medical curriculum. Despite the fact that the current curriculum is successful, by building on areas of strength and innovation the school aims to ensure a dynamic, challenging curriculum which produces well rounded doctors with resilience to respond to the challenges of modern healthcare environments in the 21st century. In order to effectively develop the MB21 curriculum the school has been engaging with stakeholders and students to obtain their input.
- 71** Before the visit the school told us that as part of the curriculum review process that innovations and good practice are being implemented within the current curriculum as they are identified. During the visit year 3 and 4 students supported this by advising that the school has moved the timing of two blocks; pathology from year 4 to year 3 and psychiatry from year 3 to year 4. The school added that they have implemented this change ahead of the main curricula re-write in response to student feedback.
- 72** The new MB21 curriculum commences in 2017 and the school have been actively seeking input from a range of stakeholders in order to inform the development of the MB21 curriculum. Before the visit the school told us that stakeholders have been invited to attend curriculum review events such as focus groups and subpanel working group away days. The school also noted that they engage with the public in the curriculum overview group and the helical themes working group.
- 73** During the visit the year 1 and 2 students supported this engagement and told us that they have had the opportunity to attend an MB21 showcase event. Clinical teachers told us that the students' input into the curriculum has been listened to and academic teachers and academy deans also noted their involvement in the curricula development. The staff that we met at local education providers also sustained this by advising that undergraduate deans and staff in the trusts are involved in the MB21 curriculum development.

Area working well 5: We were impressed with the developments and the level of stakeholder engagement in the design of the new curricula.

Undergraduate curricular design (R5.3)

- 74** Generally most students thought that the organisation of the curricula is logical and gives a wide breadth of experience. Some of the year 5 students noted that they particularly enjoy the holistic approach to medicine as it encourages them to think about how different medical conditions interact. We heard that on the whole lectures are engaging and students told us about the broad range of self-selected components (SSCs) that the School offers, stating that they appreciate the opportunities to go abroad and that the SSCs complement the curricula. We also heard about extensive opportunities that allow students to pursue their interests through intercalation provision.
- 75** Bristol medical students spend the first 2 years of their degree in preclinical training predominantly based at the university. During years 3-5 students commence clinical learning in the local education providers across the South West region. Almost all of the students that responded to our pre-visit survey agreed or strongly agreed that the course teaches them the connection between basic science and clinical practice. However, during the visit some students noted a disconnect between the two stages of learning, preclinical and clinical. The school acknowledged before the visit that this split is becoming increasingly outdated and that changes in the MB21 curriculum aim to address this.
- 76** The school noted that they are using an undergraduate medical e-portfolio (UMeP) which all students are enrolled onto. UMeP mirrors the foundation e-portfolio and aims to prepare students for life as a foundation doctor. However, we heard mixed views from students regarding this portfolio with some stating that the workload of it is quite high. Senior management acknowledge that one of their challenges is to persuade students of the importance of UMeP.

Undergraduate clinical placements (R5.4)

- 77** In order to deliver clinical placements the school told us that in collaboration with regional NHS Trusts, they have established clinical academies in Bristol and the local area to deliver student placements. During the visit we heard how the supports the delivery of undergraduate education. Whilst most students noted that they enjoy the opportunity to spend time at different hospitals, some noted that there is a disparity of experience and teaching across the academies. The school expanded on this and noted that student results are independent of the academies, and that the disparity in teaching across the academies aids in building learning resilience and is therefore a positive of the academy structure. Findings at UHB support this as senior managers told us that students experiencing different environments across the academies are constructive.

Assessing GMC outcomes for graduates (R5.5)

- 78** Before the visit the school told us that individual assessments have been created to assist students in their learning and to confirm that they have achieved the intended learning outcomes that have been set for them at that point in the programme. They noted that it is important to use a variety of assessments as each method of assessment gives a different perspective on the overall performance of the student. Learning outcomes, teaching methods and assessments are all aligned, which requires a detailed blueprint for each group of assessments in the programme.
- 79** In order to effectively assess medical students against the learning outcomes required for doctors the school has different methods of assessment including, single-best-answer questions, OSCEs, logbooks, portfolios, work placed based assessments, case-based discussions, mini-clinical evaluation exercises, direct observation of clinical skills and long cases all of which map to the different tiers of Miller's Pyramid.
- 80** During the visit the school told us that they would not allow a student to graduate if they do not meet GMC outcomes (please see theme 2 (2.16 and 2.18) for further information).

Fair, reliable and valid assessments (R5.6)

- 81** The 2014/15 GMC Assessment Audit checks identified that the school requires a clear overall strategy for assessment. Since the check the school has developed an assessment and feedback strategy along with a code of practice which has been widely circulated amongst staff. The school's assessment strategy addresses the fairness, reliability and validity of assessments states that all assessments are blueprinted with all questions going through quality control procedures. In addition, the school has an external examiner system in order to monitor the quality of the assessments in the programme.
- 82** However, during the visit we were told about variability in the marking of assessments and some of the year 4 students gave examples illustrating discrepancies in marking in the portfolio. In addition, we heard about variability in the marking of the long case assessments. Some of the educational supervisors at UHB supported this and said that it is difficult to standardise their marking due to the variability in some of the long cases.
- 83** The school noted that ensuring consistency in marking is an on-going process and that they do take steps to address this by training assessors and through utilising double marking. The school used the marking of the SSCs as an example, stating that they are marked by two independent examiners and that if there are any discrepancies between the markers then a third marker is asked the review. With regards to ensuring consistency in the marking of the long case assessments, the school told us that despite the varied nature of cases that they train their examiners to identify a clear process of thinking.

84 During our last visit to Bristol Medical School in 2008/9 we identified that the school must improve the reliability of the long case assessment or discontinue its use. This is because the reliability of a single long case is compromised by a wide variability of patients, examiner performance and the physical surroundings. Although the school has worked on addressing this requirement as the year 5 long cases assessment no longer exists in the same format and have been subsumed in the Clinical Competence Assessment (CCA), concerns remain about the reliability of this assessment. Chronbac's Alpha for the academic year of 2015/16 was 0.64 therefore the school must continue to address the reliability of this assessment.

Requirement 2: The school must improve the reliability of the long case assessments.

Mapping assessments against curricula (R5.7)

85 Only a small proportion of those that responded to our pre-visit student survey disagreed when asked if their assessments in the last academic year tested the curriculum that they were taught. During the visit we did not hear any concerns about the mapping of the assessments to the curricula.

86 However, we did hear from some students that the burden of assessment is high. In particular, some of the year 5 students noted that they feel there is too much emphasis on their portfolio and obtaining sign off for procedures. This can hinder their learning as it takes away from the time they can spend on the wards. Comments in the pre-visit survey support this and highlight that the portfolio workload prevents students from taking part in clinical activities.

87 The school acknowledge that the burden of assessment is high and noted that they have done some work to address this, including reducing the number of summative assessments in 2015-16. They noted that the burden of assessment will remain under review over the current year and that the MB21 curriculum will address this issue further.

Examiners and assessors (R5.8)

88 Before the visit the school told us that examiners undergo regular training. OSCE examiners should attend a training session with other examiners at least once every 3 years. After attending training sessions individuals are expected to shadow an experienced examiner for one sitting of an exam before they examine candidates independently. Senior members of staff with significant responsibilities for assessment within the MB ChB programme are encouraged to attend an external course.

89 During the visit we heard evidence that the school supports and adequately trains their assessors. Academic tutors supported that in preparation for the OSCE assessment that examiners undergo a training session assessing their marking style. Also OSCE assessors are observed by another examiner and receive feedback on their

performance. Others told us that they have had a marking workshop during which a senior assessor talked through how they would mark a piece of work. In addition, academic teachers also told us that long case examiners are also trained and that there is a discussion to agree final marks for the students.

- 90** The school told us that assessors that are selected and trained are required to be involved in teaching and that the school keeps a record of who has undergone training. They noted that in order to address assessor variability that examiners receive feedback on their performance in relation the scoring of other assessors.

Regional coordinator	Professor Stewart Irvine
Team leader	Dr Richard Tubman
Visitors	Ms Jill Crawford Dr Katie Kemp Professor Olwyn Westwood Mr Tony Whyte
GMC staff	Emily Saldanha (Education Quality Assurance Programme Manager) Jessica Ormshaw (Education Quality Analyst) Richard Taylor (Education Quality Analyst)
Evidence base	<ul style="list-style-type: none"> ■ Organogram for the Faculty of Health Sciences and Committee structure ■ Medical school organisational risk register ■ Quality management framework ■ Quality management reports and associated action plans ■ Equality and diversity strategy ■ Curriculum overview strategy ■ Students assistantship documents ■ Statistical report on final examinations in 2013/14 and 2014/15 ■ Evaluation reports for 2013/14 ■ Calendar with key dates ■ Agreements with local education providers ■ Staff and student access to the virtual learning environment ■ Contextual information and appendices relating to the contextual information include: <ul style="list-style-type: none"> ▪ University of Bristol graduate performance data ▪ Summary of terms of reference for MB ChB committees

- Academy monitoring visit pre-visit questionnaire
- Academy monitoring visit agenda (Gloucester)
- Governance working group terms of reference
- Dr David Mumford's clinical academies paper
- Summary of academy dean involvement in the curriculum review
- LiTHE unit handbook
- Curriculum review academy subpanel report
- 3D week information
- Patient feedback form
- Year 5 handbook
- Pathology learning outcomes
- Psychiatry learning outcomes
- Psychiatry student handbook
- Data on UoB F1 preparedness
- Data on UoB graduates career direction
- Data on UoB graduate knowledge level
- UoB graduates PG exam performance
- Spread of unit marks by academy
- Dean school 2015