

## Visit Report on Dundee School of Medicine

This visit is part of our national review of undergraduate and postgraduate medical education and training in Scotland.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#). This visit is part of a national review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>

### Summary

<b>Education provider</b>	Dundee School of Medicine
<b>Sites visited</b>	University of Dundee
<b>Programmes</b>	MBChB 5 year medical school programme
<b>Date of visit</b>	6 November 2017
<b>Were any serious concerns identified?</b>	No serious concerns were identified on this visit.

### Areas that are working well

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

Number	Theme	Areas that are working well
1	1 (R1.5)	The school's response to student feedback.
2	2 (R2.16)	The Lapses in Professionalism points system and the Green Card system which complements this.

3	1 (R3.1)	The culture of the school which values and supports education and training.
4	3 (R3.5)	Support for the St. Andrews graduates during the transfer to Dundee.
5	5 (R5.3)	The curriculum which integrates clinical and basic sciences.
6	5 (R5.3, R5.4)	The opportunities for student exposure to the clinical environment due to the co-location of the school and Ninewells Hospital.

## Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirements
1	1 (R1.6)	The school must review the balance between the informal and formal raising concerns process.
2	2 (R2.6)	The school must continue to monitor the capacity available for students on clinical placements at LEPS.

## Recommendations

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

Number	Theme	Recommendations
1	1 (R1.19)	The school should review the process for providing students with IT access at NHS Tayside to ensure it is consistent.
2	5 (R5.3)	The school should review the timetabling and delivery of the basic science lectures in the early years of the programme.
3	5 (R5.4)	The school should review the scheduling of the programme to allow sufficient travel time to clinical placements, particularly those in Perth.

## Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

### Theme 1: Learning environment and culture

Standards
<p><b>S1.1</b> <i>The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</i></p>
<p><b>S1.2</b> <i>The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.</i></p>

*Raising concerns (R1.1); Dealing with concerns (R1.2)*

**Requirement 1: The school must review the balance between the informal and formal raising concerns process.**

- 1 The school's raising concerns policy defines what a serious concern is, and directs students to one of three ways to raise a concern: an online reporting tool, the NHS Tayside quality assurance coordinator, or the school's academic mentor. Throughout our visit and in the student survey, students praised the academic mentor role.
- 2 The school tracks concerns through a number of avenues, including academic and student committees, the school's formal raising concerns process, quality visits to

clinical placement, the NHS Education for Scotland quality review panel, and medical education support groups.

- 3 In our meeting with clinical educators, we heard that they found it very easy to raise concerns and for these to be properly dealt with. But clinical educators noted that many students aren't aware of the raising concerns process. The school is currently running a focus group to improve this. At the beginning of each year the school feeds back to the students about any actions resulting from the previous year's formal raising concerns process, whilst respecting confidentiality.
- 4 At our visit, the students we spoke to requested further clarification and transparency around the raising concerns process. The students are aware of systems in place for raising more significant concerns but feel uneasy raising 'smaller' concerns for fear of seeming insignificant. This finding was supported by the pre-visit student survey, in which we received requests for transparency of the raising concerns process, including confidentiality, and a desire for a more explicit way to feedback informal, low level concerns.

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

##### **Area working well 1: The school's response to student feedback.**

- 5 The school seeks feedback through end of module or end of placement feedback and makes changes, such as modifying the length of the transition module, in response to this. The school provides examples in introductory lectures at the beginning of the year on any changes made to the programme from student feedback. Our pre-visit student survey confirmed that students receive emails explaining how and why feedback has or hasn't been acted upon. Students also noted the ability to feedback on assessments, and felt that the school places importance on student feedback.
- 6 We confirmed that student feedback is reviewed regularly at the undergraduate medical education committee by student representatives, NHS staff and academic representatives to identify good practice and any views of areas to strengthen.

#### *Induction (R1.13)*

- 7 We heard from the students that they receive induction lectures from the school at the beginning of each year, and receive student handbooks for the year with information on the programme and curriculum. Students told us that inductions are also delivered in preparation for each clinical placement. We reviewed examples of some of the issues covered in induction for clinical placements, including the aims and intended outcomes of the teaching block, the duties of the learner, and the names of senior colleagues to contact for support.

### *Capacity, resources and facilities (R1.19)*

- 8 The school benefits from close proximity to the hospital, which offers opportunities for students to experience the hospital clinical environment.
- 9 In our pre-visit student survey, most students who responded rated the IT systems, library and knowledge services, and the physical spaces as 'good' or 'very good'. Students are positive about the online library, where they can access books virtually or request physical copies of books online, which usually arrive within a week. The capacity of the library was highlighted in our pre-visit student survey, where we received several requests for more library space. Students cited that there are often not enough seats available for the number of students and this problem worsens around exam time.

### **Recommendation 1: The school should review the process for providing students with IT access at NHS Tayside to ensure it is consistent.**

- 10 During our visit to NHS Tayside as part of this review, we spoke to medical students from Dundee School of Medicine undertaking surgery and paediatrics placements. They told us that they do not all have access to a computer login at Ninewells Hospital. They are being logged onto the system by foundation doctors, some of whom are sharing their login details with the students. The education management team were not aware that this was an issue, but addressed this immediately once we raised it. We therefore recommend that Dundee School of Medicine review their processes for ensuring login information are provided to students.

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

- 11 The school has two clinical skills centres, one designed for interprofessional learning and a skills centre where students can practice their surgical skills. The students we spoke to told us they are able to book space and clinical equipment to practice their clinical skills individually or as small groups. This was supported in our pre-visit student survey, where we were told that the facilities at the school are excellent.
- 12 We confirmed that the school takes an appropriate approach to utilising students' own internet-enabled devices, such as laptops, mobile phones or tablets, for interactive tests, or votes, in classes. The results are made available to the facilitator to shape the structure of the discussion. Students told us they particularly liked the interactive quizzes available in some lectures.

### *Access to educational supervision (R1.21)*

- 13 In response to our pre-visit student survey, multiple students commented that they either did not have a portfolio tutor or that the tutor changes frequently.

- 14** Students we spoke to confirmed that they do have a portfolio supervisor, but that contact was limited. At our visit, students told us that year one students are trialling a pilot scheme where they are assigned named academic tutors.

*Supporting improvement (R1.22)*

- 15** The school supports learners to undertake activity that drives improvement in education. The school runs education vacation scholarships for a small number of students that involve targeted pieces of work on sections of the curriculum. In our curriculum and assessment meeting, we heard of how a students' quality improvement project had introduced an interprofessional session in to the curriculum that focuses on patients with complex needs. The five year strategic plan for the Academic Health Science Partnership between NHS Tayside and the University of Dundee provided evidence of the schools commitment to research, quality improvement and safety.

## Theme 2: Education governance and leadership

### Standards

**S2.1** *The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.*

**S2.2** *The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.*

**S2.3** *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

*Quality manage/control systems and processes (R2.1); Accountability for quality (R2.2)*

**16** The educational governance structure is transparent in terms of systems and processes. Colleagues from the schools of nursing and dentistry are often invited to collaborate on guidance and policies. The school has representation on the NHS local health boards on the teaching and training management meetings.

*Systems and processes to monitor quality on placements (R2.6); Systems and processes to ensure a safe environment and culture (R2.11)*

**Requirement 2: The school must continue to monitor the capacity available for students on clinical placements at LEPs.**

**17** At our visit to Ninewells hospital, we spoke with Dundee medical students with experience in general surgery and paediatrics in years four and five, who told us that there are sometimes too many students on placement. This impacts on their clinical experience as they told us there are not enough jobs to go around; students in year four told us that it can be difficult for them to get involved if there are too many year five students on placement. As a result, students find solutions themselves, such as working in teams to solve a clinical problem.

**18** At our visit to the school, a separate group of year five medical students told us that their assistantships can sometimes be overcrowded. We did hear that ward teaching can be of very good quality, though there is variation. Some students in years one and two, for example, told us of attending a placement for teaching with a consultant who didn't arrive.

**19** The school monitors placement capacity by annually contacting the site supervisors before they start the cycle of planning for placements for Dundee students. The school would also pick up on any issues through student feedback and their cycle of quality assurance visits. The education management team at Ninewells hospital confirmed to us that capacity is an issue for the site.

*Concerns about quality of education and training (R2.7); Sharing and reporting information about quality of education and training (R2.8)*

- 20** The school collates information about the quality of education and training on placement through feedback forms, completed at the end of each placement and at the end of the system block, and through school visits to the placement sites. We heard that feedback forms from students in years four and five are shared with the placement provider and it is expected that the placement lead responds to this feedback. Feedback forms also feed into the school's yearly module reports.
- 21** The school visit their placements on an annual or bi-yearly cycle, depending on the size of the placement, and this information is shared with the Scotland Deanery which feeds into their annual quality review panel.
- 22** The school shares and reports information about quality management and quality control of education and training with other bodies that have educational governance responsibilities. The school is part of the Scottish Deans Medical Education group, made up of the teaching deans from the five Scottish medical schools along with invited experts. The group enables the five schools to share information, improve quality more widely, and identify risk and good practice.

*Collecting, managing and sharing data with the GMC (R2.9)*

- 23** As part of the GMC quality assurance process, Dundee, along with all UK medical schools provide us with an annual return. This fed into our action planning, along with extensive documentation submitted before our visit to the school. The school have collected, managed and shared all necessary data and reports to GMC requirements.

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

- 24** One of the key challenges the school faces is to continue to make the educational roles a priority in a pressured NHS. Teaching leads are funded through Additional Cost of Teaching (ACT) funding. Teaching leads have specific time in their job plans to provide teaching, and the school is focused on ensuring that educators' job descriptions accurately depict their responsibilities.
- 25** Teaching time is mapped alongside each teaching activity involved in the delivery of the MBChB. Job plans and allocated teaching time are well received by both the academic and clinical educators. Clinical educators did tell us that they may not necessarily use their time specifically for what is stated in their job plans, and academic educators told us that they had to deliver 200 hours of teaching, regardless of the research they were involved in.

*Managing concerns about a learner (R2.16)*

**Area working well 2: The Lapses in Professionalism points system and the Green Card system which complements this.**

**26** The school has a well thought out 'Lapses in Professionalism' points system, which is designed to identify, support and manage learners when there are concerns about a learner's professionalism, progress, health or conduct. The points system is designed to trigger support for the student in the first instance and allows the school to track multiple minor issues which may otherwise go unnoticed. The system is transparent, feeds in to the Fitness to Practise proceedings, and allows the school to take a more holistic view of a student. This programme allows health care practitioners, tutors and supervisors to flag examples of excellence in a student's professional behaviour at any time during the undergraduate medical programme.

*Sharing information of learners between organisations (R2.17)*

**27** Each year, the school receives a small number of graduates from St. Andrews that enter Dundee in year three, having completed a Bachelor degree in Medicine. We heard of a good working relationship between the two organisations. An information pack on the transitioning students, including any Fitness to Practise concerns, is shared between the organisations. This is followed by a teleconference in May of each year which includes a verbal update of the students expected to arrive. Disability services from the two organisations also liaise together. We visited St. Andrews School of Medicine separately as part of the Scottish national review.

**28** The school uses a number of processes for sharing information between relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner. We heard that the support and progress committee supports students with health concerns and these are discussed in senior management team meetings every week. Documentation submitted from this committee, including recent minutes, agendas, membership and remit, further confirmed this.

**29** Students in years four and five are given their own individual learning plan, which arose from a PhD project. Students complete a questionnaire on their health and caring commitments, and how they perceive it will affect their clinical placements. This results in a student support card, which are designed for students to carry with them. Students are given the control as to what information is shared between organisations, though we were told any professionalism concerns would be shared as a matter of safety. The school has recently procured a new placement system which securely shares information with clinical placement staff.

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

**30** There are a number of routes through which concerns can be raised about a student's fitness to practise, including NHS and University staff, patients and fellow

students. This may be through established feedback mechanisms, such as the 'Lapses in Professionalism' points, or through individual approaches. Any serious or persistent concerns are taken to the support and progress committee in the first instance, where it is decided whether this concern would impair fitness to practise, or whether any further investigation is needed.

- 31** Students are offered appropriate pastoral support and additional support from the central university's legal department, and pastoral support is provided. Concerns which may trigger an investigation include, but are not limited to, criminal activity, persistent inappropriate attitude, cheating or plagiarism, and non-attendance or failure to follow educational advice. We received documentation before our visit in support of what we heard, including the fitness to practise procedure policy, agendas and minutes from the student support and progress committee, and academic review committee.

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

- 32** The recruitment and selection process for the appointment of learners is fair and encourages applications from all backgrounds. All candidates are assessed on their UKCAT and academic qualifications. Applicants are able to complete an adversity questionnaire with their application; any disclosed information on this form which has impacted on education is taken into account when allocating interviews. At interview, we heard that candidates are then assessed purely on their performance at 10 multiple mini interview (MMI) stations.
- 33** Academic and clinical staff, existing students and actors posing as patients are involved in the MMI stations. All those involved are trained in the process and must complete online equality and diversity training. The central university's disability team work together with the school to feed any reasonable adjustments required for applicants into the admissions process.
- 34** The school takes part in a Scotland wide widening participation programme, known as Reach, which targets younger students at local schools from non-traditional backgrounds to consider university. As part of this programme, applicants can access support for personal statements, receive advice for the UKCAT and take part in mock MMIs. There is a student selected component available on the programme, where students are able to visit and teach local primary schools in a bid to widen access to medical education.

## Theme 3: Supporting learners

### Standard

**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)*

### **Area working well 3: The culture of the school which values and supports education and training.**

- 35** On our visit, we heard from students that the school has a culture which values and supports education and training. Students in years one to three told us that the school is welcoming, warm and a nice place to study. We heard from students in years four and five that the staff at the school are approachable and ready to listen.
- 36** Students across all years rated learning about professional standards very highly in our pre-visit student survey. Professionalism is introduced at the very start of the programme, in week one, where students take part in a disaster scenario with the school of nursing and are visited by a representative from the GMC. We heard that the school has a charter which outlines the responsibilities expected of both students and the school. This is introduced in year one and revisited each year. Students have professional practice days within the first six weeks at the school, and also have lectures on professionalism. The lapses in professionalism points system is seen as a mechanism to demonstrate professional standards in practice. In years four and five, professionalism is a strand which runs through the portfolio. Learners are encouraged to reflect their progress and complete a personal and professional development plan.

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

- 37** A recurring theme in our pre-visit student survey and during our interviews with both the students and the senior management team was the limited number of both academic and pastoral tutors available. The students we met with valued the school's current academic mentor, with students citing that he is 'excellent' and 'brilliant at his job.' He is, however, the one named pastoral mentor across the whole school. In the student handbooks, students are told that he is "happy to discuss problems which may require support of differing types; academic, social, practical or psychological." The school expects students in the early years, who spend a lot of time on short visits such as half day placements, to either use the raising concerns process or approach a relevant member of staff if anything happens on these visits. However, we heard from students at our visit that there is a feeling that one person has too much to deal with to report small concerns, and we received multiple comments in our pre-visit survey from students of feeling anonymous in personal and academic matters.

- 38 We heard from students at the visit and in our pre-visit survey that the school has so far assigned academic tutors to year one students only, and the senior management team acknowledged there are issues with capacity within the school.
- 39 There are a range of support options open to students from the central university, such as a counselling service, academic skills centre and disability services.
- 40 We encourage the school to investigate how it may be able to offer more personal, regular and consistent academic and pastoral support to students throughout their time at school.

#### *Information on reasonable adjustments (R3.4)*

- 41 There are both formal and informal ways to request reasonable adjustments. A student can complete an individual reporting form or visit the University disability services team. We heard that quite often a student will approach the pastoral lead. Together with the Systems in Practice (years 1-3) or Preparation in Practice (years 4 and 5) Convener, they will assess the student and confidentially discuss the measures appropriate to support the student.
- 42 The senior management team told us that the school's relationship with the university's disability services team works well and any reasonable adjustments that may be needed in the admissions process are fed through to the school. Students felt that the reasonable adjustment process was transparent and our pre-visit survey indicated that all students who made requests for reasonable adjustments felt the school had dealt fairly with their request.

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

#### **Area working well 4: Support for the St. Andrews graduates during the transfer to Dundee.**

- 43 The St. Andrews graduates we met with who had transitioned to the school told us that they felt supported during the transfer to Dundee. Students receive a week long intensive induction that introduces students to the school and also covers specific topics in the curriculum.
- 44 We last reviewed the programme in 2009 as part of the cycle of the GMC's quality assurance of basic medical education. The careful consideration and collaborative working which supported the transfer arrangements for students from St. Andrews to Dundee was found to be an area of good practice in this review. We are pleased to see this continuing.

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

- 45** Students studying outside of the school and on electives are supported by the school's academic mentor, who keeps in touch with these students. The school told us that many of their students that choose to intercalate stay at the University of Dundee. This allows for those students to continue accessing the university's central support facilities.

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

- 46** Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course, and be encouraged to act on it. In our pre-visit student survey, students did not rate the quality of feedback as highly as other areas in our survey. This is an issue that the school are aware of and are investigating. We heard that the school has to feedback on any work submitted within three weeks, a target set by the central university. We heard that this is not always met due to staff capacity.

*Career support and advice (R3.16)*

- 47** The school has a clear policy on referral for medical students who may need further support or may not be able, or want to, complete their medical qualification. Students receive regular emails from the school with guidance about what to do if they would like to leave the programme. Students commented in our pre-visit survey that they would like to have a minimum meeting requirement with their academic supervisors each year, to include career guidance.

## Theme 4: Supporting Educators

### Standards

**S4.1** *Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.*

**S4.2** *Educators receive the support, resources and time to meet their education and training responsibilities.*

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

- 48** Educators told us that they feel they have received appropriate induction and training for the role they're in. Clinical educators receive a week long in-house training induction for their role. The school has a staff development officer who facilitates the induction and will sign post educators to relevant resources dependent on their experience.
- 49** University academics commence a postgraduate teaching module as part of their probation. Educators receive feedback on their role through a variety of means, including written feedback at the end of blocks, and peer review. All the staff we spoke to felt they have regular appropriate appraisals which enable them to respond to their developmental needs.

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

- 50** Educators currently have access to the appropriately funded resources they need to meet the requirements of the training programme or curriculum. Educators we spoke to were positive about the facilities and administrative support at the school.

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

- 51** The school supports educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities. We heard from clinical educators that they feel they are able to approach the conveners with concerns, and also access the medical education support group across specialities. Staff told us that they are comfortable raising concerns face to face or via email with other staff members.

## Theme 5: Developing and implementing curricula and assessments

### Standard

**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)*

- 52** The school runs an annual away day to focus on the development of the curriculum. There are several committees, including the curriculum management team, the module committees and the undergraduate medical education committee that feed into and pick up on issues throughout the year relating to curriculum improvement.
- 53** The undergraduate clinical teaching leads are very involved in setting the curriculum for their respective clinical attachment. We heard that students feed into the curriculum on the away days, through student representation on various academic committees and also through vacation scholarships where students complete a summer project on various aspects of the curriculum. We heard in our meeting with the senior management team that involving patients and public in the programme is an area that has been identified for development. The school has been working with a patient group at NHS Tayside to understand how this can be done in a more systematic way.

### *Undergraduate curricular design (R5.3)*

#### **Area working well 5: The curriculum which integrates clinical and basic sciences.**

- 54** In the year one, students have the opportunity to meet a patient for a conversation as part of a clinical skills session. It was noted that this helped to relieve anxiety for students. This was supported by findings from the pre-visit student survey, in which it was noted that the patient contact programme introduced to the year one curriculum had overwhelmingly positive feedback. We also received further evidence of this in the clinical patient contact handbook and student observation guide and logbook, sent to us before the visit, which explains the new development in the course, the rationale for introducing early patient contact and the students' learning objectives. At our visit, students stated that the early patient contact at the school had been a deciding factor in choosing to study there. Students in later years told us that the early patient contact in the programme had helped to put the basic clinical science into context.
- 55** In year four, students begin a transition block, followed by a series of core clinical placements and a final preparation for practice block in year five. The core clinical

placements are five clinical attachments which each last eight weeks. Students rotate through medicine, surgery, integrated specialties, obstetrics and gynaecology and child health, and general practice and psychiatry. Students are also able to complete a student selected component each year where they are able to study areas of their own choice in depth.

- 56** The Dundee medical programme is designed around a spiral curriculum. This offers students the opportunity to revisit aspects of learning, create links between concepts and deepen understanding. As students' progress to each new phase in the spiral, new information and skills are introduced that build upon the previous phase. Students told us that the spiral curriculum integrates the theory and practice of medicine, and allows themes and subjects to be revisited at several junctures throughout the five years in order to reinforce them. Students stated the course was taught in a structured systematic way, and that they felt prepared for Preparation in Practice (PiP) delivered in years four and five. At our visit, the more senior students we spoke to were positive about how the curriculum integrates clinical and basic sciences within Systems in Practice (SiP).

**Recommendation 2: The school should review the timetabling and delivery of the basic science lectures in the early years of the programme.**

- 57** We heard that the curriculum gives students learning opportunities that integrate basic and clinical science, enabling them to link theory and practice. In our pre-visit student survey, 94% of respondents felt that the link between the theory of medicine and the practice of medicine was either good or very good. At our visit students in years one and two reported that the structure of the course can be burdensome; the duration of basic science lectures in year one can often span four hours at a time. There was general consensus that the duration of periods spent in basic science lectures, without a break, could lead to 'information overload', and was not conducive to learning.
- 58** We heard throughout our visit of the various ways that students are given the opportunity to understand the needs of patients from diverse social, cultural and ethnic backgrounds. We heard that the school had reached out via the local news to appeal for people from multicultural backgrounds to come forward to help with the programme, and as a result has now made links with a local Muslim women's society. Students told us that the principles of equality and diversity were introduced on their first day, and were interwoven throughout the course.

*Undergraduate clinical placements (R5.4)*

**Area working well 6: The opportunities for student exposure to the clinical environment due to the co-location of the school and Ninewells Hospital.**

- 59 The school provides students with the opportunity to develop their clinical, medical and practical skills through technology enhanced learning opportunities before using skills in a clinical situation.
- 60 The school allows students to gain experience in clinical settings, both real and simulated. The students we spoke to told us they value the proximity of the school to the hospital. This offers students practical experience and opportunities for experiential learning in a clinical setting; the hospital has an 'open door policy', where students are able to clerk a patient on a ward. Evidence given to us before our visit, particularly copies of the student handbooks, support that this experiential learning increases in complexity as the length of placements increases in the fourth and fifth year.

**Recommendation 3: The school should review the scheduling of the programme to allow sufficient travel time to clinical placements, particularly those in Perth.**

- 61 Students begin travelling to clinical placements very early on in the programme to begin learning in clinical settings. We heard from students in years one to three on our visit that the time scheduled for travel between the school and the clinical placement sites in Perth was often not sufficient and even the time to travel across the Dundee site was barely adequate. Students told us they often missed the start of teaching if they were not able to travel by car and were reprimanded for being late.
- 62 In our student survey, respondents were very happy with the standard of clinical skills teaching, though we heard on our visit that teaching can sometimes be cancelled dependent on clinician's workload. Students told us that they are introduced to clinical skills early in the programme, and they can also practise their clinical skills in the technology enhanced facilities offered at the school in their own time.
- 63 We heard that the programme offers experiential learning that increases in complexity in line with the curriculum. In years one to three, the course is known as 'Systems in practice'. Students learn about normal and abnormal structure, function and behaviour; basic science and clinical medicine; hospital and community perspectives; and professionalism, ethics, evidence based medicine. Years four and five form Preparation in Practice (PiP) which moves towards a task-based learning approach. A series of around 100 'core clinical problems' provide students with a framework for an integrated view of medicine. PiP begins with a transition block, followed by a series of core clinical placements and a final block. We heard that clinical educators map their teaching to the curriculum, and utilise the core clinical problems that are introduced to students in years four and five.
- 64 In our meeting with clinical educators, we heard that all students on the ageing and health placement block, for example, will experience multiprofessional care and teaching delivered by a multi professional team including physiotherapists, speech and language therapists, nurses and dietitians. The contribution of other non-medics in the curriculum is being developed, and the school tries to ensure members of a

multi-disciplinary team are introduced at undergraduate level. The five year strategic plan for the Academic Health Science Partnership in Tayside states that, as one of the five key priority areas for education in Tayside, multidisciplinary learning opportunities will be promoted and enabled by ensuring a clear, unified, pathway of documentation, and thus evidence, of such opportunities.

- 65** When we spoke with students at our visit about the opportunities for interprofessional learning, students in year one told us they had several interprofessional education sessions with nurses and dentists where they would discuss a proposed scenario. Dependent on which student selected component was chosen, students can have the opportunity to sit on multi-disciplinary team meetings. At our meeting with students in years three, four and five, we heard that interprofessional learning in the early years (one to three) is mainly theory based. Students in years four and five told us that the record of clinical experience (RoCE) book is helpful in gaining exposure to other professionals, and that the recognising a deteriorating patient (RADAR) sessions had improved over the years. In our pre-visit student survey the RADAR session was praised and more were requested throughout the year.

*Assessing GMC outcomes for graduates (R5.5); Fair, reliable and valid assessments (R5.6); Mapping assessments against curricula (R5.7); Examiners and assessors (R5.8)*

- 66** The school identified assessment and feedback as an area to improve upon following the results from the 2017 National Student Survey. We asked students about assessment on our visit. Students across all years noted that it can be challenging having all assessments within one week, and would prefer not to have multiple exams in one day. Students in years one and two told us that they found the formative, interactive quizzes used in lectures useful.
- 67** All assessments are blueprinted and mapped to the GMC outcomes for graduates and the school's curriculum strands. The school has a core question writing and question selection team that work alongside subject assessment experts to select assessment questions, although the school are careful to use a significant proportion of questions that have been used before. Peer marking has recently been introduced, where fourth and final year students along with FY1 doctors mark and provide feedback on work produced by early year students. Students also told us that they have the opportunity to feedback on questions following the end of the exam, and provided examples of questions that have been removed as part of this process.
- 68** The school has programme of examiner training. There are normally two appropriately selected external examiners per year of study that focus on the basic sciences and clinical aspect of the course respectively.

<b>Team leader</b>	Professor Jacky Hayden
<b>Visitors</b>	Dr Steve Jones Julie Browne Daron Aslanyan Dr Simon Plint
<b>GMC staff</b>	Robin Benstead, Principal Education QA Programme Manager Lindsay Bradley, Education Quality Analyst
<b>Evidence base</b>	<ol style="list-style-type: none"> <li>1. Admissions</li> <li>2. Assessment</li> <li>3. Policy &amp; Guidance</li> <li>4. Student Support</li> <li>5. Handbooks</li> <li>6. Getting Started Booklets</li> <li>7. Agenda &amp; Minutes</li> <li>8. Quality Assurance</li> <li>9. Coloured Lanyards</li> <li>10. Clinical Placements Inductions</li> <li>11. Student Experience Form - Foundation Assistantship</li> <li>12. RoCE Booklet</li> <li>13. Dundee Recognised Trainer Roles</li> <li>14. MBChB Risk Register</li> <li>15. CPC student observation Guide &amp; Logbook and Tutor Handbook</li> <li>16. TiM BMSc Dissertation (Exploring student perception of ward simulation as an exercise to improve decision-making skills in the clinical context)</li> <li>17. Yr 4 &amp; Yr 5 Portfolio</li> <li>18. Patient Clerking example</li> <li>19. Outcome 1 - Case-Discussion - yr 2</li> <li>20. Rural Medicine</li> <li>21. TBL Publication &amp; TBL News</li> <li>22. BMSc Raising Concerns (Medical School culture and its impact on the reporting of staffs' professional behaviour)</li> <li>23. Peer Review Teaching Development Tool</li> <li>24. MoT Tariffs</li> <li>25. Accountability Report</li> <li>26. IPE</li> <li>27. Electives</li> <li>28. Ward Simulation Exercise</li> <li>29. Learning from errors</li> <li>30. Incident Review</li> <li>31. Exam feedback example</li> <li>32. IMSAFE (Learning from Errors pp)</li> <li>33. Transition Block Timetable and Clinical Skills Handbook</li> <li>34. GP - Significant event analysis</li> <li>35. Year 5 induction programme</li> </ol>

## Acknowledgement

We would like to thank Dundee School of Medicine and all those we met with during the visits for their cooperation and willingness to share their learning and experiences.

## 2017 National Review of Scotland Action plan for Dundee School of Medicine

General  
Medical  
Council

Report	QA Code	Type	Description	Due Date	Action taken by organisation since the visit (if applicable)	Further action planned by organisation	Lead by
Dundee School of Medicine	QA10399	Area Working Well 1	The school's response to student feedback.				
Dundee School of Medicine	QA10400	Area Working Well 2	The Lapses in Professionalism points system and the Green Card system which complements this.				
Dundee School of Medicine	QA10401	Area Working Well 3	The culture of the school which values and supports education and training.				
Dundee School of Medicine	QA10402	Area Working Well 4	Support for the St. Andrews graduates during the transfer to Dundee.				
Dundee School of Medicine	QA10403	Area Working Well 5	The curriculum which integrates clinical and basic sciences.				
Dundee School of Medicine	QA10404	Area Working Well 6	The co-location of the school and Ninewells Hospital which				

			provides students opportunities to experience the hospital clinical environment.				
Dundee School of Medicine	QA10405	Requirement 1	The school must review the balance between the informal and formal raising concerns process.	Launch for September 2018		Draft policy to be approved by School committee. Recruit staff to act as points of contact to discuss and log concerns whilst adhering to thresholds for escalation outlined in policy. Development of secure IT resource to capture concerns and provide analysis and reporting of concerns. Artwork developed to promote to students and plan developed to embed the process into the student experience.	Dr David Russell
Dundee School of Medicine	QA10406	Requirement 2	The school must continue to monitor the capacity available for students on clinical placements at LEPS.	Ongoing with plan in place to accommodate increased capacity by January 2019.		The School is working closely with its partners (NHS Health Boards, Primary Care etc.) to ensure that current placements remain sustainable.  Monthly capacity and curriculum development	Dr David Russell Prof Maggie Bartlett Dr Ellie Hothersall

						<p>meetings, involving key stakeholders, arranged.</p> <p>Primary care recruitment drive in motion to look at increasing use of community placements to increase capacity.</p> <p>Development of new approaches to student blocks developed with clinical partners and students for trial in 2019.</p>	
Dundee School of Medicine	QA10407	Recommendation 1	The school should review the process for providing students with IT access at NHS Tayside to ensure it is consistent.	Ongoing with monitoring	<p>NHS IT access given to 1<sup>st</sup> year medical students. Email communication from Dean of Medicine and Director of Medical Education to students and staff respectively reminding them around Data Protection and ensuring login details are not shared.</p> <p>NHS Teaching Leads advised that all</p>	Ongoing review of access and ensuring students obtain experience in using NHS systems in preparation for practice.	Dr David Russell

					students have NHS IT access.		
Dundee School of Medicine	QA10408	Recommendation 2	The school should review the timetabling and delivery of the basic science lectures in the early years of the programme.	Ongoing		The feedback for Principals block is positive but there is a lot of information included in order to ensure all students have a solid foundation in basic science before progressing to the systems blocks. There is an ongoing review of content to see if some of the learning activities could be delivered elsewhere in the course in order to reduce the lecture burden.	Dr Ellie Hothersall
Dundee School of Medicine	QA10409	Recommendation 3	The school should review the scheduling of the programme to allow sufficient travel time for travel time to clinical placements, particularly those in Perth.	Ongoing with monitoring	The wrong start time was recorded for sessions running in Perth. This has been amended and an extra 30 minutes travelling time has been included to allow students to reach their afternoon placements comfortably. Teaching staff in morning sessions have	None required	Dr David Russell

					been reminded of the importance of finishing on time to allow students to travel to afternoon placements.		
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