

Visit Report on University of Glasgow 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>

Education provider	University of Glasgow School of Medicine
Programmes	MBCbB
Date of visit	8 November 2017
Were any serious concerns identified?	No serious concerns were identified during 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 responsiveness of the school to feedback from learners and educators.
2	2 (R2.1)	There are clear and effective quality management systems in place to manage and control medical education and training.
3	2 (R2.20)	The school's approach to widening participation.

4	5 (R5.3)	The curriculum is well planned and demonstrates clearly how students can meet the outcomes for graduates.
5	5 (R5.3)	The choice and range of subjects available for the student selected components.
6	5 (R5.5, 5.6, 5.7 & 5.8)	The school's assessment strategy that allows them to make fair and reliable decisions on medical student progress.

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
		No requirements were identified during this visit

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	4 (R4.2)	The school should monitor time in jobs plans for undergraduate educators to ensure there is sufficient time for educational responsibilities.
2	5 (R5.6)	The school should monitor the consistency of assessments carried out by supervisors.

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>S1.1 <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>S1.2 <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) and Dealing with concerns (R1.2)

- 1 The University of Glasgow School of Medicine has clear and understandable processes in place for raising concerns. We met with the student support team who explained the ways in which concerns can be raised by students, or identified by the team. Students are surveyed on a regular basis to ensure the team receive regular feedback, and the team meets with students on placements to obtain feedback.
- 2 When concerns are raised these are discussed with the individual by the head of year and an open discussion takes place. An example was provided of students raising concerns about the inconsistency of training they were receiving in different sites for the same speciality; this led to block leads being appointed to oversee specific specialities across sites to ensure a consistent approach in exposure to, and the standard of, training.
- 3 Students they are aware of the different ways to raise concerns and are also able to discuss things informally with tutors and heads of years. Students described their experience of using the online tool, 'Moodle', to report any concerns. There is a 'student concerns committee' which meets on a regular basis to discuss sensitive issues in a small group and feedback to the school.
- 4 Students were all aware that there is nominated person at each placement who they can report concerns to, and all students felt comfortable speaking to senior management at the school to report any concerns.
- 5 The school's management team meet with local education providers 3-4 times per year to share information and provide feedback, heads of year have strong working

relationships with local education providers which enables concerns to be raised immediately where required.

Supporting duty of candour (R1.4)

- 6 Students we spoke with were aware of duty of candour and told us that this was discussed regularly and is included in their teaching and discussed on placements with supervisors.

Seeking and responding to feedback (R1.5)

Area working well 1: The responsiveness of the school to feedback from learners and educators.

- 7 All students that we met told us that the school listens to them and is happy to receive feedback. They provided examples of being invited onto committees to feed into decisions about the school.
- 8 Students in years one, two and three recognised that changes have been made to the course based on feedback from previous year groups and they are now seeing the positive impact of these changes. All students felt the staff were good at explaining what action was being taken and how the school is responding to feedback.

Induction (R1.13)

- 9 The school has recently reviewed all placement induction documentation and provided feedback to individual placements on how these can be improved.
- 10 We heard that the majority of student inductions to clinical placements were good. All students we met with received induction information prior to starting placements and the formal induction days for phases four and five are integral in preparing students for their placements.
- 11 Students transferring from St. Andrews receive a short but adequate induction and feel well supported, they are offered student mentors to assist with their induction to the University and the school.

Multiprofessional teamwork and learning (R1.17)

- 12 Students have a good experience of working with pharmacists during their placements. However, they felt they would benefit from more experiences which would equip them with a better understanding of the roles of nurses and other team members.

Capacity, resources and facilities (R1.19), Accessible technology enhanced and simulation-based learning (R1.20)

- 13** Students recognised the excellent facilities available following the building of the new Queen Elizabeth University Hospital and expressed that there are no longer issues with computer or Wi-Fi access.

- 14** Students we spoke to commented that there were lots of simulation training opportunities available and they were able to be videoed on placements and received feedback on their performance.

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

Area working well 2: There are clear and effective quality management systems in place to manage and control medical education and training.

- 15** Senior management clearly explained the educational governance system that is in place at the school. They talked through the processes in which the various committees work together, e.g. the assessment committee, learning and teaching committee and the executive group. Students are represented on all committees and are able to fully contribute to these committees.
- 16** The school has good quality management process in place for clinical placements and uses feedback received from students to create a traffic light system for rating all areas of placements. This is used to provide feedback on placements where performance is improving or regressing and to encourage placements to share good practice.
- 17** Students felt that their feedback was valued and used to make positive changes to the course and their placement experience.
- 18** The school ensures its processes link and feed into wider university processes. There is recognition that at times both the school and University are requesting feedback from students at the same time; they are working together to coordinate this and better manage the process.

Considering impact on learners of policies, systems, processes (R2.3) and Evaluating and reviewing curricula and assessment (R2.4)

- 19** The school's curriculum has recently been reviewed and amended and this was an opportunity to engage with students and educators both within the school and associated health boards to improve the curriculum.

- 20 Student representatives were included on committees to discuss the curriculum changes and heads of year hold 2-3 meetings per year for students to provide feedback on the curriculum and other areas. The school has a policy in place that states students must be involved in any proposed changes.
- 21 Clinicians involved in educating and supervising students while on placements were also consulted during the review of the curriculum. Along with ensuring positive changes to the curriculum the school think that this process has helped re-engage with a number of clinicians.
- 22 The school told us that they did not engage with patients or members of the public when reviewing the curriculum but are making an effort to engage with these groups in the future by setting up a patient participation group, and for example discussing fitness to practice processes with them.
- 23 The school has had a clear assessment strategy in place since 2014 and carry out regular assessments focussing on written assessments during the early phases and assessments following each placement block in the later phases.

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

- 24 The school told us about the work they are doing on collecting and analysing equality and diversity data. This work is focussing on the retention rates and re-sits rates for students and further investigation is being carried out to look into specific aspects of this information.

Sharing information of learners between organisations (R2.17)

- 25 The school has a process in place for the transfer of information for students joining from St. Andrews School of Medicine. A written transfer is received for each student and reviewed by the welfare team; any issues that are declared are raised with the head of year who then discusses these with the student. A yearly teleconference is held with St. Andrews to discuss progress and share information about the curriculum.
- 26 The school has developed a process for sharing information with placements by requesting feedback on performance and attendance prior to the end of each placement as this allows them the opportunity to discuss any concerns with the students or their supervisor before the start of the next placement.

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

Area working well 3: The school's approach to widening participation.

- 27 The school has a number of programmes in place to widen participation and is doing some excellent work in this area with over 20% of their students falling into this

category. Initiatives include: a university wide REACH programme that the school is part of, summer schools to help upskill potential students, lower entry requirements, and the Glasgow access programme. There is also a pre-medical school course that is run and guarantees a place in the Medical School if the students pass the written assessments.

- 28** The school is meeting the Scottish Government's requirements for widening participation but still want to increase their numbers and continue to explore further ways of doing this.

Theme 3: Supporting learners

Standard

S3.1 <i>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.</i>
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Good Medical Practice and ethical concerns (R3.1)

- 29** The school has recently appointed a new director of professionalism who will be responsible for ensuring students are made aware of all university and school policies, GMC standards and updates, and the fitness to practise process. The Medical School is currently working with the Dental School to produce a new module that will include specific lectures on professionalism.
- 30** Students are made aware of the fitness to practise policy and procedure. If a referral is raised about a student this would be referred to the head of year and head of school and they would try to deal with this at a local level. If they felt the concern could not be dealt with at a local level then they can make the decision to refer this into the fitness to practice process to be triaged.

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

- 31** Students that we spoke to who transferred from St. Andrews told us that they feel very well supported when joining the school. They receive a short induction and are offered student mentors to assist with their induction to the University and Medical School and they are well supported by one of the tutors.
- 32** Students who we spoke to confirmed that staff are friendly and approachable so they would be happy to raise issues with any of the senior managers if they felt this was necessary, they commented that all tutors are quick to reply to e-mails and offer support when required.

Student assistantships and shadowing (R3.6)

- 33** All students receive an induction prior to starting a placement and the majority of students that we spoke to told us that the inductions were good and included all of the relevant information.
- 34** The five week 'Preparation for Practice' block where the majority of students spend time at the site where they will be working at the start of foundation year one is appreciated and helps students familiarise themselves with the site and gain an understanding of what will be expected of them.

Information and support about academic opportunities (R3.8)

- 35** The school encourage and support students to self-propose subjects for the Student Selected Components and students told us that the range of opportunities available is excellent.
- 36** The school have good exchange programmes in place with Japanese, Australian and Swedish medical schools and are looking to expand this to offer more students opportunities to experience health care systems different to the NHS.

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

- 37** The student support team told us that the school supports students on electives many of whom are overseas. They ensure they have contact details for the students and that students have the key contacts for the school, an example was provided of a student being involved in an incident overseas and this being well managed with good communication between all of those involved.

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.*

Time in job plans (R4.2)

Recommendation 1: The school should monitor time in jobs plans for undergraduate educators to ensure there is sufficient time for educational responsibilities.

38 Some clinical educators that we met with felt that they did not have time in their job plans to deliver education. There are concerns from senior management at the school and the clinical educators that the time in job plans is not adequate and at times the curriculum can only be delivered through good will.

Educators' concerns or difficulties (R4.4)

39 All clinical educators who we spoke to told us they would be happy to raise concerns and were confident that they would be dealt with. They were all happy to provide feedback to students during placements and understood the process for raising concerns with the school.

40 We heard that there is a system to ensure that a placement provider is aware of any issues or concerns related to a new student starting a clinical placement, but the process could be improved to ensure that this is always done before the student starts a placement.

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.*

GMC outcomes for graduates (R5.1)

- 41** The students that we spoke to told us that they were aware of what they needed to learn and the learning outcomes for each placement and each year.
- 42** Students understand what assessments they must complete prior to each placement and were happy that there would be no problem with finding the opportunity to complete these.

Informing curricular development (R5.2)

- 43** The school has recently reviewed and developed the curriculum and students were fully involved in this through representation on committees and meetings with year heads.

Undergraduate curricular design (R5.3)

Area working well 4: The curriculum is well planned and demonstrates clearly how students can meet the outcomes for graduates.

Area working well 5: The choice and range of subjects available for the student selected components.

- 44** Students that we met told us that the curriculum was good and provided them with a variety of experience. They gain a variety of experience by spending half of their placement time in Glasgow and half of their time in rural areas.
- 45** Students appreciated the early clinical exposure they receive in year one and felt that this added to their experience and they enjoyed not having to wait until later years for this exposure.
- 46** The range and availability of the student selected learning components is excellent and provides students with an extensive range when choosing their own areas of learning. Students are encouraged to propose their own options and that this is well supported by tutors and gives students the opportunity to focus on areas of interest and specific specialities.

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

Area working well 6: The school's assessment strategy that allows them to make fair and reliable decisions on medical student progress.

47 The school has a clear assessment strategy in place and carry out regular assessments focussing on written assessments during the early phases and assessments following each placement block in the later phases.

Recommendation 2: The school should monitor the consistency of assessments carried out by supervisors.

48 All students we spoke to told us that they were aware of their assessments and are happy that the majority of these are fair; however some students did raise concerns about the fairness and consistency of the Clinical and Procedural Skills assessments which are carried out on each placement and must be passed by students. They felt there was a variation in the standard of assessments by some supervisors. The senior managers told us that all supervisors are trained to carry out these assessments and they have been looking at ways to improve the fairness and consistency by introducing aspects such as a merit system. They review these assessments on visits to placements and continue to consider how these can be improved.

Examiners and assessors (R5.11)

49 All assessors receive training prior to carrying out assessments and there is an online training video available for all current assessors to refer to prior to assessments. The performance of the assessors is monitored and feedback is provided to assessors and kept on record.

Team leader	Dr Tim Lancaster
Visitors	Katherine Marks Professor Lesley Bowker Dr Steven Burr Dr Helen Sweetland
GMC staff	Chris Lawlor, Education QA Programme Manager Eleanor Ewing, Education Quality Analyst Gareth Lloyd, Education Quality Analyst
Evidence base	<ol style="list-style-type: none"> 1. Admissions Report Interviewer/Interviewee Feedback 2. An Intro to L&T Skills Handout 3. Annual Quality Review Meeting 4. Annual Speciality Spreadsheets 5. Assessment Strategy 6. Clinical Placement Quality Enhancement Overview 7. Clinical Years Booklet 8. Committee Remits & Sample Minutes 9. Curriculum Review Policy 10. E&D Assessment Data 11. E&D Assessment Data 20 11-16 12. E&D Assessment Data 20 11-16 13. E&D Policy Weblinks 14. E&D Student Withdrawal Statistics 15. E&D Student Withdrawals 16. Educational Supervisor JD 17. Educational Supervisor JD / Hospital Sub Dean JD 18. Educator Guidance 19. ePortfolio CAPS list 20. Ethnicity Appendix 21. Examination Student Feedback 22. Extract Procedure for Determining Fitness to Practise 23. Glasgow Medical School Our Vision 24. GMC Glasgow Check Report 25. Hospital Sub Dean JD 26. HSD Annual Reports 27. HSD Response Blocks 3&4 QEUH 28. MBChB Admissions Report 2017 29. MBChB Code of Professional Conduct 30. MBChB Committee Remits and Sample Minutes 31. MBChB Educator Guidance 32. MBChB Implementation of Disability Recommendations 33. MBChB Programme Guide 34. MBChB Student Handbook 35. MBChB Student Support Example 36. MBChB Student Support Policy & Processes

37. MBChB Student Support Policy & Processes Appendix 1
38. MBChB Withdrawal Guidance
39. Medical School Implementation of Disability Recommendations
40. MoU with GGC Service Level Agreement
41. MSAR 16-17 / SoM AMR 15-16 / Student Agreement
42. Peer Support Overview
43. PfP Overall Satisfaction 15-16, HSD Annual Reports
44. Placement Issues & Resolution
45. Process for Determining Fitness to Practise
46. Quality Assurance and Enhancement Framework
47. Raising Concerns Policy
48. Repeat & Returning Students Process
49. Risk Register
50. Sample of UoG Visit Reports
51. Student Agreement
52. Student Handbook
53. Student Support Policy & Processes
54. Student Support Policy & Processes Appendix 1
55. TALE Programme
56. ToI Process
57. UMS Governance Diagram
58. Welcome to Y3 Booklet
59. WP Report March 2017

Acknowledgement

We would like to thank Glasgow 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 Glasgow 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
University of Glasgow School of Medicine	QA10382	Area Working Well 1	The responsiveness of the school to feedback from learners and educators.		N/A		Head of UG Medical School
University of Glasgow School of Medicine	QA10383	Area Working Well 2	There are clear and effective quality management systems in place to manage and control medical education and training.	December 2018	The Contributors database currently in development (see below) will further assist the School in quality management		Head of UG Medical School
University of Glasgow School of Medicine	QA10384	Area Working Well 3	The school's approach to widening participation.	September 2018	The School continues to develop the Glasgow Access Programme (GAP). A 75% progression to the MBChB from the first GAP cohort is currently expected	Funding is in place for a second year of GAP for 18/19	Head of UG Medical School
University of Glasgow School	QA10385	Area Working Well 4	The curriculum is well planned and demonstrates clearly how	2018/2019	N/A	A plan is being put together to review Years 1 & 2 of the	Head of UG Medical School

of Medicine			students can meet the outcomes for graduates.			curriculum	
University of Glasgow School of Medicine	QA10386	Area Working Well 5	The choice and range of subjects available for the student selected components.		N/A		Head of UG Medical School
University of Glasgow School of Medicine	QA10387	Area Working Well 6	The school's assessment strategy that allows them to make fair and reliable decisions on medical student progress.	Appoint May 2018 2018/2019	A new Clinical Assessment Lead is being recruited.	This role will develop question setting, standard setting, and data analysis to ensure the OSCEs comply with the demands set out in the forthcoming clinical components of the Medical Licensing Assessments and will have a key input in ensuring consistency across clinical placements throughout the West of Scotland	Head of UG Medical School
University of Glasgow School of Medicine	QA10388	Recommendation 1	The school should monitor time in jobs plans for undergraduate educators to ensure there is sufficient time for educational responsibilities.	January 2019	We are developing a contributors' database to ensure that we have a robust accessible record of all of our contributors to teaching and assessment feeding into recognition in individual job plans	Once the database complete, we will be in a position to have a fully informed discussion with the NHS Boards to ensure adequate provision of SPA time to consultants who have teaching and teaching administration roles and responsibilities	Head of UG Medical School

University of Glasgow School of Medicine	QA10389	Recommendation 2	The school should monitor the consistency of assessments carried out by supervisors.	February 2019	<p>A - Double marking of scripts is now carried out in all three SSC blocks.</p> <p>B - Data on marks awarded in different blocks is fed back to all SSC supervisors to allow them to 'benchmark' their performance against other blocks.</p> <p>C - Now standard to feedback marks awarded to OSCE examiners – allows for self-reflection. Any significant 'outliers' must undertake training before being allowed to examine OSCEs again.</p>	We are reviewing the IT support in place for assessment. Enhanced software will facilitate quality control across SSC assessments as well as the assessments at the end of each clinical teaching block	Head of UG Medical School
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