

## Visit Report on University of Aberdeen 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>

<b>Education provider</b>	University of Aberdeen School of Medicine.
<b>Programmes</b>	MChB.
<b>Date of visit</b>	22 November 2017.
<b>Were any serious concerns identified?</b>	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 (R1.17)	The involvement of clinical nurse educators in the education of students, as well as student exposure to the multi professional environment from an early stage.
2	1 (R1.19, 1.20)	Access to facilities including clinical skills equipment and Wi-Fi.

3	1 (R1.22)	The school's culture of medical education, research and innovation.
4	2 (R2.1)	The positive working relationship between Aberdeen School of Medicine and NHS Grampian, which enhances the student experience.
5	2, 5 (R2.3, R5.2)	Student, patient and public involvement in curriculum development and delivery.
6	5 (R5.3)	The Remote and rural option in year four is valued by students.

## 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	2 (R2.16, R2.17)	The school should review their processes for identifying multiple low level concerns about students.

2	3 (R3.2)	The school should review their Regent scheme to ensure consistency of student experience.
3	3 (R3.5)	The school should continue to work alongside St. Andrews School of Medicine to monitor the steps put in place to support St. Andrews graduates transitioning into year three.

## 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) and Dealing with concerns (R1.2)*

- 1 We heard from those with responsibility for student support that there are multiple ways in which students can report concerns they might have about patient safety or the quality of education and training. Examples included the raising concerns button on the virtual learning section of the school's website, or through their LEP contact when on clinical placements. Students are made aware of the ways they can raise concerns during induction, and when a concern is reported they discuss it with the student and are transparent with them about the action they will take.
- 2 Students we spoke to were aware of the processes for raising concerns, both at the school and when on clinical placements, including those in the community, and were able to describe the routes depending on the type of concern. We heard from those we met that they would have no issues raising a concern, and all students we spoke to felt that the school would respond effectively if they raised any concerns.

- 3 Students we met with who had raised a concern told us that they had done this in person, through their supervisor, and had had an open discussion with them about it. They told us that they had felt reassured that the concern would not be ignored and received feedback on the outcome. We also heard that those who had used the online option found it an easy and efficient process, with clear step-by-step guidance.

#### *Learning from mistakes (R1.3)*

- 4 Academic educators told us that Datix submissions were discussed at LEPs and that if a student had raised a concern whilst on a clinical placement then there would be an opportunity for the student to discuss the outcome. In addition, if a student was involved in an incident which was reported through the system, the school would speak to them to discuss the issues and ensure that they are included in any post incident discussions.
- 5 Clinical educators confirmed that they involve students in discussions following incidents so that they have the opportunity to learn from them.
- 6 Students were aware of Datix and told us that the school encouraged them to use the system whilst they are on placements, although they did not receive training on it. Clinical educators explained that students are aware of the Datix system, however do not receive formal training on the use of it as present, but this is something that the school is currently reviewing.

#### *Supporting duty of candour (R1.4)*

- 7 The students we spoke with were aware of the duty of candour. They told us that the school were very good at providing teaching on this and that they received refresher training each year.

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

- 8 Most students we met with told us that they felt that the school listens to their feedback. They provided examples of being involved with student-staff committees and class representatives attending board meetings to feed back to senior management.
- 9 Some students however, told us that the school's response to student feedback can be variable, and we were given some examples of this variation. These examples appeared to be isolated however and we were told by most students we met with that the school acted quickly to respond to any feedback they had given them.
- 10 Students complete SCEF forms at the end of each placement, which are an evaluation of the course and the teaching they have received. These forms are not mandatory but the school encourages students to complete them. SCEF forms are collected at

the end of each block and are used in discussion with block leads in order to identify ways to improve and redesign blocks.

#### *Identifying learners at different stages (R1.10)*

- 11 Academic educators are made aware of the competence levels of learners at different stages through handbooks and workshops. In addition, they have a checklist of outcomes for students which they told us allows them to be confident students are not being asked to undertake tasks which are beyond their competence.
- 12 The school has a system in place for identifying year five students whilst on placement. Clinical educators told us that there are posters in clinical areas of Aberdeen Royal Infirmary with details of the final year students, so that the rest of the team are aware of who they are. They told us that this helps to integrate the student into the wider team. We were told that the posters outline the student's clinical skills, and in addition the staff have learning guides which show which level a student is at and whether they require supervision to undertake certain procedures.

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

- 13 We found that the induction processes for the students are good. Students we spoke to at the school told us that their inductions to both the school and clinical placements were useful. In particular, students told us that they were happy with their inductions to clinical placements in year four.
- 14 The students were given induction information a week before their year four placements, which they said is more than sufficient. They were met by their supervisor on the first day of their placements which they appreciated as it made them feel welcome.
- 15 We also met with Aberdeen students on placements at Aberdeen Royal Infirmary when we visited NHS Grampian as part of this review, and we heard examples of variable induction experience at the LEP. We have therefore set NHS Grampian a requirement to review this in their report. In addition, these students told us that timetables for their placements were often not given to them by the school with enough time to prepare for their placements or organise their domestic commitments.

#### *Multiprofessional teamwork and learning (R1.17)*

**Area working well 1: The involvement of clinical nurse educators in the education of students, as well as student exposure to the multi professional environment from an early stage.**

- 16 There is a team of clinical nurse educators who manage the supervision of students on placements. Prior to placements, these nurse educators visit the units to ensure

they are suitable for the students, drop in on students during their placements and obtain feedback from the students following the placements.

- 17 The nurse educator role was introduced in order to demonstrate to students the importance of the multi-disciplinary team and that during their careers they would experience a variety of support and supervision, not just from doctors. In addition, the school are able to utilise the nurse's knowledge of staff and hospitals.
- 18 The clinical educators felt that the involvement of clinical nurse educators was important to the student experience. The clinical nurse educators conduct an orientation with the students to give them an understanding of a ward, such as who they can approach for help and where the emergency buzzers are.
- 19 Students were extremely positive about the involvement of nurse educators in their education. They told us that the nurse educators were very approachable, supportive and were always contactable if they came across an issue.
- 20 Students have extensive multi-professional interaction. In the first two years of their course they have the opportunity to undertake a task with members of other healthcare professions which promotes collaborative working, positive relationships and allowed them to see the task from the perspectives of the other professions. In year three, the ward placements focus on learning about other professions within the ward. In year two, students have inter-professional sessions with physiotherapists, dieticians and Macmillan nurses, amongst others. This allows students to become familiar with working in a multiprofessional team and the school has received positive feedback on student's communication skills and understanding of the working environment as a result of these sessions.
- 21 In Paediatrics students have teaching sessions with nurses and shadow them whilst on the wards. In addition they have tutorials with dieticians. In breast surgery they have sessions with breast care nurses and are involved in the weekly multidisciplinary meetings. In general practice they are exposed to the whole primary healthcare team and have teaching sessions with the nine other healthcare professions.
- 22 In addition, students appreciated the involvement of patient partners in their education. They told us that patient partners often attend their lectures and they felt that having the patient story to go alongside the lecture enhanced their learning experience.

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

**Area working well 2: Access to facilities including clinical skills equipment and Wi-Fi.**

- 23 Students told us that facilities at the school are excellent. In particular they were positive about the computer suite within the Suttie Centre and the library with the Polwarth Building.
- 24 In addition, students told us that facilities whilst on placements are good. We were told that they had access to Wi-Fi on all placements except in some GP practices, however on these placements they have a laptop or computer they can use.
- 25 Clinical supervisors also felt that facilities at the school are excellent, in particular the simulation centre and the simulated ward which has been developed in conjunction with NHS Grampian. Students told us that only those in the senior years had access to the simulated ward, due to limited availability, but those who were able to access it were happy with the equipment available.
- 26 Although they were very positive about facilities at the school, students reported that they would like lecture recordings to be available, especially as they were given a lot of information in some of their lectures. They told us that this was due to the educators being passionate about the subjects they were delivering lectures on, however the students felt it would be useful to be able to refer back to them.
- 27 Senior management told us that the university had recently invested in better technology to allow educators to video record their lectures, and that this is currently being rolled out across staff.

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

- 28 We found no issues with access to educational supervision. The students we met with told us that their tutors were approachable and had an open door policy. They told us that if they performed poorly in an assessment their tutor would seek them out to arrange a meeting to discuss their performance and to provide support and that they appreciated this pro-active approach.

#### *Supporting improvement (R1.22)*

### **Area working well 3: The school's culture of medical education, research and innovation.**

- 29 We heard various examples of learners and educators being involved with improving the quality of education at the school. Students told us that the school had canvassed their views around the year four curriculum and senior management confirmed that it was the student feedback which had driven the current review of the curriculum.
- 30 Clinical educators told us that they had attended an away day to discuss the review of the curriculum and had split into working groups to discuss the different aspects.

- 31** In addition, the introduction of the clinical nurse educator role has had a positive impact on medical education at the school, as they are involved in the quality assurance of placements.
- 32** We found that the school is open to feedback from various stakeholders and are keen to find innovative ways to drive improvement.

## 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)*

### **Area working well 4: We found positive working relationships between the school and health boards, which enhances the student experience.**

- 33** The school is co-located with Aberdeen Royal Infirmary and other hospitals on the Foresterhill site, NHS Grampian. We heard from those we met with of good working relationships between the school and NHS Grampian, due to their close proximity. We were provided with examples of joint working between the school and NHS Grampian, such as the school contributing to the annual NHS Grampian education conference and joint teaching between the school and NHS Grampian, such as specific teaching on birth culture and end of life care, which is delivered in conjunction with the board.
- 34** We also heard examples of effective relationships with other associated health boards. Senior management told us that in addition to frequent informal meetings with health boards, they attend joint events twice yearly to discuss their curriculum. They told us that these events also allow them to showcase the innovative work of the clinical and academic educators, as well as the students.
- 35** In addition there are two TUTELAGE committees, one based in Aberdeen and one based in Inverness, which meet two or three times per year. These groups are attended by clinical educators and leads, academic leads and NHS management to share what is happening with medical education. NHS Western Isles and NHS Orkney feed into the Inverness committee and NHS Shetland feed into the Aberdeen committee.
- 36** During our visit to Aberdeen, we met with medical students who were based in Inverness, who also highlighted the good relationships between the NHS Highland and the school. In addition, as part of the Scotland review, we visited NHS Shetland and NHS Western Isles and whilst there we heard from learners and educators that there are multiple channels of communication between the health boards and the school.

- 37 There are several strands of educational governance within the school. The year leads conduct an annual review of the course and there is a school committee which meets on an annual basis to look at the outcomes of students, including innovation and any learning that needs to take place. The outcomes of these meetings are then shared with the school's quality assurance committee.
- 38 Other mechanisms of sharing learning across the school are the feedback and assessment committee, student support committee and curriculum steering group.
- 39 The school has opportunity to share good practice with other medical schools at the Scottish Medical Education Conference which is held on an annual basis.

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

**Area working well 5: Student, patient and public involvement in curriculum development and delivery.**

- 40 The school is currently undertaking a review of the year four curriculum. They want to make the course more thematic following feedback from students who felt that they currently moved around specialties too quickly.
- 41 At the beginning of the year four curriculum review the school held a public consultation meeting which was widely advertised and attended. Following this they sought input from stakeholders in partner health boards, volunteer patients and students, some of which became involved in the curriculum review group.
- 42 In addition, clinical educators told us that the school had recently held an away day to involve them in discussions about the review. The block leads all attended and divided into working groups to look at different aspects of the year.
- 43 The school have a number of patient partners, who are recruited to act as practice patients, to assist students to improve their communication and examination skills. Clinical educators told us that the school are currently working on improvements to the patient partner programme, such as trying to get a more diverse population involved.

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

- 44 Equality and diversity data is monitored by the school's teaching and learning committee who have equality and diversity as a standing item on their agenda. In addition, there is an annual analysis of appeals and complaints from students during which protected characteristics are looked at to see if there are any patterns emerging which they need to be concerned about.

- 45 Senior management were aware that the information they collected was limited and told us that it is their aim to continue the monitoring process to increase their data set.

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

- 46 The school appears to have a robust approach to monitoring the quality of placements. Management told us they have a regular programme of quality visits to health boards which host their students and each board is visited bi-annually as a minimum, however the school maintains close contact with them in the interim period.
- 47 Senior management told us that in addition, nurse educators are involved with the quality assurance of placements. These educators visit placements prior to students arriving and also visit students whilst they are placement.
- 48 The school, alongside the other Scottish medical schools, are currently working with the Scotland Deanery to develop a visiting process whereby visits to sites will be conducted jointly between the deanery and the medical schools. These visits allow them to see what is working well and what can be improved, and are well supported by the clinicians at the health boards. The visiting panels include lay representatives in addition to the post and undergraduate representatives.
- 49 There is an annual Quality Review Panel which is attended by representatives from each Scottish medical school, the Scotland Deanery, and Directors of Medical Education. During this panel, placement data is reviewed to pick up any issues and to look at any support which needs to be put in place at the LEPs. This is a good example of quality data being shared across different organisations.

*Managing concerns about a learner (R2.16) and sharing information of learners between organisations (R2.17)*

**Recommendation 1: The school should review their processes for identifying multiple low level concerns about students.**

- 50 Senior management told us that they have a low threshold for engaging with students and encourage all staff to talk to students and document any concern they have. A note is made of the concerns on the student's paper file. The files are reviewed regularly and if staff become aware of multiple concerns associated with a student they arrange for these to be discussed with the student and a plan agreed to address them.
- 51 Records for students are currently paper based, however they are currently communicating with other medical schools to find an electronic system to replace it. The challenge of the electronic system is that as students go to placements across

seven different health boards, access to electronic records can be difficult due to firewalls and differing permission settings. The monitoring of the paper records was time consuming for administration staff who play a crucial roles in maintaining the records.

- 52** Although the school has a process in place for recording concerns about students, we did not hear about a clear process for identifying multiple low level concerns. We were concerned that student records being paper based could mean that patterns of multiple low level concerns for a student are not easily identifiable.

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

- 53** The school interviews around 800 potential students per year. They have been working on widening participation. One initiative is a collaboration with the local further education college and NHS Grampian to put together an outreach and pre-med / foundation programme. This programme looks at targeting students with protected characteristics, those from more deprived areas and those in remote and rural areas, to promote medicine. In addition, these students are guaranteed a place at the school if they meet the minimum academic requirements. There are 21 students on the pre-med/ foundation course who would have found it difficult to study medicine without this support.
- 54** A further initiative is that five places are reserved each academic year for widening participation students to enter year 1 of the MBChB programme directly from those Reach Schools in the North of Scotland who have not had any successful applicants to medicine in the previous five years and meet the minimum entry criteria.

### Theme 3: Supporting learners

Standard
----------

<b>S3.1</b> <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>
--

#### *Good Medical Practice and ethical concerns (R3.1).*

- 55** Professionalism is a theme throughout the course. Each year, students are asked to sign a professional and ethical code. In addition, the school gives lectures on professional practice in each of the first three years of the programme. They also invite speakers from the GMC to give sessions on professionalism.
- 56** Those with responsibility for student support told us that students are made aware of the school's fitness to practise (FtP) policy each year. This was confirmed by the students who also told us that they are aware of where to find the policies and processes on the intranet
- 57** If a fitness to practise concern is raised about a student the school try to deal with it at a local level. If they are still concerned following this they have a formal Advisory Panel meeting with student. This meeting is documented and if there is no resolution there is escalation to a FtP investigation where two investigators decide on an appropriate outcome, including escalation to a full FtP Committee. During these processes students are offered Occupational Health support and they are signposted to other support mechanisms such as the regent's scheme.
- 58** We were told that there is a handover between different years so institutional knowledge about issues with students is maintained.

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

- 59** Students reported that the staff at the school are very friendly and approachable and that there are various mechanisms for education and pastoral support in place.
- 60** Students we spoke to appreciate the school's Peer Learning on Demand (PLOD) scheme which is a mechanism of requesting peer support for both academic and social issues. Students told us that they had a lot of opportunity to explore their personal and medical interests. They told us that the school explored with each student what they would like to do as a doctor from year one and provided advice on their future career.

#### **Recommendation 2: The school should review their Regent scheme to ensure consistency of student experience.**

- 61** Another of the support mechanisms described to us was the Regent scheme. The scheme is a pastoral support system for students. The allocated Regent meets with

them at start of the course and are encouraged to meet with them twice per year. The students can then approach them if they need support in the interim. Senior management told us that some students use the system a lot and some not at all, and that there is a process in place for students to change their Regent if the relationship did not work.

- 62** Academic educators told us that the Regent scheme was quite informal and guidelines on when they should be meeting with their students are flexible. Those we met with told us they have two or three students allocated to them during each academic year and that they try to meet with the students twice a year, but make it clear that the students can contact them at any time.
- 63** Students told us that their experience of the Regent scheme was variable. Those in the earlier years told us that their Regent was easily contactable and that they felt well supported; however the experience of students in the later years was mixed. Some students told us that they met with their Regent frequently for support; however others told us that they had never met with their Regent and that they felt some Regents were unaware of the support they were supposed to be providing.
- 64** Some students suggested that the system could be improved if they were able to change their Regent depending on the speciality they were interest in. They also suggested that the school could engage with Regents more to ensure that they were aware of what would be expected of them in the role, to ensure students have a consistently positive experience.

#### *Undermining and bullying (R3.3)*

- 65** Students were aware of the process of reporting and bullying or undermining behaviour. They told us that they had the option of speaking to their Regent or student support about any incidents. Students felt that if they came across this type of behaviour they would have no issues approaching their tutor or senior management about it.
- 66** Students told us that bullying and undermining was not a problem at the school and that the school prides itself on not having that kind of culture. We were told of some incidents of bullying and undermining behaviour whilst on clinical placements; however in these instances the school acted quickly and provided the students with feedback as to what action they had taken to resolve the issues.

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

- 67** Students were aware of the process for requesting reasonable adjustments and those who had needed to undertake this process described the support given by the school as outstanding.

- 68** There is a clear process for students requesting reasonable adjustments, by completing an Occupational Health questionnaire at the beginning of the course and attending an appointment with a disability advisor who can recommend adjustments. In addition, if there are any issues which arise during the year such as short term injuries, the students are seen quickly by Occupational Health to arrange any adjustments.
- 69** Academic educators told us that there is currently a pilot in place whereby students who require reasonable adjustments have a card detailing the adjustments they require, which they can give to staff discreetly.

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

- 70** There is an information sharing process for students transitioning between academic years. There is a handover between supervisors which is led by the student support lead, and any students who need additional support or reasonable adjustments are flagged.
- 71** For the transition to the foundation programme, the school completed a transfer of information form for each student. In addition, twice per year there is a meeting between the year five lead and the foundation programme to discuss the handover of students and to discuss any learning from the previous cohort.

#### **Recommendation 3: The school should continue to work alongside St. Andrews School of Medicine to monitor the steps put in place to support St. Andrews graduates transitioning into year three.**

- 72** Students transitioning from St. Andrews School of Medicine have a dedicated tutor to support their move. They attend a bridging week and are given the learning materials they need to bridge the gap between the two curriculums in advance of them starting. Those with responsibility for the curriculum told us that they have an annual meeting with their counterparts in St. Andrews to ensure that they are linking their curricula appropriately. In this meeting they also discuss the transfer and support of students who are moving to them, and the performance of students who have already transitioned in previous years to identify learning. Management were keen to highlight that the feedback to St. Andrews is usually positive, for example their top scoring student recently was a St. Andrews graduate.
- 73** Some students who had transitioned to the school after graduating from St. Andrews told us that they found it difficult to integrate into the Aberdeen curriculum. This is because the Aberdeen year three curriculum begins in May, however they do not arrive until September and therefore they miss eight weeks' worth of Aberdeen year three lectures. Some students told us that they were not made aware of this before they arrived and although they found the bridging week useful, they felt that it was not long enough to enable them to catch up with their Aberdeen counterparts.

- 74** However, the students did tell us that they had raised this with the school and that the school had taken their feedback about this on board and they now email incoming St. Andrews graduates at the start of the summer holidays with details of the lectures they had missed to give them the opportunity to catch up before they arrived in Aberdeen.
- 75** The St. Andrews graduates we met with told us that the Aberdeen students were very welcoming and arranged social activities to allow them to integrate with the existing students.

#### *Student assistantships and shadowing (R3.6)*

- 76** Students have a variety of opportunities for assistantship across different specialities. They have three separate assistantship blocks, with a minimum of one week on each block and that during this time the students will receive out of hours, weekend and night working experience.

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

- 77** Those with responsibility for the curriculum told us that students can find out about the curriculum before admission through a diagram on the school's website which maps to each part of the curriculum.
- 78** Some students we met with told us that although they received sufficient information prior to their year five clinical placements, occasionally they only found out which placement they had been allocated with a couple of weeks' notice. They told us this could be problematic if they were going to a remote and rural placement, however they told us that the school were supportive if they could not attend a particular placement because of family commitments or a similar issue.

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

- 79** The school maintains close links with students on electives. Half the students are out of the country whilst on electives, so they have discussions with them early to discuss the outcomes and to discuss how contact will be maintained.
- 80** Maintaining contact with students who are intercalating was easy as they are still on the campus. Coming back to the programme can be difficult for students and so they have a reintroduction day prior to starting back on the course.

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

- 81** Students receive a number of different forms of feedback. For the OSCE examinations they are sent graphs to show where they performed in the year group within four weeks of the exam taking place, alongside the examiner comments. This is followed by general feedback from the OSCE coordinators. In addition, if a student fails their

OSCE they are offered a face to face feedback session where they can go through the stations.

- 82** Students receive face to face formative feedback at the end of each block. In addition, following exams the IT department produce feedback for students which included a breakdown of their scores and information about the standard scores so they can see the areas they have performed well and not so well in.
- 83** Students told us that they always receive feedback on performance, both informal and formal. They told us that they received a detailed breakdown of their OSCE scores and also received feedback on assessments from their tutors.
- 84** Students felt the exam and assessment feedback system had improved since the introduction of examiner comments from the OSCE exams, however they were unable to get detailed feedback unless they failed the whole exam.

*Support for learners in difficulties (R3.14)*

- 85** Attendance issues with students are flagged through registers and patterns can be picked up easily. In these circumstances, their tutor would meet with them to see if there are any underlying issues or if the student requires any support. This is the same process if students are performing below average in exams or it is felt that students are not engaging with the exam process. In addition, those who are struggling with clinical skills are given the opportunity to meet with the clinical skills director to discuss any issues.
- 86** Academic educators received information on the students they supervise from the school, so that they are able to get to know the background of each student, including their performance overview. They are given information by the school on any students who need further support, but information is handed over when necessary, rather than being accessible to them at any time due to the fact that student information is stored in a filing cabinet rather than being electronic.

## 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)*

- 87** Academic educators felt they had a good induction. During their induction they met with the medical director for NHS Grampian and were introduced to key members of staff around the university. The induction had three levels, university, school and department level. Those in remote locations also received a local induction. Academic educators also told us they have a robust appraisal system during which they have the opportunity to give feedback as well as receiving feedback on their performance.
- 88** Clinical educators felt well prepared for their roles. They told us they have a tailored induction programme depending on their backgrounds. In addition, they have three seminars per year for recognition of training which they can attend.
- 89** Staff at the school are trained on equality and diversity. Academic educators confirmed that equality and diversity training was part of their standard induction with periodic refreshers, and was also included in staff development sessions. Specific information on the local population was available and given to them through continued professional development sessions.
- 90** Clinical educators have equality and diversity training through a variety of routes. Those involved in the admissions process have training as part of this, and others received equality and diversity training by completing the online deanery training or attending a course in person.

### *Time in job plans (R4.2)*

- 91** Educators told us that during their induction and subsequent appraisals, they discuss with management how much time they feel they would need in their job plans to carry out their educational duties.
- 92** Clinical educators all have dedicated time in their job plans to undertake their educational role. Some also had additional sessions funded through the Additional Cost of Teaching (ACT) scheme.

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

- 93** Staff we met with felt supported in their roles and felt that if they faced any difficulties the school would take immediate action.

- 94** Academic educators told us that if they had an issue with their role their line manager would be their first port of call. The mentorship system is encouraged and they would be able to approach their mentor for support.
- 95** Clinical educators felt that the school would be very supportive if they were to raise concerns about their role. In the first instance they would go to the director of teaching or the block lead, however would also raise any issues with the undergraduate DME, who they described as very supportive. They were confident that any concerns raised would be addressed effectively.
- 96** If clinical educators had a concern about a student they would raise it with the year lead and could escalate it to the programme lead if necessary. In addition, if there were low level concerns, such as attendance or attitude, they would report this to the year secretaries so that file notes can be made. This means that multiple concerns can be collated and the necessary intervention can be undertaken.

*Working with other educators (R4.5)*

- 97** Clinical educators have good links with the clinical educators across all the health boards the students have placements in. They communicate by video conferences and the clinical educators at the health boards come to the school to be involved with summative exams.
- 98** Clinical educators are able to work together during meetings and an annual away day. In addition they attend a symposium which allows all educators get together and share experiences.
- 99** Although there is not a formal peer review scheme, peer review is encouraged by the school. In addition, educators also receive feedback through SCEF forms and student teaching liaison committees, which are used to give feedback and share good practice.

## 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)*

**100** Students told us that they were aware of what they needed to learn each year and what their outcomes for placements were. They were given a handbook and a set of emails to guide them as to what they should be learning on each placement in year four, and in year five they had structured meetings with supervisors to discuss learning outcomes.

**101** Prior to each placement students are given a list of learning objectives with information on who to contact whilst on placement and where to go when they arrive.

### *Informing curricular development (R5.2), Undergraduate curricula design (R5.3) and Undergraduate clinical placements (R5.4)*

### **Area working well 5: Student, patient and public involvement in curriculum development and delivery.**

**102** Students told us that they were happy with the school's current project to reshape the year four curriculum. The year is currently a 'whistle stop' tour of every speciality, so although they received an overview of each specialty, they did not get to spend any time in a particular area so their learning was limited. The school are currently looking at having thematic placements instead. The students appreciated that the school had involved them in this project.

**103** Students appreciated being given patients contact from year one of their course, and felt it enhanced their learning experience. The use of volunteer patients prepared them for going on to wards.

**104** Students have a lecture specifically on equality and diversity. They said it made them aware of the types of people they would expect to be in contact with and highlighted how to ask any sensitive questions.

**105** Students feel equipped to deal with the local population and are given knowledge about local health issues. There was limited exposure to a more diverse population such as those they may come across who work in the oil and fishing industries. They did however feel that teaching gave them a broader knowledge of other issues such

as those they may come across in a migrant population such as FGM. Educators are trying to obtain a more diverse patient partner population.

**Area working well 6: The Remote and rural option in year four is valued by students.**

**106** Students we met with were positive about the remote and rural programme. They were aware of the process for applying for the remote and rural programme and those who had undertaken it told us that this was their favourite part of the course.

**107** The programme was described as fantastic and students appreciated the amount of one to one time they had with supervision during the programme and the time they had to practice their clinical skills.

*Assessing GMC outcomes for graduates (R5.5) and Fair, reliable and valid assessments (R5.6)*

**108** Clinical educators ensure consistency for the written exams by having the same examiner marking the same question for all students. In addition they hold an OSCE workshop to standardise the assessment.

**109** There was a mixed response from students about how the school prepares them for assessments. Some told us that they did not feel they knew much about the year four exams, however when they spoke to someone from the exam committee they were able to get further information which they found useful. Students felt that it would be better if this information was accessible from the beginning of the year.

**110** However, most students we met with spoke positively about their assessments at the school. They told us that they are usually well informed about upcoming assessments and often have mock exams to prepare them. They have formative assessments at the end of each block and that support is offered for anyone who does not do well in order to help them to improve.

**111** Students appreciated the clinical skills assessments they completed whilst under the supervision of their tutors. They had the opportunity to be videoed whilst carrying out clinical skills and they then received feedback on this which they found useful.

**112** OSCEs are well organised at the school, however we were told of issues around information from previous year's examinations being given to some students and not others. Students felt that this lack of consistency of information sharing needed to be addressed by the school to ensure fairness across all students.

**113** Overall, students found the assessment process to be a supportive mechanism and felt it aided their learning rather than scrutinising them.

### *Mapping assessments against curricula (R5.7)*

- 114** There is a feedback and assessment committee under which there are operational sub teams for writing exams and OSCE assessments. These groups look at blueprinting, exam setting, exam analysis and feedback.
- 115** We were told by clinical educators that all summative assessments are blueprinted and mapped to tomorrow's doctors. This allows them to see what students have already been assessed on during the curriculum so that they try to avoid duplication of content to cover all topics.

### *Examiners and assessors (R5.8)*

- 116** Academic educators told us that OSCE examiners receive refresher training every three years and in addition, are given training on how to use the iPads on which they enter the scores and feedback for students. We were told that in order to continually develop them, examiners are provided with feedback immediately following the exams.

<b>Team leader</b>	Professor Jacky Hayden
<b>Visitors</b>	Dr Steve Jones Dr Simon Plint Daron Aslanyan Julie Browne
<b>GMC staff</b>	Robin Benstead, Principal QA Programme Manager Kate Bowden, Education Quality Analyst Sophie Whistance, Education Quality Adviser
<b>Evidence base</b>	<ol style="list-style-type: none"> <li>1. Student Diversity MBChB Report December 2016</li> <li>2. Engagement with Institutional QAC process</li> <li>3. Scottish Deans Fitness to Practise Terms of Reference</li> <li>4. Year 3 Bridging Course Guide 2016</li> <li>5. Year 4 Student Handbook 2016</li> <li>6. Clinical Placements in early years MBChB</li> <li>7. GP Placement Guidance FAQ 2016 - 2017</li> <li>8. Inverness Year 5 induction presentation</li> <li>9. Recognised and approved trainer workshop Inverness 2016</li> <li>10. UoA RoT New Trainer Process</li> <li>11. Student Support during clinical attachments 2017</li> <li>12. Year 1 Ward Debrief tutor Guide</li> <li>13. Year 2 Clinical Attachments Reflection Tutor Guide 2016</li> <li>14. IEMDS Assessment Handbook 2017</li> <li>15. Clinical Procedural Skills Passport for Year 4 2016-2018</li> <li>16. Poster - student assistantship</li> <li>17. Year 4 MBChB Curriculum Review Report December 2016</li> <li>18. You said, We did poster 2017</li> <li>19. Example of SSLC - Year Review - Annual Course Review</li> <li>20. Institute for Education in Medical and Dental Sciences Academic Quality Handbook</li> <li>21. TUTELAGE (example minute)</li> <li>22. Regional ACT working group and Local ACT group minutes</li> <li>23. GP Annual Report 2015-2016</li> <li>24. Visit Western Isles Hospital Sep 2016</li> <li>25. Sample Minute MDEGG 2017</li> <li>26. 2016 The Aberdeen Regent Scheme Manual</li> <li>27. Year 5 end of placement supervisor report form</li> <li>28. Religion and Belief Policy and Guidance</li> <li>29. Exceptional circumstances committee policy</li> <li>30. NHS eLearning modules</li> <li>31. ITR 2015 report and 2017 update</li> <li>32. Student Guide to Student Assistantship</li> <li>33. Practical Procedures MBChB Mapping</li> <li>34. Final Year Handbook</li> <li>35. Staff as Educators CPD Programme</li> </ol>

- 
36. Endocrinology Diabetes Teaching Plan
  37. Example RoT Post Advertisement
  38. NHS Highland UG appointments time tariff
  39. Student Support Site MyMBChB
  40. Careers guidance framework
  41. Report a concern (screengrab)
  42. Patient Partner feedback document
  43. Examples of Feedback (whole class and Examiners)
  44. SMMSN assessment and feedback strategy
  45. Year 5 MBChB Elective Procedures

## Acknowledgement

We would like to thank Aberdeen School of Medicine, Medical Sciences and Nutrition and all those we met with during the visit for their cooperation and willingness to share their learning and experiences.

# 2017 National Review of Scotland Action plan for University of Aberdeen 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 Aberdeen School of Medicine	QA10390	Area Working Well 1	The involvement of clinical nurse educators in the education of students, as well as student exposure to the multi professional environment from an early stage.				
University of Aberdeen School of Medicine	QA10391	Area Working Well 2	Access to facilities including clinical skills equipment and Wi-Fi.			We plan to further extend provision of these facilities across our teaching sites, particularly in primary care.	MBChB Programme Lead
University of Aberdeen School of Medicine	QA10392	Area Working Well 3	The school's culture of medical education research and innovation.			Our Centre for Healthcare Education Research and Innovation will continue to deliver excellent output and will provide and complement multiple opportunities for wider scholarship in the wider teaching and student	Director of the Centre for Healthcare Education Research and Innovation, MBChB Programme Lead

						community	
University of Aberdeen School of Medicine	QA10393	Area Working Well 4	The positive working relationship between Aberdeen School of Medicine and NHS Grampian, which enhances the student experience.			The University of Aberdeen and NHS Grampian will again co-host the annual NHS Grampian Medical Education Conference in November 2018.	
University of Aberdeen School of Medicine	QA10394	Area Working Well 5	Student, patient and public involvement in curriculum development and delivery.				
University of Aberdeen School of Medicine	QA10395	Area Working Well 6	The Remote and Rural option in year four is valued by students.				
University of Aberdeen School of Medicine	QA10396	Recommendation 1	The school should review their processes for identifying multiple low level concerns about students.	December 2018	We have delivered a faculty development workshop on defining, recognising, recording and addressing low level concerns in students, building support and knowledge amongst staff for further progress.	Standard operating procedures will be reviewed and/or enhanced/developed, led by student support and professionalism leads. Recognising the limitations of hard copy records, we will explore the availability and suitability of electronic secure systems that can be used for collation and reporting purposes.	Lead for Professionalism and Lead of Student Support
University of Aberdeen School	QA10397	Recommendation 2	The school should review their regent scheme to ensure	December 2018	A planned review of the Regent Scheme was	The Regent Handbook will be updated and we are exploring	Lead of Student Support

of Medicine			consistency of student experience.		underway at the time of the visit. Surveys of both students and Regents have been launched to inform enhancements to the scheme.	the feasibility of enhanced IT systems to improve communications between regents and regentees. Progress on the Review will be reported to the Student Support Committee and MBChB Curriculum Steering Group. An interim staff development session will be held at our Year 1-3 curriculum away day in June 2018. We will provide a written update through the MSAR.	
University of Aberdeen School of Medicine	QA10398	Recommendation 3	The school should continue to work alongside St. Andrews School of Medicine to monitor the steps put in place to support St. Andrews graduates transitioning into year three.	May 2018	We have told St. Andrews of this recommendation and are internally reviewing our processes of transitional academic and pastoral support for transfer students.	We will discuss this recommendation at our Annual Partner Liaison Group meeting in early May 2018 and agree actions to take forwards.	MBChB Programme Lead