

## Review of Hull York Medical School

This visit is part of a regional review and uses a risk-based approach. For more information on this approach please see the [General Medical Council website](#).

### Review at a glance

#### About the School

<b>Programme</b>	Bachelor of Medicine and Surgery (MB BS)
<b>University</b>	Hull York Medical School
<b>Years of course</b>	Medicine 5-year MB BS (with an intercalated degree option which extends the programme by one year)
<b>Programme structure</b>	<p>The five-year programme is made up of three Phases:</p> <p>Phase I takes place over two years during which time students are based either at Hull or York. Phase I teaching is comprised of problem based learning sessions covering 13 core modules. During the first year students spend one half day each week based in a clinical setting alternating between GP and hospital sites. In the second year this increases to one day each week.</p> <p>Phase II also takes place over two years and comprises five clinical placements in different specialities. Although students are assigned to a base site, clinical placements take place throughout the region.</p> <p>During Phases I &amp; II students also undertake Scholarship and Special Interest Programmes</p> <p>Phase III begins with an elective followed by clinical placements in general practice, general surgery and general medicine. A student assistantship is conducted</p>

	towards the end of Phase III following completion of final exams.
<b>Number of students</b>	722
<b>Number of LEPs</b>	7 Trusts, multiple GP practices
<b>Local LETB</b>	Health Education Yorkshire and the Humber
<b>Last GMC visit</b>	2007/2008 (Quality Assurance of Basic Medical Education)
<b>Outstanding actions from last visit</b>	None

### About the visit

<b>Visit dates</b>	24 & 25 November 2014
<b>Sites visited</b>	Hull York Medical School – University of York and University of Hull Campuses
<b>Areas of exploration identified before the visit</b>	Supervision, patient safety, collaboration with stakeholders, quality control of clinical placements, Induction, collection and storage of data, Patient and Public Involvement, Equality and Diversity, curriculum delivery, assessment, train the trainers, transfer of information, doctors in difficulty, bullying and undermining, fitness to practise, student support, access to resources, trainee progression.
<b>Were any patient safety concerns identified during the visit?</b>	No
<b>Were any significant educational concerns identified?</b>	No
<b>Has further regulatory action been requested via the <u>responses to concerns element of the QIF?</u></b>	No

## Summary

- 1** We visited Hull York Medical School (HYMS) as part of our regional review of undergraduate and postgraduate medical education and training in Yorkshire and the Humber. HYMS is a joint collaboration between the University of Hull and the University of York and operates from both campuses. Established in 2003, HYMS was founded on the premise that it would increase the supply of doctors to the area and in doing so would improve the quality of healthcare to the region. The HYMS faculty is well supported by their two parent universities and is considered a joint entity as demonstrated by the joint senate and staff and student affiliation.
- 2** At the time of the visit Prof Trevor Sheldon, Dean of the Medical School had been in post for a period of just over one year. During this time, the school had been through a period of transition and following a periodic review across the two universities and an internal audit, a number of new appointments have been made to strengthen leadership in key areas. The school has recently undertaken a review of the curriculum and a phased introduction of the new curriculum is being undertaken.
- 3** Overall we found the school to be committed to delivering high quality medical education and training. The School is keen to expand those areas in which they have previously done well (such as early clinical exposure for students) and equally keen to identify and instigate change in those areas that have been identified for improvement. From documentation supplied ahead of the visit, we saw evidence of the School engaging with and learning from other education providers based both locally and abroad. Members of staff we met with were aware of the new initiatives being proposed and appeared enthusiastic about the changes being implemented.
- 4** The School appears to have good working relationships with key stakeholder organisations. We heard that previously, undergraduate education had not always been considered at Board level by hospital trusts within the region but that this is changing. Furthermore we heard that the Dean of the Medical School will shortly be taking up a non-executive director post at Hull and East Yorkshire Hospitals NHS Trust. The school actively works with GP practices and hospital trusts to improve the quality of clinical placements and we heard examples of how the school communicates student feedback to education providers in order to both address concerns and highlight areas of good practice. The School also liaises with two other medical schools in the region and the

Local Education and Training Board (LETB) to discuss issues affecting both undergraduate and postgraduate education.

- 5 Early patient contact is a key feature of the HYMS curriculum. The students we met with were highly appreciative of this and felt that it contributed significantly to the development of their communication skills. Students commence primary and secondary care clinical placements within the first few weeks of beginning their programme and the School has a particularly strong commitment to community based medicine.
- 6 The School is eager to work with students in order to initiate change and we saw specific examples of this – see Area for Improvement 1. We also heard positive examples of how the school has used the ‘You said, we did’ initiative to communicate changes to students, however it is clear from discussions with both the students and the medical school that this is an area that has further scope for improvement.

## Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards that should be shared with others and/or developed further.

Number	Paragraph in <i>Tomorrow's Doctors (2009)</i>	Areas of good practice for the School
2	102	The establishment of a Primary Care Academy

### Good practice 1: The establishment of a Primary Care Academy

- 7 HYMS was established in 2003 with a specific remit to develop primary health care services in the region. Despite this, recruitment and retention of general practitioners within the Yorkshire and the Humber area remains an ongoing concern.
- 8 In collaboration with other stakeholder organisations within the region, HYMS is establishing a Primary Care Academy that will address workforce concerns whilst at the same time provide a centre for research and development.

- 9 In documentation received ahead of the visit we read how the proposed Primary Care Academy will identify centres of excellence that will enable students to experience high quality training within a range of multi-disciplinary healthcare settings.
- 10 Whilst it is hoped that the facilities offered by the academy will attract high calibre individuals to the region, one of the main aims is also to educate and motivate students such that they will consider a career in primary care.

## Area where there has been an improvement for the School

We note improvements where our evidence base highlighted an issue as a concern, but we have confirmed that the situation has improved because of action that the organisation has taken.

Number	Paragraph in <i>Tomorrow's Doctors (2009)</i>	Area where there has been an improvement for the School
1	42	Changes made to the teaching of pharmacology and prescribing in response to student feedback,

### **Improvement 1: In response to student feedback, the School has made changes to the teaching of pharmacology and prescribing.**

- 11 Throughout the visit we heard that the School is eager to capture and respond to student feedback.
- 12 In response to student feedback, and coinciding with the curriculum update, the School reviewed the delivery of training and has introduced the course 'Pharmacology, Prescribing & Therapeutics' directed specifically at Phase II students. These changes also support the introduction of a Prescribing Safety Assessment to year 5 of the programme.
- 13 Due to the phased introduction of the curriculum, it will be some time before the full benefit of these changes can be measured and analysed, but the year 5 students we met with spoke very highly of the Pharmacology, Prescribing & Therapeutics teaching they receive. Particular reference was made to the blended approach to learning and we heard that in addition to formal teaching sessions, students also

complete e-learning packages and undertake practical skills sessions.

## Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in <i>Tomorrow's Doctors (2009)</i>	Requirements for the School
1	127	The School must review its Fitness to Practise (FtP) policy to ensure that the escalation policy is clear and the process for referral is not open to misinterpretation.
2	29, 153	The School must engage regularly with the LETB to share information relating to patient safety concerns and quality management of the training environment.

### **Requirement 1: The School must review its Fitness to Practise (FtP) policy to ensure that the escalation policy is clear and the process for referral is not open to misinterpretation.**

- 14** Medical schools will have robust and fair procedures to deal with students who are causing concern on academic and/or non-academic grounds. Fitness to practise arrangements and procedures will take account of the guidance issued by the GMC and the Medical Schools Council. Students must have clear information about these procedures.
- 15** We heard that HYMS FtP policy is reviewed annually. The majority of students we met with knew of the School's FtP policy and, if in doubt, knew where to find additional information. This supports the results of the GMC survey conducted of students prior to the visit in which over 85% stated that they understood the School's FtP arrangements.
- 16** We also heard that the incidence of student FtP cases at HYMS is higher than the national average. This may be because the policy is used as an umbrella process, and that low level concerns better addressed through other processes – e.g. student support- may be badged as FtP.
- 17** We heard that concerns about performance, health or conduct are reported in a number of different ways to a nominated individual. Depending on the seriousness of the concern a decision is then taken to

either refer the student to the FtP committee or to pass details of the concern on to the FtP committee for information. This means that low level concerns, or concerns that were investigated but were unfounded could be badged as FtP and as such could be included on a students' record unnecessarily.

- 18** The School should review their FtP policy, such that there is a clear understanding of what constitutes an FtP issue and that only concerns deemed as such are referred to the FtP committee, and other low level concerns are dealt with more appropriately.

**Requirement 2: The School should engage regularly with the LETB to share information relating to patient safety concerns and quality management of the training environment.**

- 19** Undergraduate and postgraduate medical education is often provided within the same training environment such as a GP practice or, in the case of secondary care a hospital ward or department.
- 20** Whilst HYMS has many different processes in place to quality manage the training environment for medical students, we found no evidence that this information is shared with partner organisations such as the LETB or other medical schools. As such, it is currently possible that a training environment deemed unsuitable for undergraduate training could still be used for postgraduate training without LETB investigation.
- 21** While we heard that it is rare for students to be withdrawn from a training location on quality grounds, the School agreed that they would like to be informed if concerns were raised by another commissioning organisation, and therefore a system should be developed whereby concerns can be communicated with partner organisations.

## Recommendations

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

Number	Paragraph in <i>Tomorrow's Doctors (2009)</i>	Recommendations for the Deanery
1	28(e)	The School should develop guidance with regard to the reporting of patient safety concerns that is aimed specifically at medical students.

2	50	The School should review curriculum delivery across placements and develop quality management mechanisms to monitor and ensure consistency in curriculum delivery.
3	60	Quality management processes employed by the School should be focused such that information derived can be used to inform future policy and developments.
4	134	The School should work with associated stakeholder organisations to review and plan future workforce requirements and use this information to inform careers guidance.

**Recommendation 1: The School should develop guidance with regard to the reporting of patient safety concerns that is aimed specifically at medical students**

- 22** The School has a public disclosure policy and it was clear from discussions we had with medical students throughout all five years of the programme that the subject of patient safety is included within the curriculum and is covered during clinical based teaching and lectures. The medical students we met were aware that information regarding patient safety is available to them via Blackboard. Very few of the students we met had personal experience of reporting a patient safety concern, however all appeared aware of their professional responsibility to do so should the need arise.
- 23** In the majority of cases, those we met with stated that they would report any concerns they had to a more senior colleague or to the Student Liaison Officer (SLOs) in the first instance.
- 24** As senior colleagues and SLOs are Trust based, this may introduce an element of variability and the School should review their patient safety guidance to ensure that it is appropriate for different target audiences such as medical students and SLOs.

**Recommendation 2: The School should review curriculum delivery across placements and develop quality management mechanisms to monitor and ensure consistency in curriculum delivery.**

- 25** The Hull York Medical School covers a wide geographical region. Primary care training is conducted in GP practices based throughout the area and secondary care training is undertaken in eight main centres. Students are given the opportunity to experience clinical teaching from very early in

their training however it is not until year three that they undertake structured clinical placements.

- 26** Many of the students and trainers we met with spoke highly of the diversity and wealth of experience offered by different clinical placements within the region. In particular, we heard that students value and appreciate the different learning environments and opportunities available within district general and teaching hospitals. Furthermore, we heard that students value meeting patients from a wide range of ethnic and socio-economic backgrounds.
- 27** Understandably, the diversity of training placements can lead to variability in student experience and we heard examples of this. In some instances the issues relate to the clinical facilities or opportunities available at specific sites and this has led to some trainees feeling disadvantaged. An example of this is exposure to neurology training. In the survey of students conducted prior to the visit and during meetings with students at visits to both the Medical School and Local Education Providers we heard of problems relating to the delivery of neurology training at peripheral sites.
- 28** We heard from the School that students are required to complete end of placement surveys and that where specific concerns are identified actions are taken to address this. However in the GMC student survey conducted prior to the visit only half of those who participated agreed that the school responds effectively to the evaluation of their clinical placement.
- 29** We heard that following the recent curriculum review, plans are in place to adopt minimum standards across all training placements. It is recognised that tutors employ a number of different teaching styles however students were of the opinion that some tutors are more engaged and proactive in their teaching style than others.
- 30** In response to this, and in order to further enhance their own quality management processes, we heard that HYMS is introducing peer observation of teaching in clinical placements. As this process has only recently been implemented it will be some time before the outcomes can be reviewed, however this project appears to support the school's policy of working with students to quality manage clinical training whilst at the same time contributing to the personal development of the clinical trainers involved.
- 31** The School should review its quality management processes such that curriculum delivery can be mapped against placements and reviewed in the light of peer observations and student feedback.

**Recommendation 3: Quality management processes employed by the School should be focused such that information derived can be used to inform future policy and developments.**

- 32** We heard how the School uses data collated from a number of different sources to inform its quality management processes. Understandably information gathered from sources such as the NSS and end of placement surveys is used to inform changes to curriculum delivery and clinical placements and we heard examples of this.
- 33** The quality management process however must cover all aspects of undergraduate medical education and we did not hear any examples of how equality and diversity data is being used to effect change.
- 34** We did hear that the School is committed to promoting the widening participation scheme which is aimed at encouraging local school children who, for a number of different socio-economic reasons, may not have otherwise considered a career in medicine.
- 35** We saw from documentation supplied ahead of the visit that the widening participation scheme employs a number of different initiatives, and we were encouraged to see medical student participation.
- 36** Whilst much effort is undertaken to encourage recruitment via the widening participation scheme, the School has not tracked the progress of these students. As such it is not known whether this cohort fairs equally well or would benefit from additional support.
- 37** Quality management processes employed by the School should be focused such that information derived can be used to drive future policy. It is recognised that the medical school has acknowledged the need to review its quality management framework and to develop systems that both inform activity and support change.

**Recommendation 4: The School should work with associated stakeholder organisations to review and plan future workforce requirements and use this information to inform careers guidance.**

- 38** In documentation seen prior to the visit we saw how the School is working with stakeholder bodies to address local challenges in the delivery of primary healthcare in the region. Specifically we saw how the School is working with partner organisations to develop an Academy of Primary Care which it is hoped will both enhance student teaching in community based medicine whilst at the same time address shortfalls in

GP recruitment in the region.

- 39** Whilst it is recognised that HYMS has a specific focus with regard to primary healthcare, the School should make plans to work with associated stakeholders to review and plan future workforce requirements across the entire medical spectrum and this is of particular relevance following publication of the Shape of Training report.
- 40** We heard from medical students that careers fairs are held in year 5 of the programme. Students from earlier years were aware that careers information is available to them via Blackboard but were unclear with regard to content.
- 41** We heard from the School that career fairs have traditionally been held for students in year 5 of the programme but that plans are being introduced to hold this event in year 4 if not earlier. Furthermore we heard that careers information is available to medical students via Blackboard, but that despite attempts to direct students to this resource, this medium is under-utilised.
- 42** Those students who had attended the careers fair spoke favourably of the experience however it appeared that students are provided with information on which to make decisions based on personal preference rather than an understanding of the future workforce requirements.
- 43** Work undertaken with partner organisations to review and plan future workforce strategy should be reflected in careers advice provided to students.

## **Acknowledgement**

- 44** We would like to thank Hull York Medical School and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.

## Appendix 1: Visit Team

<b>Regional Co-ordinator</b>	Prof Steve Heys
<b>Team leader</b>	Dr Barry Lewis
<b>Visitor</b>	Prof David Croisdale-Appleby
<b>Visitor</b>	Dr Matthew Kirkman
<b>Visitor</b>	Dr Zubair Qureshi
<b>Visitor</b>	Miss Helen Richardson
<b>Visitor</b>	Mrs Helen-Michelle Spindler
<b>Visitor</b>	Dr Craig Steele
<b>GMC observer</b>	Mr Phil Bunnell
<b>GMC staff</b>	Mrs Kim Archer, Education Quality Analyst Mr Robin Benstead, Quality Assurance Programme Manager

## Appendix 2: Visit action plan

Prior to the visit and following a review of the documentation provided by Hull York Medical School, the visiting team produced the following action plan detailing areas to be explored during the visit. The action plan has now been populated with our findings from the visit.

The document register (in appendix 3) gives more detail on the documents we reviewed.

Paragraph in <i>Tomorrow's Doctors (2009)/ The Trainee Doctor</i>	Areas to be explored during the visit	Documents reviewed	People interviewed	Our findings
<b>Domain 1: Patient safety</b>				
31. Although medical students may not be directly observed or supervised during all contact with the public – whether in hospitals, in general practice or in the community – there must be a general oversight of students on placement to ensure patient safety. Closer supervision will be provided when students are at	Explore supervision	HYMS Student survey HYMS MB BS Curriculum Review Report 2013 HYMS MB BS Curriculum Review Progress Report HYMS Phasing the MB BS Curriculum 2014-15 HYMS Phase 3 Student Handbook 13-14 HYMS Phase 3 Student	Students Quality Management Clinical supervisors	Over 93% of those students who responded to the GMC pre-visit survey agreed that they receive supervision or instruction before conducting clinical procedures. All of the students we met confirmed that they have been allocated an educational and clinical supervisor, although we did hear sporadic

<p>lower levels of competence, ensuring that they are not put in situations where they are asked to work beyond their current competence without appropriate support.</p>		<p>Handbook 14-15</p>		<p>examples of students who were unable to meet their educational supervisor on a regular basis. All of the students we met with felt comfortable refusing to undertake a procedure in which they were not fully trained.</p>
<p><b>28e</b> Systems and procedures will inform students, and those delivering medical education, of their responsibility to raise concerns if they identify risks to patient safety, and provide ways to do this.</p>	<p>Explore whether students are aware of their duty to report patient safety concerns and the mechanisms available to do so.</p>	<p>HYMS Phase 3 Student Handbook 13-14  HYMS Phase 3 Student Handbook 14-15  HYMS Periodic Review Report June 2014</p>	<p>Students  Academic teachers  Quality Management  Clinical teachers  School Management Team</p>	<p>See recommendation 1</p>
<p><b>Domain 2: Quality assurance, review and evaluation</b></p>				
<p><b>153.</b> Employers of graduates, and bodies responsible for their continuing training, will be closely involved in</p>	<p>Explore collaboration between medical school, LEP and LETB</p>	<p>Paper outlining the proposal for the HYMS Primary Care Academy  Commentary on Summary Report of</p>	<p>Senior Management Team  Quality Management Team</p>	<p>We heard that the medical school has a direct link with the LETB via the Education Manager. The three</p>

<p>curriculum planning and management.</p>		<p>2013 Medical Schools Annual Return</p>		<p>medical schools in the region also take it in turn to represent the medical schools at LETB meetings.</p> <p>We heard that, in future, the School is looking to collaborate more closely with the LETB to collate placement feedback</p> <p>The School appears to have a good working relationship with the LEPs with which it is involved.</p> <p>We heard that the School has excellent working relationships with SLOs based within the LEPs.</p>
<p><b>41</b> The medical school will have agreements with providers of each clinical or vocational placement, and will</p>	<p>Explore organisation and quality control of clinical placements</p>	<p>HYMS Annual Reports</p> <ul style="list-style-type: none"> <li>• 2010/11</li> <li>• 2011/12</li> <li>• 2012/13</li> </ul>	<p>Students Quality Management</p>	<p>We heard from medical students that the school actively seeks their feedback with regard to the quality of clinical</p>

<p>have systems to monitor the quality of teaching and facilities on placements.</p>		<p>Monitoring visit report York and North Yorkshire 2012</p> <p>Monitoring visit report York and North Yorkshire 2013</p> <p>Monitoring visit report North Lincolnshire 2012</p> <p>Monitoring visit report North Lincolnshire 2013</p> <p>Monitoring visit report Hull &amp; East Yorkshire 2012</p> <p>Monitoring visit report Hull &amp; East Yorkshire 2013</p>	<p>placements and saw examples of how student feedback has informed change.</p> <p>The School collates student feedback and passes this information on to LEPs for reflection and comment.</p> <p>The School has a rolling programme of routine visits and we heard that additional visits are instigated as and when necessary.</p> <p>There have been a number of management changes within LEPs in the region and the School acknowledges the risk that service pressures may have to the delivery of training.</p> <p>The School appears to have good working relationships with the</p>
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				<p>SLOs and Directors of Clinical Studies based within the trusts. The medical students we met with spoke highly of SLOs both in terms of the information they provide and the support they offer.</p> <p>We heard that at present there is no precedent for sharing information between the medical school and LETB with regard to the withdrawal of clinical placement.</p>
<p><b>49.</b> Quality management must cover all aspects of undergraduate medical education, not just teaching. This covers planning, monitoring and the identification and resolution of problems, and includes the</p>	<p>Explore induction processes</p>	<p>No documentation referenced</p>	<p>Students Curriculum and assessment staff</p>	<p>The students we met with confirmed that they received a Trust induction. No concerns were identified.</p>

<p>following areas:</p> <ul style="list-style-type: none"> <li>• admission to medical school</li> <li>• the learning experience (including induction, teaching, supervision, placements, curriculum)</li> <li>• appraisal of, and feedback to, students</li> <li>• pastoral and academic support for students</li> <li>• assessment of students</li> <li>• educational resources and capacity (including funding and facilities).</li> </ul>				
<p><b>38.</b> The quality of medical education programmes will be monitored, reviewed and evaluated in a systematic way.</p>	<p>Explore collation and storage of data</p>	<p>HYMS Contextual information document</p> <p>HYMS Quality Management and Enhancement Strategy</p> <p>Primary Care Quality Assurance Policy – Primary and Community</p>	<p>Curriculum &amp; Assessment staff</p> <p>FtP &amp; Student Support staff</p> <p>Academic teachers</p> <p>Quality Management staff</p>	<p>The school collates data from a numbers of different sources such as the National Student Survey and end of placement feedback reports. We heard how the school is looking to focus this information</p>

		<p>Undergraduate Teaching Placements Quality Assurance Policy</p> <p>Monitoring visit report York and North Yorkshire 2012</p> <p>Monitoring visit report York and North Yorkshire 2013</p> <p>Monitoring visit report North Lincolnshire 2012</p> <p>Monitoring visit report North Lincolnshire 2013</p> <p>Monitoring visit report Hull &amp; East Yorkshire 2012</p> <p>Monitoring visit report Hull &amp; East Yorkshire 2013</p> <p>HYMS Programme Evaluation:</p> <ul style="list-style-type: none"> <li>• Preliminary NSS 2012 report</li> <li>• Version of circulated</li> </ul>	School Management team	more effectively to inform change.
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		<p>NSS 2012</p> <ul style="list-style-type: none"> <li>• HYMS NSS-MBBS mapping</li> <li>• NSS 2013 – Summary for clinical tutors</li> <li>• Management Board agenda item NSS</li> <li>• BoS Paper HYMS NSS Results 2013</li> <li>• NSS 2013 sector trend comparison with positions</li> <li>• NSS 2013 sector ranking 2008-2013</li> <li>• NSS 2014 year on year comparison scores</li> <li>• Funnel plots</li> <li>• NSS 2014</li> </ul>		
<p><b>103.</b> The curriculum must include early and continuing contact with patients.</p> <p><b>105.</b> The involvement of patients in teaching must be consistent with Good Medical Practice and other guidance on</p>	Explore patient and public involvement within the programme.	<p>HYMS MB BS Curriculum Review Report 2013</p> <p>HYMS Annual Reports</p> <ul style="list-style-type: none"> <li>• 2010/11</li> <li>• 2011/12</li> <li>• 2012/13</li> </ul>	<p>Students</p> <p>Curriculum and assessment staff</p> <p>School Management Team</p>	<p>The School confirmed that lay representation is included on a number of committees and management Boards.</p> <p>We heard that the School has a bank of</p>

consent published by the GMC.				patient representatives who participate in examinations and training
<b>Domain 3: Equality, diversity and opportunity</b>				
<b>57.</b> The medical school will have policies which are aimed at ensuring that all applicants and students are treated fairly and with equality of opportunity, regardless of their diverse backgrounds.	Explore the widening participation initiative	HYMS Aspire submission HYMS Retention 2010-2014 with accompanying action plan	Fitness to Practise and Student Support staff School Management Team	See recommendation 3
<b>58.</b> Staff will receive training on equality and diversity to ensure they are aware of their responsibilities and the issues that need to be taken into account when undertaking their roles in the medical school.	Explore the uptake and recording of equality and diversity training	No documentation referenced	Academic teachers Clinical teachers Fitness to Practise and Student Support staff	Equality and diversity training for staff is mandatory and is delivered via an online course. An email reminder is issued by one of the parent universities when training is due.
<b>Domain 5: Design and delivery of the curriculum, including assessment</b>				

<p><b>50.</b> As part of quality management, there must be agreements in place with providers of each clinical or vocational placement. These agreements should set out roles and responsibilities, the learning objectives for the placement, and arrangements to ensure that medical students have appropriate learning opportunities to meet the learning outcomes.</p> <p><b>81.</b> The curriculum must be designed, delivered and assessed to ensure that graduates demonstrate all the 'outcomes for graduates' specified in <i>Tomorrow's Doctors</i>.</p>	<p>Explore: Variability between clinical placements</p>	<p>HYMS Aspire submission</p> <p>HYMS MB BS Curriculum Review Report 2013</p> <p>Departmental organisation</p> <ul style="list-style-type: none"> <li>• NHS Learning Centres in HYMS</li> <li>• Structure of Education Delivery</li> <li>• HYMS Academic Governance Structure</li> </ul> <p>HYMS MB BS Curriculum Review Risk Register</p> <p>Primary Care Quality Assurance Policy – Primary and Community Undergraduate Teaching Placements Quality Assurance Policy</p> <p>HYMS Annual Reports</p> <ul style="list-style-type: none"> <li>• 2010/11</li> <li>• 2011/12</li> </ul>	<p>Students</p> <p>Curriculum and assessment staff</p> <p>Fitness to Practise and Student support</p> <p>Academic Teachers</p> <p>School Management Team</p>	<p>The school advised that the curriculum is mapped to Tomorrow's Doctors 2009 and to each placement.</p> <p>It was apparent during conversations with both students and School personnel that variability between and within clinical placements does exist. Whilst some variability can be expected simply by virtue of differences in the training environment, some students felt that the training they had received was less comprehensive than others. The School is aware of this and is making attempts to standardise the training delivered across sites.</p> <p>Early patient contact is a</p>
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		<ul style="list-style-type: none"> <li>• 2012/13</li> </ul> <p>Example Summary of visits to GP Practices</p>		key feature of the HYMS curriculum. The students we met with were appreciative of this and felt that it contributed highly to the development of their communication skills.
<p><b>81.</b> The curriculum must be designed, delivered and assessed to ensure that graduates demonstrate all the 'outcomes for graduates' specified in <i>Tomorrow's Doctors</i>.</p>	Explore students' experience of anatomy and physiology teaching	<p>Example Summary of visits to GP Practices</p> <p>Programme evaluation:</p> <p>GMC End of placement survey</p> <p>Report on end of year survey</p> <p>Copy of end of year survey – thematic free text comments</p>	<p>Students</p> <p>Academic teachers</p> <p>Clinical teachers</p>	In the GMC survey conducted prior to the visit, and in documentation received ahead of the visits (HYMS End of Year Survey 2013) students expressed concern about the lack of anatomy and physiology training available. This was further echoed by comments heard during visits to the School and by those students we met with at LEPs.

				<p>Many of the students we met with suggested that anatomy teaching in Hull is more comprehensive than that delivered in York. We heard that in the past additional anatomy had been an optional SSC module but as the number of SSC places available is limited, this was not available to all.</p> <p>The academic tutors we met with were aware of student comments relating to anatomy training and suggested that changes are being considered to address this.</p>
<p><b>81.</b> The curriculum must be designed, delivered and assessed to ensure that graduates demonstrate</p>	<p>Explore students' experience of prescribing</p> <p>Explore support for</p>	<p>HYMS MB BS Curriculum Review Report 2013</p> <p>HYMS MB BS Curriculum</p>	<p>Students</p>	<p>See Areas for improvement – 1</p>

<p>all the 'outcomes for graduates' specified in <i>Tomorrow's Doctors</i>.</p>	<p>students in preparation of PSA</p>	<p>Review Progress Report</p> <p>HYMS Phasing the MB BS Curriculum 2014-15</p> <p>HYMS Annual Reports report year 2012/3</p> <p>Monitoring visit report York and North Yorkshire 2013</p> <p>2013 PSA Psychometric report HYMS No.8</p>		
<p><b>95.</b> SSCs must be an integral part of the curriculum, enabling students to demonstrate mandatory competences while allowing choice in studying an area of particular interest to</p>	<p>Explore recent changes to programme structure and student access to selected components/ scholarship and special interest programme</p>	<p>HYMS MB BS Curriculum Review (CR) Summary 2013</p> <p>HYMS MB BS Curriculum Review Report 2013</p> <p>HYMS MB BS Curriculum Review Progress Report</p>	<p>Curriculum and assessment staff</p> <p>Fitness to Practise and Student Support</p> <p>Quality Management staff</p> <p>Students</p>	<p>The student selected component programme has recently been reviewed and re-named the Scholarship and Special Interest Programme (SSIP). The purpose of the review has been to increase the</p>

<p>them.</p>		<p>HYMS Phasing the MB BS Curriculum 2014-15</p>		<p>duration and quality of training, achieved in part by reducing the number of modules available. The students we met with were concerned that this would limit the choice available. We heard that as the SSIP programme has only recently been implemented the school will need to wait before evaluating student feedback.</p>
<p><b>84.</b> The curriculum will include practical experience of working with patients throughout all years, increasing in duration and responsibility so that graduates are prepared for their responsibilities as a provisionally registered doctor. It will provide enough</p>	<p>Explore student access to and experience of student assistantships</p>	<p>Monitoring visit report York and North Yorkshire 2012</p> <p>HYMS Phase 3 Student Handbook 13-14</p> <p>HYMS Phase 3 Student Handbook 14-15</p> <p>Summary Paper Assistantship (post MBBS Programme</p>	<p>Students</p> <p>Quality Management staff</p> <p>Clinical tutors</p> <p>School Management Team</p> <p>Curriculum &amp; Assessment Staff</p>	<p>In the GMC survey conducted prior to the visit, over 96% of respondents confirmed that they had received information from the medical school regarding assistantships. Those foundation doctors we met who had graduated from HYMS agreed that the</p>

<p>structured clinical placements to enable students to demonstrate the 'outcomes for graduates' across a range of clinical specialties, including at least one Student Assistantship period.</p>		<p>Board) GMC End of assistantship survey</p>		<p>student assistantship had been a useful experience.</p> <p>The duration of the student assistantship has recently increased from three weeks to eight weeks.</p>
<p><b>130.</b> Medical schools must give students comprehensive guidance about the curriculum and how their performance will be assessed. This must include:</p> <ul style="list-style-type: none"> <li>• information about the objectives of clinical placements</li> <li>• and how they are assessed</li> <li>• briefing about practical arrangements for assessments</li> <li>• the medical school's policies on cheating, plagiarism</li> </ul>	<p>Explore student experience of assessment</p>	<p>HYMS Periodic Review Report June 2014</p> <p>HYMS MB BS Curriculum Review (CR) Summary 2013</p> <p>HYMS Annual Reports</p> <ul style="list-style-type: none"> <li>• 2010/11</li> <li>• 2011/12</li> <li>• 2012/13</li> </ul> <p>Monitoring visit report York and North Yorkshire 2013</p> <p>HYMS Phase 3 Student</p>	<p>Clinical teachers Students Curriculum and Assessment staff Fitness to Practise and Student Support Academic teachers Quality Management staff School Management Team</p>	<p>Over 92% of medical students who took part in the GMC pre-visit survey agreed that information is provided by the School regarding when they will be assessed and we heard repeated reference to information being available via Blackboard.</p> <p>Some medical students we met expressed disquiet that the learning outcomes specified within the curriculum are too broad and as such were</p>

<ul style="list-style-type: none"> <li>and the importance of probity.</li> </ul>		<p>Handbook 13-14</p> <p>HYMS Phase 3 Student Handbook 14-15</p> <p>Summary Paper Assistantship (post MBBS Programme Board)</p> <p>MBBS Assessment Timeline 2014-15</p> <p>MBBS Student assessment journey</p> <p>Student MB BS Assessment Profile 2014-15</p>	<p>concerned that they would be assessed on a subject area in which they had limited experience/knowledge. This was further exacerbated by variability within clinical placements.</p> <p>We also heard that students who pass exams do not receive detailed feedback. Students were concerned that where a borderline pass was achieved, this could mask an area that required further development.</p> <p>We heard from both medical students and School personnel that extensive support and feedback is provided to those who do not pass</p>
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				assessments.
<b>Domain 6: Support and development of students, teachers and the local faculty</b>				
<b>128.</b> Everyone involved in educating medical students will be appropriately selected, trained, supported and appraised.	Explore training of trainers	<p>HYMS MB BS Curriculum Review (CR) Summary 2013</p> <p>HYMS MB BS Curriculum Review Report 2013</p> <p>HYMS MB BS Curriculum Review Progress Report</p> <p>Peer Observation of Teaching in Clinical Placements – Adoption and implementation for all HYMS Honorary clinical tutors</p> <p>HYMS 4.1-4.7</p> <p>HYMS Clinical Teaching Excellence Awards</p>	<p>Academic teachers</p> <p>Clinical teachers</p>	<p>The School keeps a database of all trainers responsible for undergraduate teaching.</p> <p>In documentation reviewed ahead of the visit, we read that all those involved with the delivery of the MB BS programme will be required to hold honorary contracts with the School and the School is in the process of implementing this.</p> <p>Training for trainers is delivered by via a number of different media including the VLE,</p>

				<p>and courses held locally and centrally.</p> <p>In order to address student comments concerning variation in teaching across clinical placements, the School is introducing peer observation of teaching in clinical placements.</p> <p>The School is also proposing to implement student nominated clinical teaching awards</p> <p>As many of those responsible for undergraduate training are also providing postgraduate training, the School is looking at ways of working with the LETB to record transferrable skills.</p>
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				The School has been working with Director of Clinical Studies based within the trusts to communicate recent curriculum changes.
<b>172.</b> Quality management will involve the collection and use of information about the progression of students. It will also involve the collection and use of information about the subsequent progression of graduates in relation to the Foundation Programme and postgraduate training, and in respect of any determinations by the GMC.	Transfer of information	No documentation referenced	Clinical teachers School Management Team	We heard that students complete their own transfer of information form and that this is checked by the School before forwarding on to the Foundation School.  A concern was raised that information referred to the FtP panel for information is included on the transfer of information form. Please refer to requirement 1
<b>131.</b> Students must have appropriate support for their academic and general welfare needs at all	Doctors in difficulty	GMC End of placement survey Report on end of year survey Copy of end of year	Fitness to Practise & Student Support Students	The School has a dedicated student support unit for doctors in difficulty. We heard examples of how

stages.		survey – thematic free text comments	Clinical teachers School Management Team	student support had been provided for those who had been required to re-sit examinations. The students we met with felt well supported in Phase I but less so in Phases II and III when out on clinical placements (see pastoral support below).
133. Support and guidance must be provided for students who raise concerns about the health or conduct of anyone else, in order to protect them from victimisation. The process for raising such concerns must be made clear to students.	Bullying and undermining	No documentation referenced		We did not hear of any examples of bullying or undermining from the students we met with.
78. Medical schools should base their policies and procedures on relevant guidance, recognised best	Fitness to Practise: Explore why the HYMS student Fitness to Practise referral rate is	GMC Evidence report	Fitness to Practise and Student Support	GMC evidence suggests that the number of students being referred for Fitness to Practise is higher than the national

<p>practice, and research into effective, reliable and valid selection processes which can have the confidence of applicants and the public</p>	<p>higher than the national average</p>			<p>average. Please see requirement 1.</p>
<p>40. Management systems will be in place to plan and monitor undergraduate medical education (including admissions, courses, placements, student supervision and support, assessment and resources) to ensure that it meets required standards of quality.</p> <p>172. Quality management will involve the collection and use of information about the progression of students. It will also involve the collection and use of information</p>	<p>Attrition rates: Explore why the attrition rate for HYMS is higher than the national average</p>	<p>HYMS Periodic Review Report June 2014</p> <p>HYMS Retention 2010-2014 with accompanying action plan</p>	<p>School Management Team</p> <p>Fitness to Practise and Student Support</p>	<p>The School confirmed that they both record and monitor attrition rates. Comparisons are made against other schools and where anomalies exist these are investigated.</p>

<p>about the subsequent progression of graduates in relation to the Foundation Programme and postgraduate training, and in respect of any determinations by the GMC.</p>				
<p><b>125.</b> Students will have access to career advice, and opportunities to explore different careers in medicine. Appropriate alternative qualification pathways will be available to those who decide to leave medicine.</p>	<p>Careers support: Explore the careers support available, with particular reference timing and reference to future workforce projections</p>	<p>No documentation referenced</p>	<p>Students Fitness to Practise and Student Support</p>	<p>See recommendation 4</p>
<p><b>131.</b> Students must have appropriate support for their academic and general welfare needs at all stages.</p>	<p>Pastoral support: Explore the pastoral support available to students (with particular emphasis on years 3-5)</p>	<p>HYMS Periodic Review Report June 2014  HYMS MB BS Curriculum Review Progress Report</p>	<p>Students Fitness to Practise and Student Support</p>	<p>The students we met with from Phase I of the programme spoke very highly of the academic and pastoral support available to them, and this supported the outcomes obtained from</p>

		<p>HYMS Annual Reports</p> <ul style="list-style-type: none"> <li>• 2010/11</li> <li>• 2011/12</li> <li>• 2012/13</li> </ul> <p>GMC End of placement survey  Report on end of year survey  Copy of end of year survey – thematic free text comments</p> <p>Programme evaluation</p> <p>Preliminary NSS 2012 report  Version of circulated NSS 2012  HYMS NSS-MBBS mapping  NSS 2013 – Summary for clinical tutors  Management Board agenda item NSS  BoS Paper HYMS NSS Results 2013  NSS 2013 sector trend comparison with positions  NSS 2013 sector</p>		<p>the GMC pre-visit survey. Students in Phases II and III who are now engaged in full time clinical placements told us that they felt less supported and it was suggested that this was in part due to eight week rotations resulting in frequent changes to educational and clinical supervision. Students on clinical placement were aware that help and information is available via the SLO based at the Trust.</p> <p>We heard that in addition to support offered by HYMS, students also have access to student support provided by the two parent universities.</p> <p>Documentation received</p>
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		<p>ranking 2008-2013 NSS 2014 year on year comparison scores Funnel plots NSS 2014</p> <p>Phase I Handbook 2013-14</p> <p>Phase II Handbook 2013-14</p> <p>Phase III Handbook 2013-14</p>		<p>ahead of the visit suggests that HYMS recognises the potential benefits of assigning each student a pastoral mentor during Phases II and III of the programme.</p>
<b>Domain 8: Educational resources and capacity</b>				
<p><b>159.</b> The educational facilities and infrastructure must be appropriate to deliver the curriculum.</p>	<p>Explore the impact the wide geographical area has on student experience</p>	<p>No documentation referenced</p>	<p>Students Curriculum &amp; Assessment Staff Quality Management Staff</p>	<p>We heard from many of those we met with that whilst the wide variety of clinical placements available within the region is considered to be strength, it can also be problematic in terms of the distance they are required to travel. This was a particular issue for students due to the cost and unreliability of public transport.</p>

				Furthermore, unlike hospital settings which are often well served by public transport links, GP placements are often located in more rural areas. Those students using public transport described difficulties reaching GP surgeries in time for the first appointment and we also heard examples of long journey times.
<b>160.</b> Students will have access to appropriate learning resources and facilities including libraries, computers, lecture theatres, seminar rooms and appropriate environments to develop and improve their knowledge, skills and behaviour.	Explore student experience of 'Blackboard' including content and navigability  Explore moderation of online forums	HYMS Periodic Review Report June 2014	Students  Curriculum & Assessment Staff  Academic Teachers  Clinical teachers	All of the students we met with were familiar with the school's Virtual Learning Environment 'Blackboard'.  We heard that whilst students are aware of the portal as a repository for information, they are often overwhelmed by the amount of material available. Often when

			<p>students were asked where they would find information relating to a specific policy we were told that the information will be available on Blackboard somewhere.</p> <p>Those medical students we met with confirmed that they do participate in online forums and that they can see who the name of the person who has responded to their query.</p> <p>We heard that, in response to student feedback, HYMS is currently undertaking a project that aims to make navigation of Blackboard easier and more intuitive. We also heard that steps are being taken to include</p>
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				audio presentations to Power Point presentations as students find this more useful.
<b>160.</b> Students will have access to appropriate learning resources and facilities including libraries, computers, lecture theatres, seminar rooms and appropriate environments to develop and improve their knowledge, skills and behaviour.	Learning resources: Explore accommodation and IT facilities available to students during clinical placements  Explore the learning resources available across the two university sites. Poor NSS scores in learning and development refer	HYMS Annual Reports <ul style="list-style-type: none"> <li>• 2010/11</li> <li>• 2011/12</li> <li>• 2012/13</li> </ul> GMC End of Placement survey Report on end of year survey Copy of end of year survey – thematic free text comments	Curriculum & Assessment staff  Academic teachers  Quality Management Staff	All of the students we met with confirmed that they have access to appropriate accommodation, IT and library facilities.
<b>159.</b> The educational facilities and infrastructure must be appropriate to deliver the curriculum.	Clinical skills facilities  Explore the clinical skills facilities available to	HYMS Aspire submission  Paper outlining the proposal for the HYMS Primary Care Academy	Curriculum & Assessment Staff  Clinical teachers  School Management	The students we met with spoke highly of the clinical skills facilities available throughout the region. We also heard

	students		Team	that the clinical skills facilitators are particularly helpful
<b>Domain 9: Outcomes</b>				
<b>172</b> Quality management will involve the collection and use of information about the progression of students. It will also involve the collection and use of information about the subsequent progression of graduates in relation to the Foundation Programme and postgraduate training, and in respect of any determinations by the GMC.	Explore whether the medical school records progression of students into foundation programmes and in particular the retention rate for the Yorkshire and the Humber region	HYMS Retention 2010-2014 with accompanying action plan	School Management Team Senior Management Team	We heard that the School does track the progress of those who remain within the Yorkshire and the Humber region but that this is not always possible for those who transfer elsewhere.

## Appendix 3: Document register

Number	Name	Description	Date	Source
0.1	Background information	HYMS Periodic Review Report June 2014	June 2014	HYMS
0.2	Background information	HYMS Aspire submission	2013	HYMS
0.3	Background information	Paper outlining the proposal for the HYMS Primary Care Academy	August 2014	HYMS
0.4	Background information	HYMS Memorandum of Agreement between the University of Hull and University of York	March 2013	HYMS
0.5	General information	HYMS draft strategy and action plan	August 2014	HYMS
1.0	Governance document	HYMS MB BS Curriculum Review (CR) Summary 2013	2013	HYMS
1.1	Governance document	HYMS MB BS Curriculum Review Report 2013	2013	HYMS
1.2	Governance document	HYMS Learning Teaching Assessment Philosophy	2013	HYMS
1.3	Governance document	HYMS MB BS Curriculum Review Progress Report	2014	HYMS
1.4	Governance document	HYMS Phasing the MB BS Curriculum 2014-15		HYMS
1.5	Organogram	HYMS Governance Structure Feb 2014	Feb 2014	HYMS
1.6	Organogram	Departmental organisation <ul style="list-style-type: none"> <li>• NHS Learning Centres in HYMS</li> <li>• Structure of Education Delivery</li> <li>• HYMS Academic Governance Structure</li> </ul>	Various	HYMS
2.0	Risk register	HYMS MB BS Curriculum Review Risk Register		HYMS

2.1	Risk register	HYMS Risk Register 2014/15		HYMS
3.0	Quality Management	HYMS Quality Management and Enhancement Strategy	August 2014	HYMS
3.1	Quality Management	Peer Observation of Teaching in Clinical Placements – Adoption and implementation for all HYMS Honorary clinical tutors		HYMS
3.2	Quality Management	Proposal for the development of The HYMS Clinical Teaching Excellence Awards	2014	HYMS
3.3	Quality Management	Primary Care Quality Assurance Policy – Primary and Community Undergraduate Teaching Placements Quality Assurance Policy	2014	HYMS
3.4	Quality Management	Primary and Community Undergraduate Placements Quality Assurance  Summary of Key Quality Assurance Processes and Activities	April 2014	HYMS
3.6 (see also 11.1)	Quality Management	HYMS Annual Reports <ul style="list-style-type: none"> <li>• 2010/11</li> <li>• 2011/12</li> <li>• 2012/13</li> </ul>		HYMS
	Template Annual Monitoring 2014			HYMS
4.1	QM report	Example Summary of visits to GP Practices		HYMS
4.2	QM report	Monitoring visit report York and North Yorkshire 2012	2012	HYMS
4.3	QM report	Monitoring visit report York and North Yorkshire 2013	2013	HYMS
4.4	QM report	Monitoring visit report North Lincolnshire 2012	2012	HYMS
4.5	QM report	Monitoring visit report North Lincolnshire 2013	2013	HYMS
4.6	QM report	Monitoring visit report Hull & East Yorkshire 2012	2012	HYMS
4.7	QM report	Monitoring visit report Hull & East Yorkshire 2013	2013	HYMS

5.1	Equality & diversity	Equal Opportunities Policy for HYMS Students	2014	HYMS
5.2	Equality & diversity	University of Hull (UoH) Equality and Diversity Policy	2013	HYMS
5.3	Equality & diversity	University of York Equality and Diversity Policy for Students	2011	HYMS
5.4	Equality & diversity	HYMS Widening Participation Strategy Report	2010 - 2013	HYMS
5.5	Equality & diversity	Contextual Data in Selection Policy 2015	2015	HYMS
5.6	Equality & diversity	HYMS Selection Process 2015	2015	HYMS
6.1	Evidence of evaluation/impact of examples of good practice	GMC Summary of 2013 MSAR Feedback (No 11)	2014	HYMS
6.2	Evidence of evaluation/impact of examples of good practice	Commentary on Summary Report of 2013 Medical Schools Annual Return	2013	HYMS
6.3 (see also 0.3)	Evidence of evaluation/impact of examples of good practice	Paper outlining the proposal for the HYMS Primary Care Academy	August 2014	HYMS
6.4	Evidence of evaluation/impact of examples of good practice	HYMS Retention 2010-2014 with accompanying action plan		HYMS
6.5	Evidence of evaluation/impact of examples of good practice	Tutor Workshop : Clinical Reasoning Summary of course outline		HYMS
7.1	Curriculum	MBBS Programme Specification		HYMS
8.1	Student assistantships	HYMS Phase 3 Student Handbook 13-14	2013/14	HYMS
8.2	Student assistantships	HYMS Phase 3 Student Handbook 14-15	2014/15	HYMS

8.3	Student assistantships	Summary Paper Assistantship (post MBBS Programme Board)	April 2014	HYMS
8.4	Student assistantships	Appendix to summary report on results of End of Assistantship 2013 <ul style="list-style-type: none"> <li>• Results – Satisfaction with assistantship</li> <li>• GMC End of assistantship survey</li> </ul>	2013	HYMS
8.4	Student assistantships	GMC End of assistantship survey		HYMS
9.1	Assessment strategy	MBBS Assessment Timeline 2014-15		HYMS
9.2	Assessment strategy	HYMS CoP on Assessment and Examination for MB BS 2014-15		HYMS
9.3	Assessment strategy	HYMS Previous Codes of Practice on MBBS Assessment		HYMS
9.4	Assessment strategy	MBBS External Examiner Summary 2012-13		HYMS
9.5	Assessment strategy	Blueprint (n=19)		HYMS
9.6	Assessment strategy	MBBS Student assessment journey		HYMS
9.7	Assessment strategy	Student MB BS Assessment Profile 2014-15		HYMS
10.1	Examinations	Summary of Examination Results Phase 3 2014		HYMS
10.2	Examinations	2013 PSA Psychometric report HYMS No.8		HYMS
11.1 (see also 3.6)	Programme evaluation	Annual Monitoring Reports		HYMS
11.2	Programme evaluation	End of placement group – question set HYMS End of Year Survey		HYMS
11.3	Programme evaluation	GMC End of placement survey Report on end of year survey Copy of end of year survey – thematic free text comments		HYMS

11.4	Programme evaluation	<ul style="list-style-type: none"> <li>• Preliminary NSS 2012 report</li> <li>• Version of circulated NSS 2012</li> <li>• HYMS NSS-MBBS mapping</li> <li>• NSS 2013 – Summary for clinical tutors</li> <li>• Management Board agenda item NSS</li> <li>• BoS Paper HYMS NSS Results 2013</li> <li>• NSS 2013 sector trend comparison with positions</li> <li>• NSS 2013 sector ranking 2008-2013</li> <li>• NSS 2014 year on year comparison scores</li> <li>• Funnel plots NSS 2014</li> </ul>		HYMS
12.1	Student information/ key dates	HYMS Term Dates 2014-15		HYMS
12.2	Student information/ key dates	HYMS MB BS Dates for Years 1 to 5 2014-15		HYMS
12.3	Student information/ key dates	Example MBBS Induction Timetable		HYMS
12.4A	Student information/ key dates	Example MBBS Induction Timetable (Hull)		HYMS
12.4B	Student information/ key dates	Example MBBS Induction Timetable (York)		HYMS
12.5	Student information/ key dates	Phase I Handbook 2013-14		HYMS
12.5	Student information/ key dates	Phase II Handbook 2013-14		HYMS
12.5	Student information/ key dates	Phase III Handbook 2013-14		HYMS
12.6	Student information/ key dates	Example of study guide/student handbook		HYMS

13.1A	Agreements with LEPS	Schedule Template		HYMS
13.1B	Agreements with LEPS	Service Level Agreement Template		HYMS
13.2	Agreements with LEPS	Example of a GP contract		HYMS
13.2	Agreements with LEPS	Example of a GP contract		HYMS
14b.1	Access to VLE	MB BS BlackBoard Structure 2014-15		HYMS
14b.2	Access to VLE	HYMS Standards for Technology Enhanced Learning 2014-17		HYMS
14b.3	Access to VLE	Changing the Learning Landscape at HYMS Cultural Change Strategy		HYMS
14b.4	Access to VLE	HYMS Digital Fluency Framework		HYMS

## Appendix 4: Abbreviations

E&D	Equality and Diversity
F1	Foundation year 1
FtP	Fitness to Practise
GMC	General Medical Council
GP	General Practice/Practitioner
HYMS	Hull York Medical School
LEP	local education provider
LETB	Local Education and Training Board
MB BS	Bachelor of Medicine and Surgery
NHS	National Health Service
NSS	National Student Survey
PSA	Prescribing Safety Assessment
SLO	Student Liaison Officer
VLE	Virtual Learning Environment

## Appendix 5: Glossary

Blackboard	HYMS VLE
NSS	A survey of students undertaken by Ipsos MORI on behalf of higher education funding bodies
Phase I	First 24 months of the HYMS MB BS programme
Phase II	Second 24 months of the HYMS MB BS programme
Phase III	Final 12 months of the HYMS MB BS programme
Shape of Training Report	A review of Postgraduate Medical Education and Training led by Prof David Greenaway