General Medical Council

Review of Leeds School of Medicine

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

Review at a glance

About the School

Programme	MBChB
University	University of Leeds
Years of course	Five years (with an intercalated degree option which extends the programme by one year)
Programme structure	Year one of the programme provides an introduction to the core professional themes which run throughout the curriculum, as well as the biomedical scientific principles which underpin clinical practice. These form the foundation of the teaching within the programme and the later years will continually build on these as part of a 'spiral curriculum'. Year two continues to develop the core elements and professional themes from year 1. There is a focus on understanding clinical conditions, alongside developing knowledge of clinical laboratory science. Understanding of human experience and behaviour in health and illness is covered through academic teaching sessions and exposure to the Patient Voice Group who support teaching and curriculum development, and through patient visits. Year three continues to develop the core curriculum, carrying forward the core elements and professional themes from years 1 and 2. Five junior clinical placements, each lasting five weeks are undertaken

	in year three. Year 3 placements include Integrated Medicine, Surgery and Peri-operative Care, Elderly and Rehabilitation, Primary Care and Special Senses. By the end of year 3 students are expected to be able to take a history and examine a patient in a competent, professional manner. They are also expected to integrate their clinical skills and knowledge to formulate a basic differential diagnosis and propose a management plan. In year four, students revisit the basic sciences already covered in the curriculum to allow them to integrate clinical medicine with these sciences. Students are expected to be able to synthesise more complex clinical information for the purposes of diagnosis and management. This will involve practice in clinical reasoning, generation of differential diagnoses, making a diagnosis, and deciding appropriate management plans for all common and important conditions. Year five is based primarily around clinical placements, supported by lectures and other teaching sessions. The placement rotations provide core experience in key clinical areas, with small additional variations in clinical exposure to allow students to tailor the final year to suit their learning needs. Students rotate three times, spending 8 weeks in each Trust.
Number of students	1501 (including intercalating students)
Number of LEPs	11 Trusts, multiple GP placements
Local LETB	Health Education Yorkshire and the Humber

Last GMC visit	2012/13 Quality Improvement Framework (QIF) Check
Outstanding actions from last visit	None

About the visit

Visit dates	24 October 2014 (Calderdale and Huddersfield NHS Foundation Trust) 30 October 2014 (The Mid Yorkshire Hospitals NHS Trust) 11 – 12 November 2014 (Leeds School of Medicine)
Sites visited	Calderdale Royal Hospital (Calderdale and Huddersfield NHS Foundation Trust) Pinderfields Hospital (The Mid Yorkshire Hospitals NHS Trust)
Areas of exploration identified prior to the visit. **Please see Appendix 2 for details of our findings in these areas.**	Calderdale and Huddersfield NHS Foundation Trust and The Mid Yorkshire Hospitals NHS Trust, quality management, student support, assessment, curriculum, patient and public involvement, student assistantships, placements, teaching and learning resources
Were any patient safety concerns identified during the visit?	No

Were any significant educational concerns identified?	No
Has further regulatory action been requested via enhanced monitoring?	No

Summary

1 We visited Leeds School of Medicine as part of our regional review of undergraduate and postgraduate medical education and training in Yorkshire and the Humber. The regional review also included visits to Sheffield and Hull York Medical Schools, and seven local education providers (LEPs). During the visit to Leeds School of Medicine, we met with the senior management team and education management team at the school, as well as the teams responsible for quality and curriculum management, student support, and assessment. We also met with students from all years and members of the patient and carer community. As part of visits to Calderdale and Huddersfield NHS Trust and Mid Yorkshire NHS Trust, we met students from Leeds School of Medicine in years 4 and 5 of the programme.

2 Leeds School of Medicine is a well-established medical school, with a long tradition of delivering medical education. The past few years has seen a vast amount of change, with a new curriculum being developed in 2010. This involved a great amount of preparation over a two year period, and the school recognises these changes as part of an ongoing process. The curriculum is continuing to develop in response to feedback from students, local education providers, and university processes, as well as in response to regulatory requirements.

3 Overall, the quality of education at the medical school was found to be high. We met with enthusiastic staff who have developed a strong curriculum, with patient safety and professionalism forming a clear strand of teaching throughout. The students feel

well supported, both pastorally and academically throughout the programme, and assessment is working well.

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 *Tomorrow's Doctors* (2009)	Areas of good practice for the School
1	TD 81	The IDEALS framework is a useful, holistic approach to patient care that encompasses ethics, professionalism, patient safety, and the clinical care of patients.
2	TD 112	The introduction of a mandatory professionalism ceremony for third year students is a positive addition to the curriculum and encourages the culture of professionalism that was evident.
3	TD 103, 105	The approach to patient and public involvement. Members of the patient and carer community (PCC) are embedded in the management structure, teaching and research activity of the medical school.
4	TD 160	There is a good strategic approach to the use of technology to enhance and support medical education. Development of this technology is achieved in co-creation with students, and in response to student feedback.

Good practice 1: The IDEALS framework is a useful, holistic approach to patient care.

4 Documentation provided by the School in advance of the visit referred to 'a vertical strand which runs through the curriculum encompassing Innovation, Development, Enterprise, Leadership and Safety (IDEALS)' (MBChB 2014 Brochure, page 3). The 'safer medic' is a model taught alongside the IDEALS framework; an acronym in which each letter of 'safer medic' represents a key aspect of the core curriculum, and links them with the outcomes of the Tomorrow's Doctors (2009) standards, for example the 'M' in 'Medic' represents 'Medicines Management' and the 'C' represents 'Consultation and clinical decision making'.

5 We heard from the education management and delivery teams throughout the visit, that the IDEALS framework and the 'safer medic' model encourages patient safety throughout the entire curriculum. They indicated that IDEALS is at the heart of the curriculum, and gave examples of how it is used to promote safer, patient centred care. In regards to the 'safer medic', we heard of an example in the meeting with the educational and clinical supervisors, where after students have completed each of the five rotations, the ethics tutor will meet with the group of students. The students will then be split into smaller groups and present back on one of the 'SAFER' elements to the rest of the group.

6 The students we met with were extremely positive about the IDEALS framework and the 'safer medic' model, which runs from years 3 – 5 of the programme. Students in years one and two indicated that through IDEALS, they are introduced to aspects of patient safety and reflective learning from the very beginning of the programme. They particularly valued the group tutorials on patient safety that they receive, and the support that is available to them through their IDEALS tutor, whom we heard students meet with on a weekly basis for the first two years of the programme. Students in years 3 - 5 are also allocated a 'safer medic' tutor who can also measure their performance. Students we met with indicated that through the IDEALS sessions they have been encouraged to report concerns to more senior members of the team on placement. The examples we heard from multiple groups of students throughout the visit indicated that the IDEALS framework introduces students to multiple aspects of patient care from the very beginning of the programme, and is a useful framework to ensure that this is continued throughout the entirety of the course.

Good practice 2: The introduction of a mandatory professionalism ceremony for third year students is a positive addition to the curriculum.

7 Throughout the visit, we heard that professionalism forms a key part of the programme, and that changes to the curriculum over the past few years have reflected a need to ensure that professionalism and patient safety are consistent features for students at all levels of the programme. Part of this development has included the introduction of a mandatory professionalism ceremony for third year students.

8 In discussion with the senior management team at the beginning of the visit, the development of a third year professionalism ceremony was discussed. This ceremony gives third year students the chance to celebrate their success so far, as they progress through the years of their degree. It is an official ceremony which is mandatory for all third year students. We heard that this helps to maintain students' motivation, within an ever changing healthcare system. In line with this, "professional and committed" badges have also been developed for students and staff. The students we met with recognised the professionalism ceremony as an extremely positive addition to the curriculum. The importance of it was reflected in discussion with the year five students; that it marks the transition from university based teaching to clinical teaching. Years 3 and 4 students also commented that the professionalism ceremony forms part of wider approach to professionalism, incorporated into the curriculum through the IDEALS strand, and it reminds them of their responsibilities regarding professionalism.

9 Discussion with students, academic staff and the management team over the course of the visit indicated that a culture of professionalism is evident within the medical school. We were impressed with the implementation of the professionalism ceremony in particular, and recognise benefits of this good practice being shared with other medical schools in the future.

Good practice 3: The approach to patient and public involvement. Members of the patient and carer community (PCC) are embedded in the management structure, teaching and research activity of the medical school.

10 The patient and carer community (PCC) are involved in a range of activities at the school. In documentation reviewed prior to the visit, we were provided with a 2014 activity map which outlined their involvement in various aspects of the programme, including the selection of medical students, teaching, and assessment and feedback as well as in other ways. During the visit, we met with representatives of the PCC, and heard examples of the work they have done and the support they receive to undertake their work.

11 We heard from the education management team that the PCC group are team members who work in partnership with the management team, and this was certainly reflected through the PCC meeting and documentation. The PCC group suggested that they were well supported within their roles and receive training for the work they do. The PCC's work with the PCC coordinator and wider staff regarding the curriculum, assessment and attendance at committees to name some examples, as well as their involvement with Leeds Institute of Medical Education (LIME) indicated that they are embedded with the teaching, management and research structure of the medical school. The team were impressed with how this has been developed over time, to become an example of good practice.

Good practice 4: There is a good strategic approach to the use of technology to enhance and support medical education.

12 From a review of the documentation provided prior to the visit, we saw reference to technology that was in use within the medical school. This included the provision of smartphones to clinical students and the development of apps. We wanted to explore the student experience of technology in supporting their learning experience throughout the programme. We arranged an additional meeting with students for this purpose as part of the visit.

13 The students demonstrated a range of apps developed by the school that could be used to aid their learning and assessment in the clinical environment, as well as those

supporting course material and theory, for example, we were shown an app that students could use to aid their differential diagnosis when admitting medical patients. We also saw that students could access learning resources remotely and could use their phones to complete workplace based assessments (WPBAs). It was clear that the range and quality of the apps was greatly valued by the students we spoke to. Students reported that IT was well embedded into the course and the school were very responsive to their developing needs in this area, for example future plans to widen the number of platforms the apps are available on. We were told that students were very engaged in developing and creating new apps and given support and encouragement to do this by the school, for example running Student Selected Components (SSCs) in medical education app design.

14 We heard that there were a lot of initiatives that were ongoing in regards to the development of technology for students. This was in response to feedback from students regarding their needs, and attempts to enhance the student experience. What was of particular note is that this technology is being co-created between students and staff, to ensure that students have a maximum amount of input, that the student body have indicated they want through feedback. Overall, the range and quality of student engagement in this area was innovative and very impressive. It is clear that the school is open and supportive to students driving this agenda, and that this technology is being developed through joint working between staff and students.

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 *Tomorrow's Doctors* (2009)	Requirements for the School
1	TD 153	The school must engage regularly with the Local Education and Training Board to share information relating to patient safety concerns, and quality

		management of the training environment.

Requirement 1: The school must engage regularly with the Local Education and Training Board to share information relating to patient safety concerns, and quality management of the training environment.

15 During the visit to the medical school, we heard of a number of formal and informal mechanisms of communication between the medical school and the local education providers (LEPs). We also heard during visits to Calderdale and Huddersfield NHS Trust and Mid Yorkshire NHS Trust that LEPs receive a good level of feedback from the medical school on the student experience, and any issues that have arisen with placements. An example of this was in a meeting with clinical and educational supervisors at Mid Yorks, where they indicated that Leeds School of Medicine consolidate feedback from students regarding placements and share it with the undergraduate tutor and educational leads. Whilst we heard examples of the sharing of quality management information between the medical school and the LEPs, it was not clear how quality management information is shared between the medical school and the LETB.

16 During the visit, we discussed the processes that are in place to manage and resolve any patient safety issues identified by students on placement. In the quality management meeting, we were given a recent example where a student had used the “traffic light” reporting system to raise an “Amber” issue identified on placement. We heard how this was raised with the director of the programme, who immediately raised the issue with the medical director within the Trust. It was, however, not raised with the LETB. Whilst it was clear that the school effectively managed patient safety concerns raised by students in collaboration with the Trust, it was not clear how the medical school and the LETB worked together to manage patient safety concerns that may impact upon both undergraduate and postgraduate training. Whilst we heard during the visit of some instances where information is shared between the medical school and the LETB such as the annual review meeting, the formal processes for sharing information relating to patient safety concerns, and

quality management of the training environment between the two organisations were unclear.

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 *Tomorrow's Doctors* (2009)	Recommendations for the School
1	TD 55	The school should consider reviewing their processes for the formal monitoring of action plans.
2	TD 95	The school should consider improvements that can be made to the ESREP project in the interim period before a full evaluation.
3	TD 111	Processes for giving feedback to students should be reviewed to ensure that they are receiving a consistent, high quality, and detailed level of feedback on assessment.
4	TD 123	The school should consider how super assistantships are communicated to students and staff going forward, as we found some confusion around their purpose and format.

Recommendation 1: The school should consider reviewing their processes for the formal monitoring of action plans.

17 In discussion with the senior management team at the visit, we heard that the school has a good relationship with local education providers. This was reflected in discussions held with staff at both Mid Yorkshire Hospitals NHS Trust and Calderdale and Huddersfield NHS Trust. During the medical school visit, we discussed with the management team some of the mechanisms by which placement quality is ensured by the medical school. We heard that this is achieved through regular visits to the LEPs, and action planning against areas that need to be improved emerges from the MPET visit.

18 From a review of the documentation, whilst it was clear that the medical school carries out quality visits to LEPs, and we were provided with minutes from MPET meetings, it was not clear how action plans were formally followed up to ensure that LEPs are implementing the actions that have emerged from visits. In discussion with the management team we heard that medical school staff will visit the LEPs to discuss action plans and how they are achieving them. Whilst this is positive, we heard that these meetings are not minuted. The medical school may therefore consider reviewing their processes to ensure that action plans emerging from quality management visits, MPET and other activities are formally monitored and documented, to ensure that action plans are appropriately followed up and completed.

Recommendation 2: The school should consider improvements that can be made to the ESREP project in the interim period before a full evaluation.

19 In the initial meeting with the education and senior management team, it was recognised that we may receive some feedback from students regarding the Extended Student-led Research or Evaluation Project (ESREP), a piece of work where students are required to develop and deliver an extended piece of research on a student selected topic over years 3-5 of the programme. We heard that the school has previously received feedback from students regarding the project, that it is fragmented and not well structured. We also heard that as the project spans over

three academic years, it may be difficult for students to reflect on the output of the project at this stage, which may partially explain any negative feedback from students.

20 The students we met with at the medical school and at Calderdale and Huddersfield NHS Trust and Mid Yorkshire NHS Trust commented on the ESREP. Students at Mid Yorks were of the view that previous arrangements had worked better, whilst at Calderdale the students were not positive about the project. Some students also indicated that they thought the project could be better organised, and we heard examples of variation in the levels of support students had received. In a meeting with year five students we also heard an example of a student not having had feedback (at the time of the visit) despite requesting it in June.

21 In discussion with the management team, academic teachers and curriculum staff at the medical school, we were informed that a full evaluation will be undertaken once a cohort has completed the entirety of the project. Until then, university regulations prevent the medical school from making any structural or large scale changes to the project in the interim. The year five students we spoke to were aware of this, however, the other students we spoke to did not appear to be, with one group of students indicating that the school is not receptive to feedback regarding the project. The school may therefore consider how this is better communicated to students. We also heard of issues regarding timetabling and feedback. Whilst a full evaluation of the project is not possible at the current time, the school should also consider how any issues regarding timetabling, feedback to students, or any other issues can be addressed in the more immediate future before the full evaluation of the project next year.

Recommendation 3: Processes for giving feedback to students on their assessments should be reviewed.

22 We heard from students on the visit that while they received regular feedback on their assessments, there were some inconsistencies with the amount and quality of feedback the students receive. The pre-visit medical student questionnaire also informed us of this variability.

23 Some students from Leeds commented on a lack of feedback on their assessments, indicating they would appreciate more detailed feedback of OSCE stations they had not passed, on OSCE performance in general, and on multiple choice exams so that students are aware of where they went wrong. This correlated with discussions held with year 3 and 4 students on the visit, where we were given an example of feedback on a year 3 OSCE being purely numerical information, and that more tailored feedback would be beneficial. We also heard that feedback received for written exams is very variable in detail and quality. The year 5 students we met with also commented on receiving feedback on an OSCE 3 months after the exam, with no indication of the areas that they failed.

24 In discussion with clinical and educational supervisors as part of the visit to the medical school, we heard that they had attended a clinical teacher's day on giving meaningful feedback. It is clear that steps to improve feedback on assessments are being taken. In discussion with the school's assessment team, it was also clear that detailed reviews have been undertaken to look at assessment methods, such as the move towards portfolio, non-graded style of assessments and away from graded assessments. It was acknowledged that students appreciate meaningful feedback, and this change reflects this. The assessment team did, however, acknowledge that feedback to students is still an issue, and is therefore recommended that the current processes for ensuring a consistent, high quality and detailed level of feedback on assessment are reviewed.

Recommendation 4: The school should consider how super assistantships are communicated to students and staff going forward.

25 The documentation reviewed prior to the visit made multiple references to 'assistantships' and 'super assistantships'. In discussion with students during visits to the medical school, Calderdale and Huddersfield and The Mid Yorkshire Hospitals NHS Trusts, there was some confusion regarding super assistantships. At the medical school we heard that super assistantships are in a pilot phase within only a few Trusts currently, and therefore the scheme has not yet been fully rolled out.

26 It is important that super assistantships are clearly communicated to students and staff both within the medical schools and across all relevant Trusts to ensure that, going forward, all stakeholders have a clear understanding of what a super assistantship is in relation to each Trust, and what is expected of them.

Acknowledgement

We would like to thank Leeds School of Medicine and all the people we met during the visit for their cooperation and willingness to share their learning and experiences.

Appendix 1: Visit team

Visit team

Regional coordinator	Prof Steve Heys
Team leader	Ms Elaine Tait
Visitor	Mr Daron Aslanyan
Visitor	Ms Angela Carragher
Visitor	Prof Elizabeth Hughes
Visitor	Dr Chris Ricketts
Visitor	Dr Niten Vig
GMC staff	Louise Devlin, Education Quality Analyst Robin Benstead, Quality Assurance Programme Manager Dr Vicky Osgood, Assistant Director of Postgraduate Education

Appendix 2: Visit action plan

Prior to the visit and following a review of the documentation provided by Leeds School of Medicine, 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 *Tomorrow's Doctors* (2009)	Areas to be explored during the visit	Documents reviewed	People interviewed	Our findings
Domain 1: Patient safety				
28e 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.	Explore student awareness of patient safety and student responsibilities for reporting concerns	Doc 7.1, 7.2: Curriculum pages Doc 14.a.ii: Managing student concerns 6.3 Calderdale and Huddersfield Trust case study 6.4 Leeds Teaching Hospital Trust green card case study	Students, curriculum team, education management team	Student awareness of patient safety and responsibilities for reporting concerns were identified as working well. Early years medical students are receiving good teaching on patient safety. Some examples we heard were; Students being encouraged to report concerns to more senior members of staff on placement through the IDEALS strand and an awareness of the traffic light card reporting system and how to use it. Please see good practice 1.

Domain 2: Quality assurance, review and evaluation				
39 The medical school will have a clear framework or plan for how it organises quality management and quality control, including who is responsible for this.	Explore the school's strategy for quality management	Doc 1 .1 Management & Governance structures 2 LIME Risk Register 3.1 Directors of Student Education Handbook 3.2 QME 2012-13 Report Template for ICU Managers 3.3 External Examiner unified report 201213 4a Clinical Placements Quality Management strategic	Quality management team, Senior and education management team	Feedback on the curriculum, assessment and placements from students and other stakeholders forms a large component of the quality management framework within the medical school. It is clear that feedback is routinely collected, scrutinised and acted upon. The sharing of quality information with LEPs was also reflected in the end of placement (RAG) tool and through informal meetings with LEPs to follow up on action plans. However, the formal mechanisms by which action plans were followed up were less clear (see recommendation 1). The relationship between undergraduate and

		overview 2014 11.3 – 11.7: QME documents 11.2 Student Academic Experience Review, Areas for Action and Consideration 13-16 Doc 14.a.ii - Managing student concerns		postgraduate data and the LETB was also unclear (please see requirement 1).
41 The medical school will have agreements with providers of each clinical or vocational placement, and will have systems to monitor the quality	Explore how the school ensures the quality of placements and the related quality management processes	Docs 4a-h Doc 13.1 – 13.6: Collaboration and Service level agreements between the medical school and Trusts 13.7 PRIMARY CARE	Senior and education management teams, clinical teaching team, quality management team	The medical school was found to have a good working relationship with local education providers. Annual visits to secondary and primary care placements are carried out, with follow up visits taking place if necessary. Whilst there are systems to monitor the quality of teaching and facilities on placement, it

of teaching and facilities on placements.		QUALITY ASSURANCE 13-14 13.8 Primary Care Practice visit Annual Report form 2013-14 13.10 Leeds Teaching Hospitals Trust MPET minutes 090714 13.13 Good Placement guide.pub AMR 16-6-11		was not always clear how actions were formally followed up to ensure changes were being implemented at Trusts, when issues were identified through visits or other mechanisms. Please see recommendation 1.
43a Quality data will include evaluations by students and data from medical school teachers and other education providers	Explore the use of student feedback within Quality Management	Doc 4b External student Placement Feedback Doc 4c: Internal student feedback Medical Student Survey –	Students, senior and education management team, clinical and educational teachers	Students we met with indicated that the medical school is very receptive to feedback, and particularly amongst the most recent cohorts, changes to the curriculum based on feedback from previous cohorts is evident. In regards to placement, it was clear that feedback

about placements, resources and assessment outcomes		free text comments		from students is routinely collected and shared with the local education providers at the end of each placement. Clinical and educational supervisors we met at Mid Yorkshire NHS Trust indicated that they receive a high quality of information from the medical school regarding the student experience. The summary end of placement assessment (RAG) tool was found to be an efficient method of sharing information with LEPs.
52 There must also be systems in place to check the quality and management of educational resources and their	Explore the Multi Professional Education and Training (MPET) meeting	Docs 4d-h: MPET Meeting minutes 13.9 Harrogate & District NHSF Trust MPET minutes		In discussion with the management team at the visit, it was clear that the regular MPET meetings play an important role in discussing issues that have emerged at Trusts. We heard that serious concerns are followed up

capacity, and to ensure that standards are maintained.		240614		through the MPET meeting with action plans and a letter to the chief executive of the Trust and to the medical director. From a review of the MPET minutes provided prior to the visit, it was not clear how regularly the LETB attended these meetings. It also appeared that the LETB were not involved in the follow up of serious concerns identified, and this discussion took place between the school and LEP only.
Domain 3: Equality, diversity and opportunity				
57 The medical school will have policies which are aimed at ensuring that all applicants	Explore widening participation	5.1 Admissions Policy for 2015-16 5.3 Outreach request	Senior and education management teams, quality management team	We heard of widening participation initiatives, such as the Bradford programme. These were found to be working well, and widening participation as a whole was recognised at a strength

and students are treated fairly and with equality of opportunity, regardless of their diverse backgrounds.		response 5.4 Widening Participation initiative 5.5 Widening Participation report July 2014 School of Medicine		for the medical school.
58 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	Explore equality and diversity training in place for staff at the medical school	5.1 Admissions Policy for 2015-16 5.2 Equality and Inclusion strategy Contextual information	Quality management team	Staff at the medical school receive equality and diversity training. For those involved in student selection, an annual half day of training is mandatory. Completion of equality and diversity training is also required for all staff within local education providers.

undertaking their roles in the medical school.				
60 The medical school will routinely collect and analyse data about equality and diversity issues to ensure that policies are being implemented and any concerns are identified.	Explore equality and diversity strategy and processes	5.2 Equality and Inclusion strategy Contextual information	Senior and education management team	Equality and diversity data is collected by the university and the medical school, who have separate databases for recording this information. The Bradford partnership, one of the main widening participation entry routes was given as an example of how equality and diversity data is used within the medical school. We also heard that it is used within assessment, where a member of progress committee will look at the data of students throughout the programme to provide a longitudinal picture of progress throughout the programme.

Domain 5: Design and delivery of the curriculum, including assessment				
81 The curriculum must be designed, delivered and assessed to ensure that graduates demonstrate all the 'outcomes for graduates' specified in *Tomorrow's Doctors*.	Explore the IDEALS strand and how it ensures students are able to meet outcomes regarding patient safety.	7.1 e curriculum page 7.2 MBChB Brochure 2014 p12 Contextual information	Students, curriculum team, senior and education management teams	The IDEALS strand of the curriculum was recognised as a useful framework to ensure a continuity of teaching and learning regarding patient care. Please see good practice 1.
84 The curriculum will include practical experience of working with patients throughout all years, increasing in duration and	Explore student assistantships and super assistantships	7.1 e curriculum page 8a Assistantship and development of Super-assistantship 8b Assistantship dissertation	Students, curriculum team, senior and education management teams	The year 5 students we met with at the medical school and the Trusts we visited, as well as some foundation doctors who had completed their undergraduate training at Leeds, found the student assistantship to be extremely useful in preparing them for

responsibility so that graduates are prepared for their responsibilities as a provisionally registered doctor. It will provide enough 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.		Emma Stewart 8d Post Finals Assistantship Guide 2014-15		their foundation year. There was some confusion amongst the students we met with regarding super assistantships. Please see recommendation 4.

95 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 them.	Explore the ESREP (Extended student Led Research or Evaluation Project)	7.1 e curriculum page 7.2 MBChB Brochure 2014 p12 Medical Student Survey - free text comments Contextual information	Students, curriculum team, senior and education management teams	Whilst a full evaluation of the ESREP project is yet to be undertaken, it was recognised that some improvements could be made in the interim period. Please see recommendation 2.
102 Medical schools must ensure that students work with and learn from other health and social care professionals	Explore opportunities for interprofessional learning within the programme.		Students, clinical teachers	We heard of good opportunities for interprofessional learning (IPL) within the programme, such as weekly sessions with pharmacy and nursing students within general practice (GP) placements. Opportunities such as the IPL day were recognised by the students we met with

and students.				as a valuable learning opportunity.
103 The curriculum must include early and continuing contact with patients. **105** The involvement of patients in teaching must be consistent with Good Medical Practice and other guidance on consent published by the GMC.	Explore patient and public involvement within the programme.	6.5 Patient and Carer Community Activity Map 2014 Contextual information	Patient and carer community meeting, quality management team, senior and education management teams	The approach to patient and public involvement was found to be working well. It is clear that members of the patient and carer community (PCC) are embedded in the management structure and research activity of the medical school. Please see good practice 3.
111 Students must	Explore the feedback that	6.2 Student Support on the	Students, assessment	Whilst students receive feedback on

receive regular information about their development and progress. This should include feedback on both formative and summative assessments.	students receive on assessment	MBChB programme. A resource for those teaching Leeds MBChB students 14.a.iii Assessment guidance link 14.a.ii Student support Doc 14.a.iii - Feedback screenshot with hyperlink Medical student survey: Free text comments	team	their development and progress, the quality and amount of feedback they receive was recognised as an area for development. Please see recommendation 3.
112 Medical schools must ensure that all graduates have achieved all the outcomes set out in	Explore professionalism within the curriculum and student understanding of it.	14.a.ii Fitness to practice link - Professionalism screenshot with hyperlink	Students, curriculum team, assessment team, education management team	Professionalism was recognised as an integral part of the curriculum. Please see good practice 2.

Tomorrow's Doctors.				
112 Medical schools must ensure that all graduates have achieved all the outcomes set out in Tomorrow's Doctors.	Explore anatomy teaching within the curriculum	7.1 e curriculum page 7.2 MBChB Brochure 2014 p12	Students, education management team, patient and carer community meeting	Anatomy teaching is well received by students, who value the opportunities for learning they have in this area. Students indicated that anatomy is well taught, and that demonstrators are enthusiastic. The senior management team recognised wet anatomy as an aspect of distinctiveness within the curriculum at the medical school, and this was certainly supported by students, some of whom indicated that it was one of the reasons they applied to study here.
112 Medical schools must ensure that all graduates have	Explore prescribing within the curriculum and student	7.2 MBChB Brochure 2014 p12	Students, Assessment team, clinical	Students were generally positive regarding their teaching of, and exposure to, prescribing throughout the

achieved all the outcomes set out in Tomorrow's Doctors.	exposure to it.		teachers/supervisors	programme. We heard that prescribing is introduced in the first year of the programme, and students receive a prescribing booklet. Students also indicated that a prescribing workshop is run in year 3, and that teaching is more self-driven rather than "spoon fed" to students. Final year students presented a variable experience, indicating that generally, prescribing teaching is led by the LEPs, and it therefore depends where you are placed as to the exposure and teaching of prescribing you receive. In discussion with the assessment team, we heard that prescribing is a repeated part of OSCE examinations at multiple stations. Prescribing under supervision also forms part of the assistantship, but as the students suggested, this

				experience varies between placements.
113 Assessments must be designed and delivered to provide a valid and reliable judgement of a student's performance. **114** Students must have guidance about what is expected of them in any examination or assessment.	Explore assessment including models, range, and information provided to students regarding assessment.	9a - e Examination Blueprints 9.1 Assessment Strategy 9.2 Code of Practice on Assessment 1314 12.1 Exam Dates 2014-15 14.a.iii Assessment guidance link	Assessment team, students, senior and education management teams	Assessment was found to be working well at the medical school. This supports the findings of the GMC Assessment Audit Report in early 2014. In discussion with the assessment team, we heard that last year, all assessments were reviewed to ensure that they mapped against the *Tomorrow's Doctors 2009* outcomes. Other developments included a move away from graded assessments and towards a portfolio, non-graded style of assessment. The assessment team indicated that this has greatly improved the student experience, and this was reflected in discussion with students. The innovative use of sequential testing was also noted,

				having been introduced following research into why some students were performing poorly. This has improved the performance of students and is a positive addition to the assessment model at the school. The students we met with valued the detailed information that is provided to them regarding the content of their assessments through the VLE, for example, a document that lists each assessment in every module and also dates for each assessment.
Domain 6: Support and development of students, teachers and the local faculty				

125 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.	Explore careers advice available to students	Contextual information	Students, senior management team	Students have access to careers advice at the medical school. This could, however, be strengthened and this was recognised by the senior management team as an area they are currently developing, to encourage the development of a realistic view of various medical careers for students. Students did, however, acknowledge that they have some sessions on careers within the IDEALS strand of the curriculum, and they were aware of where they could go to access further advice about careers within the medical school. There is also an appointed careers officer.
128 Everyone involved in	Explore support and training	6.2 Student Support on the MBChB programme. A	Quality management team, Assessment	Those involved in educating medical students have access to appropriate

educating medical students will be appropriately selected, trained, supported and appraised.	for staff and supervisors	resource for those teaching Leeds MBChB students 14.a- 14.a.iii – Online information for students	team, meeting with the patient and carer community	training, and it appears that training is being effectively monitored by the medical school. We heard of training for personal tutors, who each have a plan for their training and continuing professional development (CPD) needs. All educational supervisors are required to complete supervisor training which is delivered through a learning package from Health Education England (HEE). This is delivered out in the Trusts, but is monitored through a database at the medical school. The medical school work closely with the Trusts in monitoring completion of training for trainers. A register is also kept in regards to OSCE training, which must be completed before individuals can examine students. Members of the patient and carer

				community also spoke of the training they are provided with, including how to give and receive feedback. We were told that they have full access to the training that all other staff receive.
131 Students must have appropriate support for their academic and general welfare needs at all stages.	Explore support mechanisms available for students	6.2 Student Support on the MBChB programme. A resource for those teaching Leeds MBChB students 14.a- 14.a.iii – Online information for students	Students, Fitness to practise and student support meeting, senior management team	Students are supported, both academically and pastorally, throughout the programme and there are a number of different avenues for students to access support. However, we heard from multiple year groups that the personal tutor system could be improved. Students indicated that they are scheduled to meet with their personal tutors once a term. We heard from students that this can make it difficult to build up a rapport with them. We also heard that there are set

				questions for discussion that students must answer before going to see their personal tutor, which do not always apply to every student. Despite this, students felt very supported, and recognised other means of support, such as through their IDEALS tutor who they meet with weekly. The student forum was also recognised by students as a helpful support mechanism.
135 A small number of students may discover that they have made a wrong career choice. Medical schools must make sure that these students, whose	Exit awards		Senior and education management teams	There is a formal method for recognising the learning and achievement of students who have not completed the entirety of the programme, in the form of exit awards. All students who leave the programme also have an exit interview with the careers officer.

academic and non-academic performance is not in question, are able to gain an alternative degree or to transfer to another degree course.				
153 Employers of graduates, and bodies responsible for their continuing training, will be closely involved in curriculum planning and management.	Explore the medical schools relationship with the LETB	2 LIME Risk Register 3.1 Directors of Student Education Handbook 4a Clinical Placements Quality Management strategic overview 2014 4d-h: MPET Minutes	Senior and education management team	The relationship between the medical school and the LETB, and the integration of undergraduate and postgraduate quality information is unclear. Please see requirement 1.

Domain 8: Educational resources and capacity				
160 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 the teaching and learning resources that are available to students including the virtual learning environment and other technology.	12.1 Exam Dates 2014-15 14.a Getting started with the VLE 14.a.i ISS Log on allocation 14.a.ii Fitness to practice link 14.a.ii Student support 14.a.iii Assessment guidance link 14.a.iii Feedback link	Students, curriculum and assessment teams	Students have access to a wide range of learning resources and facilities. We discussed the virtual learning environment (VLE) with students and heard that information regarding assessments and the curriculum is appropriately shared via this platform. We also found that there is a good strategic approach to the use of technology to enhance and support medical education (please see good practice 4).

Domain 9: Outcomes				
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 about the subsequent progression of graduates in relation to the Foundation Programme and postgraduate training, and in	Explore how the medical school monitors students who graduate but do not successfully complete foundation year one.	3.1 Directors of Student Education Handbook 3.3 External Examiner unified report 201213 Contextual information	Senior and education management teams	The processes for ensuring that the medical school was aware of any individuals who had graduated, but failed to successfully complete FY1 were discussed with the management team. It was indicated that this has been a small number of graduates – 2 individuals in the last 4/5 years. It was also indicated that there was regular dialogue between the foundation school and the medical school in these cases, and that the foundation schools were efficient in notifying the medical school when this occurred. In discussion with the quality management team it was acknowledged that, in common with many other medical schools, this

respect of any determinations by the GMC.				process does not work as well when graduates are training outside of the region. However, all transfer of information forms are screened by the medical school, regardless of where they are training.

Appendix 3: Document Register

Document number	Document name	Description	Publication date and version	Source
Doc 1.1	Management & Governance structures including NHS	An illustration of the relationships between management and education committees which includes NHS membership	Updated in Aug 2014	Leeds School of Medicine
Doc 1.2	MBChB support staff	An illustration of the Student Education teams contributing to the University of Leeds MBChB	Updated in Aug 2014	Leeds School of Medicine
Doc 2	LIME Risk Register	The LIME risk register is reviewed regularly	Updated in July 2014	Leeds School of Medicine
Doc 3.1	Directors of Student Education Handbook	Guidance produced by the University of Leeds Academic Quality and Standards Team	Published for the period 2012-13	Leeds School of Medicine
Doc 3.2	QME 2012-13 Report Template for ICU Managers	The University requires all courses to produce annual quality management & enhancement review reports.	2012-13	Leeds School of Medicine
Doc 3.3	External Examiner unified report 201213	Prepared by the MBchB Director in response to the annual reports provided by our external examiners	2012-13	Leeds School of Medicine
Doc 4a	Clinical Placements Quality Management strategic overview 2014	An illustration of relationships between different aspects of the Quality Improvement strategy	2014	Leeds School of Medicine
Doc 4b	EXTERNAL Student Placement	An illustration of the flow of information collected from student evaluation of	2014	Leeds School of Medicine

	Feedback	placements and timings for resulting activity.		
Doc 4c	INTERNAL Student placement feedback	An internal document detailing responsibilities for the above	2014	Leeds School of Medicine
Doc 4d	Calderdale and Huddersfield MPET minutes 210513	Annual Review minutes	2013	Leeds School of Medicine
Doc 4e	Calderdale & Huddersfield MPET minutes 080714	Annual Review minutes	2014	Leeds School of Medicine
Doc 4f	Calderdale & Huddersfield MPET Annual Report 2014	Annual Report provided by the Trust Lead for Medical Student Teaching and Support	2014	Leeds School of Medicine
Doc 4g	Mid Yorks MPET minutes	Annual Review minutes	2013	Leeds School of Medicine
Doc 4h	Mid Yorks MPET minutes 230714	Annual Review minutes	2014	Leeds School of Medicine
Doc 5.1	Admissions Policy for 2015-16	The School's Admission brochure and available in hard copy at all Open days for prospective students	2014	Leeds School of Medicine

Doc 5.2	Equality and Inclusion strategy	The University's vision and objectives: an information document	2014	Leeds School of Medicine
Doc 5.3	Outreach request response	As part of the MSC Selecting for Excellence Project the Council are keen to showcase the work that is already being undertaken. This is our submission.	2014	Leeds School of Medicine
Doc 5.4	Widening Participation initiative	Widening Participation (WP) scheme	2014	Leeds School of Medicine
Doc 5.5	Widening Participation report July 2014	Annual report on Widening Participation	2014	Leeds School of Medicine
Doc 6.1	AMEE guide 92 'student support' 2014	An example of our research and scholarship becoming best practice	2014	http://informahealthcare.com/eprint/
Doc 6.2	Student Support -. A resource for those teaching Leeds MBChB students	A guide for tutors	2014	Leeds School of Medicine
Doc 6.3	Calderdale and Huddersfield Trust case	A concern about a student	2014	Leeds School of Medicine

	study			
Doc 6.4	Leeds Teaching Hospital Trust green card case study	A compliment from a student	2014	process is described in https://www.medicine.leeds.ac.uk/cpr/
Doc 6.5	PCC Activity Map 2014	Activity mapped to domains of Tomorrow's Doctors	2014	Leeds School of Medicine
Doc 6.6	Primary Care Placement standards	Primary Care placement standards for students in Yrs 1-5	2014	Leeds School of Medicine
Doc 7.1	e- curriculum page	A web resource providing information on Integrated Course Units (modules), the distribution and type of teaching and modes of assessment.	2012-13	https://www.medicine.leeds.ac.uk/curriculum/default.aspx
Doc 7.2	MBChB Brochure 2014 p12	An illustration of curriculum content by year	Summer 2014	Leeds School of Medicine
Doc 7.3	Timetable pages	A screen shot of the student access to individualised timetables available via weblink	2013	http://www.leeds.ac.uk/timetable/
Doc 8a	Assistantship	Developmental Work Research	2014	Leeds School of

	and development of Super-assistantship	approach to developing super-assistantships		Medicine
Doc 8b	Assistantship dissertation Emma Stewart	A Qualitative study to determine if the Leeds Medical School Model of assistantship is in line with current General Medical Council requirements, and if it is effective in its aim to improve the preparedness of final year undergraduate medical students for their transition to junior doctors	2014	Leeds School of Medicine
Doc 8c	Assistantship in Year 5 PFA	Assistantship within the context of Year 5	2014	Leeds School of Medicine
Doc 8d	Post Finals Assistantship Guide 2014-15	Yorkshire & Humber Foundation School / Leeds University Medical School: Post-Finals Assistantship Preparation for Professional Practice 2014-15	2014	Leeds School of Medicine
Doc 8e	Post Finals Assistantship assessment form 2014-15	Placement assessment to be completed by Clinical Supervisor	2014	Leeds School of Medicine
Doc 9.1	Assessment Strategy	The assessment strategy is designed to underpin the theoretical principles and	2014	Leeds School of Medicine

		practice that shift the balance from assessment-led learning to outcomes based learning		
Doc 9.2	Code of Practice on Assessment 1314	This Code describes the procedures for assessment and examinations in the MBChB Programme, and other related matters.	2013-14	Leeds School of Medicine
Doc 9a	Yr1 Integrated Summative Exam Blueprint	Examination Blueprints	2014	Leeds School of Medicine
Doc 9b	Yr2 Integrated Summative Exam Blueprint	Yr2 Integrated Summative Exam Blueprint	2014	Leeds School of Medicine
Doc 9c	Yr3 OSCE blueprint 2014	Yr3 OSCE blueprint 2014	2014	Leeds School of Medicine
Doc 9c (2)	Yr3 Written blueprint	Yr3 Written blueprint	2014	Leeds School of Medicine
Doc 9d	Yr 4 OSCE blueprint 2014	Yr 4 OSCE blueprint 2014	2014	Leeds School of Medicine
Doc 9d (2)	Yr 4 Written blueprint 2014 Final	Written blueprint 2014 Final	2014	Leeds School of Medicine
Doc 9e	Yr5 OSCE blueprint 2014	Yr5 OSCE blueprint 2014	2014	Leeds School of Medicine

Doc 9e (2)	Yr5 Written blueprint 2014	Yr5 Written blueprint 2014	2014	Leeds School of Medicine
Doc 10.1	SoM Examiners report June2012	April/May 2012 Written and Clinical Examinations Overview for the School of Medicine	2012	Leeds School of Medicine
Doc 10.2	Y5 2012 OSCE quality and stats	A report on QA and review		Leeds School of Medicine
Doc 10.3	SoM Examiners report June2013	June 2013 Written and Clinical Examinations Overview for the School of Medicine	2013	Leeds School of Medicine
Doc 10.4	Y5 2013 OSCE quality and stats	A report on QA and review of the Y5 OSCE		Leeds School of Medicine
Doc 11.1	Student Academic Experience Review Report 13-16	A review of the programme generated internally by the University which identifies good practice and areas for consideration	2013	Leeds School of Medicine
Doc 11.2	Student Academic Experience Review, Areas for Action and Consideration 13-16	The School's response to the above item	2013	Leeds School of Medicine
Doc 11.3	Yr1 QME 2012-	Reviews and self-assessment from each year of the	2012-13	Leeds School of

	13	programme covering Integration Assessment, Feedback & External Examiner's Reports and Quality Improvement		Medicine
Doc 11.4	Yr2 QME 2012-13	Reviews and self-assessment from each year of the programme covering Integration Assessment, Feedback & External Examiner's Reports and Quality Improvement	2012-13	Leeds School of Medicine
Doc 11.5	Yr3 QME 2012-13	Reviews and self-assessment from each year of the programme covering Integration Assessment, Feedback & External Examiner's Reports and Quality Improvement	2012-13	Leeds School of Medicine
Doc 11.6	Yr4 QME2012-13	Reviews and self-assessment from each year of the programme covering Integration Assessment, Feedback & External Examiner's Reports and Quality Improvement	2012-13	Leeds School of Medicine
Doc 11.7	Yr5 QME 2012-13	Reviews and self-assessment from each year of the programme covering Integration Assessment, Feedback & External	2012-13	Leeds School of Medicine

		Examiner's Reports and Quality Improvement		
Doc 11.8	MBChB QME Report 2012 13	Directors report arising from the above QME documents	2013	Leeds School of Medicine
Doc 11.9	AHC SubmissionFINAL_170214	The School of Medicine's Annual Health Check. A report containing MBChB information.	2014	Leeds School of Medicine
Doc 12.1	Exam Dates 2014-15	A summary of examination dates. These are also contained with individual study guides.	2014	Leeds School of Medicine
Doc 12.2	Master Timetable ALL YEARS Sept 2014	A detailed MASTER timetable to illustrate the full time and comprehensive nature of the course and to provide curriculum planners with detail of the delivery schedule	2014	Leeds School of Medicine
Doc 12.3	Accessing student timetables	Powerpoint used for instructing Y1 students in use of the online personalised timetable	2014	Leeds School of Medicine

Doc 13.1	2012-13 Amended Collaboration Agreement	Collaboration Agreement: This is between Health Education Yorkshire & the Humber and the University of Leeds.	2012-13	http://yh.hee.nhs.uk/what-we-do/education-training/learning-and-develpoment-agreement-lda/
Doc 13.2	2014 rollover letter Collab Agreement	The Agreement was signed by the Dean of the Faculty of Medicine and Health in 2012. The Agreement has been rolled over in 2013 and 2014 whilst the new National Standard Education Framework Agreement is in preparation for 2015.	2014	Leeds School of Medicine
Doc 13.3	HEYH Generic Learning Development Agreement 2014	Learning Development Agreement: This is between Health Education Yorkshire & the Humber and individual Trusts who provide undergraduate medical school placements for Leeds Medical School.	2014	Leeds School of Medicine
Doc 13.4	2014-15 Primary Care SLA	Service Level Agreements: These exist between Primary Care Practice Placement Providers and the School of Medicine.	2014	Leeds School of Medicine

Doc 13.5	FINAL Hospice_SLA_14-15 v1	Service Level Agreements: These exist between Hospices and the School of Medicine.	2014	Leeds School of Medicine
Doc 13.6	Hospice SLA appdx_a_14-15	Service Level Agreements: These exist between Hospices and the School of Medicine.	2014	Leeds School of Medicine
Doc 13.7	PRIMARY CARE QUALITY ASSURANCE 13 14	Each Primary Care placement has an annual review with a member of the QA team.	2013	Leeds School of Medicine
Doc 13.8	Primary Care Practice visit Annual Report form 2013-14	Sample Practice visit form	2013	Leeds School of Medicine
Doc 13.9	13.9 Harrogate & District NHSF Trust MPET minutes 240614	The minutes act as the action plan provided following the annual review meeting between the School of Medicine and each Trust. Student, academic and clinical staff feedback is reviewed and both good practice and actions minuted.	2014	Leeds School of Medicine
Doc 13.10	Leeds Teaching Hospitals Trust MPET minutes	An interim six-monthly meeting takes place to review progress against the action plan. These	2014	Leeds School of Medicine

	090714	meetings are minuted.		
Doc 13.11	Calderdale and Huddersfield NHS Trust 041113 Placement Meeting notes	Ad hoc meetings may take place during the year. These tend to cover individual aspects of medical education provision such as development work, finance meetings, wi-fi provision and attendance at Trust staff development events	2013	Leeds School of Medicine
Doc 13.12	Mid Yorks Chief Exec mtg 080514	Strategic meetings with senior staff including Chief Executives and Medical Directors.	2014	Leeds School of Medicine
Doc 13.13	Good Placement guide.pub AMR 16-6-11	A guide for providers. The good placement guide is being refreshed and augmented this year by a Student Expectations guide. This will become available during Term 1 2014-15.	2011	Leeds School of Medicine
Doc 13.14	July 2014 Quality Placement in Healthcare	Best Practice Guidance from Health Education Yorkshire and the Humber	2014	Leeds School of Medicine
Doc 14.a	Getting started with the VLE	Instruction sheet	2014	Leeds School of Medicine
Doc 14.a.i	ISS Log on allocation	Access to the school's VLE	August 2014 – December 2014	Leeds School of Medicine

Doc 14.a.ii	Fitness to practice link	Professionalism screenshot with hyperlink	2014	https://www.medicine.leeds.ac.uk/mbchb/professionalism/
Doc 14.a.ii	Student support	Student Support screenshot with hyperlink	2014	https://www.medicine.leeds.ac.uk/mbchb/support/
Doc 14.a.ii	Managing student concerns	An illustration of the relationship between different student concerns reporting mechanisms	2014	Leeds School of Medicine
Doc 14.a.iii	Assessment guidance link	Found in handbooks as above, and other information on this screenshot with hyperlink	2014	https://www.medicine.leeds.ac.uk/mbchb/assessment/
Doc 14.a.iii	Feedback link	Feedback screenshot with hyperlink	2014	https://www.medicine.leeds.ac.uk/mbchb/feedback/
Doc 14.b	SharePoint instructions	Student feedback: access instructions made available to Trusts	2014	Leeds School of Medicine

Appendix 4: Abbreviations

CPD	continuing professional development
E&D	equality and diversity
ESREP	Extended Student-led Research or Evaluation Project
FY1	foundation year 1
FY2	foundation year 2
GMC	General Medical Council
GP	General Practice
HEE	Health Education England
IPL	inter-professional learning
LEP	local education provider
LETB	Local Education and Training Board
LIME	Leeds Institute of Medical Education
MBChB	Bachelor of Medicine and Surgery
NHS	National Health Service
OSCE	Objective structured clinical examination*
PCC	patient and carer community

QIF	Quality Improvement Framework
SSC	student selected component
VLE	virtual learning environment
WPBAs	workplace based assessments*

***See glossary (in appendix 4) for definition.**

Appendix 5: Glossary

OSCE	A type of examination to test clinical skill performance and competence in skills such as communication, clinical examination, medical procedures or prescription, exercise prescription, joint mobilisation or manipulation techniques, radiographic positioning, radiographic image evaluation and interpretation of results.
WPBAs	Workplace based assessments (WPBAs) are the evaluation of a doctor's progress over time within the workplace.