

## Review of Manchester Medical School

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>.

### Review at a glance

#### About the School

<b>Programme</b>	Bachelor of Medicine and Surgery (MBChB)
<b>University</b>	Manchester Medical School
<b>Years of course</b>	Medicine 5-year MBChB (with European studies and an intercalated degree option)  Medicine 6-year MBChB including foundation year
<b>Programme structure</b>	<p>The 5-year programme is made up of three Phases:</p> <p>Phase 1 lasts for two years. This part of the MBChB programme is specifically designed to provide a firm foundation of knowledge and concepts from the biomedical, clinical, behavioural and social sciences underlying medicine.</p> <p>Phase 2 lasts for two years in teaching hospital with a linked health education zone. With the knowledge, skills and attitudes of Phase 1 students take part in a programme of fully integrated clinical and scientific learning.</p> <p>Phase 3 is a transition period of one year where students prepare to become foundation doctors and take on responsibility for patient care.</p>
<b>Number of students</b>	2282 (as of 2013 MSAR)

<b>Number of LEPs</b>	11 trusts, 29 hospitals and over 400 general practices
<b>Local LETB</b>	Health Education North West
<b>Last GMC visit</b>	2005/06 QABME
<b>Outstanding actions from last visit</b>	None

### About the visit

<b>Visit dates</b>	12–13 November 2013
<b>Sites visited</b>	Manchester Medical School
<b>Areas of exploration</b>	Undergraduate programme years 1 to 5, student support, problem based learning (PBL), academic support and supervision, assessment, consultation skills learning centre, e-learning technology, quality management and transition for International Medical University, Malaysia, (IMU) and St Andrews students.
<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 The north west of England was selected for the 2013-2014 Regional Review and Manchester Medical School (MMS) is one of three medical schools in the region, with Liverpool Medical School and Lancaster Medical School. Manchester Medical School is one of the largest medical schools in the UK, with over 2200 students. In 1994, the School was the first in the country to adopt a PBL approach to medical education. The students are trained over a wide geographical area including the main medical school campus and at one, or across, the four major teaching hospitals and their associated district general hospitals. These are Central Manchester University Hospitals NHS Foundation Trust (CMUHFT), Lancashire Teaching Hospitals NHS Foundation Trust (LTHFT), Salford Royal NHS Foundation Trust (SRFT) and University Hospital of South Manchester NHS Foundation Trust (UHSMFT).
- 2 The visit to MMS was very positive and the commitment to medical education was clear from the senior management team. The PBL facilitators and the academic teachers that we met were dedicated and supportive to student learning. We were impressed by the level of student satisfaction we found during the School and site visits and as reported in our pre-visit student survey and the national student survey (NSS). We found that the School has excellent learning resources and is making innovative use of technology to enhance student learning. To ensure everyone can access these, all students are given a tablet computer in year 3. The main area of concern for the team regarded the School's capacity for clinical placements. Students reported to us the difficulty and competition for access to patients and clinical skills experience on wards, which have students from years 3, 4 and 5. There are also areas that the School needs to improve such as the variability in academic support for students completing their e-portfolios and patient and public involvement (PPI).

## 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
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1	51	Strong value in student evaluation with examples of improvements being made in response.
2	63, 71	Widening participation through its Manchester Access Programme (MAP) including a reduction in the A-level grades required of students in the MAP.
3	104	Excellent communication and early clinical skills training, supported by the consultation skills learning centre (CSLC).
4	131	Strong academic and pastoral support for students.
5	160	The innovative use, and excellent application, of e-learning and tablet computers to enhance and support medical education.

### **Good practice 1: Responsive to student evaluation**

- 3** The GMC pre-visit student survey received 778 responses from MMS students in years 1 to 5. The majority of students from this survey agreed or strongly agreed that the School responds effectively to their evaluation of the course, clinical placements and facilities. There were also 18 free text comments from students who noted this responsiveness as one of the things they like most about MMS. Students appreciate that the dedicated staff listen to their views and are open to implementing change.
- 4** MMS students have ample opportunities to evaluate their programme and the School is responsive and proactive in implementing changes as a result. At the end of each placement students fill out an evaluation of their experience for the School, and this can now be done electronically. The year 3 students we met were all satisfied that their end of placement evaluations were considered; they have noticed changes such as sign-up opportunities for further clinical skills learning. We were informed that the School is making modifications to the introduction to clinical learning (ICL) course due to the recent years evaluation form. The ICL module is a three week induction to clinical learning block in which all students participate at the start of year 3.
- 5** Year 4 and 5 students echoed the year 3 students' view and cited examples where the School has acted as a result of student evaluation. Year 4 students have noticed changes with the introduction of mid-

semester exams, 'wrap-up' lectures to support revision and the distribution of intended learning outcomes to students. As a result of year 5 students' evaluation there is now a cardiology placement for all students in year 3.

- 6 MMS have had NSS results below the national average from 2009–2012 and staff have been acting on these results, in particular, to improve student satisfaction. The School has recently appointed a communications manager and a communications officer, to improve its organisational communication to the students, and has developed a new weekly electronic update called 'MMS Matters'. A number of MMS staff, including the Head of the Medical School, communicate with students via blogs on the student Medlea page. The School's work to improve student satisfaction through clearer communication and active response to evaluation has clearly had a positive impact on the NSS scores which are now substantially higher in all categories to previous years; the overall students' satisfaction increased from 70% to 85% between 2011/12 and 2012/13.

### **Good practice 2: Widening participation**

- 7 MMS demonstrated good practice with its commitment to widening participation. Manchester has a very diverse population and the University of Manchester (the University) initiated a 'Manchester Access Programme' (MAP) as a scheme to help local applicants, enter further education. The programme supports entry to study medicine at the University through a series of activities and tasks and those who successfully complete the programme will have a portfolio of additional evidence that the University can use when deciding to make the applicant an offer.
- 8 The MAP has been designed for talented local applicants and considers factors such as their postcode, the school they attended, if they had free school meals, and the level of education attained by their parents. Applicants who complete this programme are entitled to receive a 40 point Universities and Colleges Admissions Service (UCAS) consideration if they are offered a place at MMS. Therefore applicants are still offered a place if they receive an ABB instead of the required AAA score at a-level. MMS protects 55 places each year for successful applicants though this programme.
- 9 MMS continues to build on this good practice and an academic lead for widening participation has recently been appointed. MMS have analysed

and tracked the students who have been accepted through this programme and there is no evidence that they do not perform as well as others. Due to its success there are plans to extend the MAP programme to a local sixth form college in the Preston area, where one of its sector hospitals is based, bringing a possible addition of 14 student places through widening participation.

### **Good practice 3: Excellent communication and early clinical skills training**

- 10** MMS recognised the need to enhance consultation skills teaching for its students and one of the results from this was the development of the consultation skills learning centre (CSLC). The CSLC opened in May 2012 and has been very well evaluated by students. In the GMC pre-visit student survey there were 113 free text comments from students who mentioned communication and early clinical skills as what they liked most about MMS. The CSLC has a flexible space with 24 consultation bays which provides the opportunity to teach in small or large groups. Students learn physical examination and history-taking through the use of simulated patients. They also enhance communication skills through sessions such as; *how to talk to relatives, explaining to patients and managing confidentiality and consent*.
- 11** Previously students in years 1 and 2 only had the opportunity to interact with patients during three community placement visits per semester. Now students have an additional 13 hours per semester in the CSLC which has increased their experience with patients. The year 1 and 2 students that we met told us this contact with patients has definitely increased their confidence, particularly with communication. The School evaluated the consultation skills session asking students if the sessions supported their early clinical experience in end of semester evaluations, each semester over 90% of students strongly agreed that they do.
- 12** In the CSLC the students continue working with their PBL group and the work in the centre aims to parallel the PBL case of the week where possible. Students that we met told us that this process was invaluable and allowed them to understand their PBL case in much more detail.
- 13** The year 3 students that we met were the first year to use this centre before entering Phase 2, they told us that the communication skills sessions with simulated patients were excellent. This centre is clearly appreciated by the School management team and it is promising to note

that the School is committed to continue and improve what the CSLC can offer. Further developments are planned such as an *introduction to prescribing* module and formative assessment in objective structured clinical exam (OSCE) stations integrating communication, clinical and physical examination skills.

#### **Good practice 4: Strong academic and pastoral support**

- 14** We were impressed by the excellent level of student support that is provided to the students at MMS, particularly considering the large number of students and the vast geographical area in which they are situated. In the GMC pre-visit student survey 80% of students agreed or strongly agreed that they have access to the general welfare support that they need. There were also 72 positive free text comments from the survey where students specifically mentioned academic and/or pastoral support as one of the best things about MMS.
- 15** The students that we met told us the pastoral support at MMS is excellent especially the support offered by the Student Welfare and Professionalism office (SWAP). The SWAP office is an overarching support team at MMS which has close ties with academic advisors, portfolio tutors, clinical tutors, university support services, occupational health and the medical schools disciplinary services. This streamlines the support given to students and ensures that pastoral support responses link with students' professional and personal development.
- 16** There are four sector SWAP teams based at the four main teaching hospitals. The overarching SWAP team meets with each sector SWAP team three times a year and they review all the reports of the teams' student interactions, share information and support the handover of students from Phase 1 to Phase 2. Each sector has an assigned SWAP lead and we heard from the students that there is a strong system in place to ensure that students received support when on placements. We heard individual examples of students being assisted in proactive ways by the sector hospitals' undergraduate offices. The students were well supported and confident that they knew who to talk to if they needed advice.
- 17** The academic teachers that we met were appreciative of the work that the SWAP teams do. They are clear about the roles of the sector SWAP teams within the sector hospitals and value the contacts they have there to support the students. They know the clear pathway for student

referrals and would go to SWAP if they had concerns about a student. The PBL facilitators also told us that the SWAP teams are very good to speak to about student support.

- 18** The year 1 and 2 students that we met also complimented the student peer mentor scheme called 'Mummies and Daddies', in which four students from the year above are assigned to a PBL group of 12. These mentor students are trained and bring groups together in communities and are able to offer individual support on request. This acts as a great support network and prevents students in large medical schools such as this feeling isolated.

### **Good practice 5: The innovative use of e-learning**

- 19** In 2011 MMS piloted a project to distribute tablet computers to their students and now, after a successful evaluation in July 2012, students in years 3 to 5 are given a tablet computer to support their learning. In the 2013 NSS the School received 94% student satisfaction for learning resources and in the GMC pre-visit student survey there were 25 positive free text comments from students who said this was the best thing about MMS.
- 20** The way in which MMS uses the tablet computers is commendable and innovative. Videos and applications have been created; online books and guides have been produced, placement sign off sheets are online and e-portfolios have been introduced for clinical years. Students can receive their feedback, watch their lectures, synchronise to their timetables and access the School's virtual learning environment. MMS have also created an online patient safety alert button, where students can immediately report patient safety concerns to the School when they are on placements, through the tablet computer. The students that we met were all aware of this button and find the tablet computers overall a very useful resource.
- 21** MMS have recruited a group of student volunteers in years 3-5 across all sectors to be 'student gurus', they are trained to support students get the most out of the tablets and online resources. We also met with foundation year 1 (F1) doctors who had graduated from MMS and they told us that the way in which they learnt to use the tablet computer has had many of the same benefits for them now as doctors.
- 22** This project also works as a useful tool for communicating with the

students across the four sector hospitals, where wifi is provided. The sector hospitals have been very cooperative during this project and MMS is planning further development to identify effective practice for tutors. Due to the School's innovative and forward thinking approach they are always looking for new ways to make use of the tablets and online resources.

## Areas of improvement

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>	Areas of improvement for the School
1	109, 110	Students preparedness for practise

### Area of improvement 1: Students Preparedness for Practise

- 23** In the GMC National Training Survey (NTS) F1 doctors are asked "*Do you feel that you were adequately prepared for your first F1 post?*" In the 2010 and 2011 NTS results, MMS were lower than the national average. However, in 2012 and 2013 the results increased to be above the national average. We met with F1 doctors who had graduated from MMS during our visit to Manchester Royal Infirmary (MRI), and they were very positive about their experience at MMS. They advised that the School prepared them well for practise, particularly their clinical skills. In the GMC pre-visit student survey there were six comments from year 5 students that said one of the best things about MMS was that they felt prepared for F1. The year 5 students that we met on the MMS visit all told us that they feel prepared for practice, particularly as PBL develops their independent learning skills. They also cited the e-portfolio as a great preview for what to expect of the foundation e-portfolio.
- 24** One reason for this improvement at MMS is likely to be due to the success of its student assistantships, which has received a lot of positive evaluation by students. Students spend four weeks in their final year fully integrated within a clinical team, on the rota with a defined role and responsibilities. Students fill out an end of placement evaluation and in 2013 60% of the placements were rated as excellent (85/100) and 15%

were rated 100/100 by students. In the GMC pre-visit student survey 92% of students agreed or strongly agreed that they have received guidance from MMS about student assistantships and 96% agreed or strongly agreed that they understood the purpose of their student assistantship. The student assistantships are robustly quality managed by MMS with regular short notice visits and a 48-hour turn around to investigate student complaints; every site that has student assistantships has received at least one random visit.

## 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	48	PPI must be developed with involvement in the management and governance of the programme.

### Requirement 1: Enhance patient and public involvement

**25** We note that patients are involved at MMS through the CSLC, OSCEs and they provide feedback about students' performance during student assistantships. Although the School is using patients for teaching opportunities, more could be done to involve patients and the public at a strategic level. We noted in discussions with the School's senior management team that they are aware they do not have patient involvement on the Programme Committee or the Curriculum Committee, but they are looking to identify people who can give them valuable input, with help from an independent charity who will provide financial support.

**26** We note that MMS plans to have a strategy about how to engage patients and the public in the programme in early 2014. The GMC supplementary advice document *Patient and public involvement in undergraduate medical education (2011)* offers further guidance.

## 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</i> (2009)	Recommendations for the School
1	52	The School should enhance its management of clinical education capacity and timetabling, which can lead to some patients being seen by multiple students.
2	113	The School should review whether the first progress test results for St Andrews students should be used for summative or formative purposes. St Andrews students have no prior experience of progress testing and may be disadvantaged, on the first occasion, by being norm-referenced against students who are familiar with the format and standard of the progress test.
3	111	The School should reduce the significant variability in the quality of academic support provided to students about maintaining a good e-portfolio.

**Recommendation 1: Enhance the management of clinical education capacity and timetabling**

**27** MMS have implemented a new quality management system and in our meeting with the quality management team we found this to have the potential to be a robust process for its many LEPs. However, significant issues were identified during the visit regarding the capacity for student learning in clinical placements. This highlighted the need for a more effective use of quality management to ensure that any oversubscribed placements are identified proactively.

**28** In the GMC pre-visit student survey there were 12 free text comments from students who noted overcrowding on placements as the thing they would change about MMS. Students in year 5 that we met on the visit told us that there was overcrowding on placements such as general surgery and obstetrics and gynaecology, and mentioned that this resulted in competition with colleagues to get clinical experience. Some students shared experiences of patients declining student examination due to already being seen by several students that day. Students that have been placed in the smaller district general hospitals told us that they experience a better, less crowded environment.

**29** The quality management team told us that they have met maximum

capacity on some placements but they are fortunate to have many LEPs which provide them the opportunity to move students around. They measure placement capacity through a question on staff student ratios in questionnaires they receive from the LEPs. They also mentioned timetabling as an issue that the phase leads are responsible for and it causes complicated discussions at hospital deans' meetings. We note the School has a 12% reduction in student numbers but that will not influence clinical placements for the next two years until the current year 1 cohort enters year 3.

**Recommendation 2: The School should review whether the results of the first progress test for St Andrews students should be used for summative purposes**

- 30** We met a group of students who had originally come from St Andrews Medical School and entered MMS at the beginning of Phase 2. Overall they were satisfied with their transition into MMS, and felt well supported and informed. However, these students told us about the difficulties and perceived disadvantage that they had experienced with their first progress test. The progress test is a knowledge exam administered to all student years, with the knowledge level set as that of a qualified doctor. It is a form of tracking student progression in their performance over their time at medical school. The students told us that they felt unprepared for their first progress test, in comparison to the MMS students who had already completed a number of progress tests. The St Andrews students reported that they were told not to worry about the results, and that the results would not contribute to their overall grade at the medical school. However, the students were aware that the progress test results mean that each result has a summative function and a poor result in the first progress test is carried forward, although this can be dissolved by good performances on later progress tests. The students were also aware that there were 50 formative items with which they could practice, but we were informed that these items had not changed in three years.
- 31** The assessment team told us the progress test is norm referenced, with the results of the St Andrews and MMS students being combined and treated as one population. Both the assessment team and quality management team noted that students from St Andrews perform less well than the continuing MMS students in their first test but by the second test there is no difference. We were informed by the senior management team that 2.5% of the student cohort will always be below the pass mark and it will only become a progression issue if they are

below this mark on two occasions.

- 32** As a poor result from one progress test is carried forward to the next progress test we note – and students told us - that students arriving from St Andrews are disadvantaged by the summative use of their first progress test results.

### **Recommendation 3: Reduce the variability in student e-portfolio support**

- 33** Year 3 to 5 students at MMS work with e-portfolios, which enable students to identify their strengths and weaknesses through reflective learning. The students have an academic advisor who supports them with their e-portfolio. The students that we spoke to are aware of and appreciative of the benefits that these e-portfolios have for their preparation for practice, however students noted there is variability in the level and quality of support provided by their advisors.
- 34** In the GMC pre-visit student survey 15 students commented that portfolios were the one thing they would change about MMS and seven students wrote that portfolios were what they liked most about MMS.
- 35** One year 3 student told us that their advisor emailed them every two weeks with comments and advice on their e-portfolio but others did not get any comments until they handed it in at the end of the year. Year 5 students told us that some advisors see the e-portfolio as a tick box exercise and others read them thoroughly.
- 36** The academic teachers that we met told us they have training to be an advisor at the beginning of their cohort of students. They also informed us of a web-based forum for advisors to share good practice. We noted that MMS have introduced a peer review system for staff that support students in years 1 and 2 which is reported to be working well. This is aiming to be rolled out to years 3 to 5 which should hopefully reduce variability.

## **Acknowledgement**

- 37** We would like to thank MMS 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>	Mr Graham Saunders
<b>Team leader</b>	Professor Steve Heys
<b>Visitor</b>	Professor Jennifer Adgey
<b>Visitor</b>	Dr Suzanne Chamberlain
<b>Visitor</b>	Dr Carol Griffiths
<b>Visitor</b>	Professor Stewart Irvine
<b>Visitor</b>	Dr Katie Kemp
<b>Visitor</b>	Dr Richard Tubman
<b>Visitor</b>	Dr Rameen Shakur
<b>GMC staff</b>	Anna Hiscocks, Education Quality Analyst Jennifer Barron, Quality Assurance Programme Manager

## Appendix 2: Visit action plan

Paragraph in <i>Tomorrow's Doctors</i> (2009)/ <i>The Trainee Doctor</i>	Areas explored during the visit	Documents reviewed	People interviewed	Our findings
<b>Domain 1: Patient safety</b>				
28a	<p>Preparedness for practice</p> <p>Explore the reason for an improvement in the NTS results.</p>	NTS Survey 2010-2013	<p>Students</p> <p>Foundation doctors</p> <p>Teachers and tutors</p> <p>School management team</p>	<p>Standard met</p> <p>The MMS final year students that we met on all regional review visits felt that MMS has prepared them for practice. The MMS results in the NTS preparedness question have shown improvement over the last four years (see area of improvement 1).</p>
28a	<p>Patient Safety</p> <p>Student email alerts on patient safety in clinical placements.</p>	<p>Doc 3a: Quality management strategy and processes</p> <p>Doc 3h: appendix 7 – Ed</p>	<p>Students</p> <p>Quality management team</p> <p>Senior management team</p>	<p>Standard met</p> <p>All clinical year students that we met understood the process for reporting patient safety comments. MMS have</p>

		Alert Process		also implemented an online student alert button.
<b>Domain 2: Quality assurance, review and evaluation</b>				
39-41	Quality management Changes to the Schools quality management process and how it was implemented.	Doc 3a: Quality management strategy and processes	Quality management team Senior management team  LEPs - quality management team and education management team	Standards met The new quality management process has been implemented and the sector hospitals were involved with its development.
41, 48, 50, 51	Quality management of LEPs How the School quality manages the four hospital sectors including DGH's.	Doc 3: Quality Management Strategy and Processes GMC evidence summary	Quality management team Senior management team  LEPs - quality management and education management teams	The quality management systems are robust, particularly with GP placements. The LEPs are clear of their responsibility for the QM of DGH's.  Work still needs to be done in quality managing capacity on clinical placements (see recommendation 1).
49	Quality management of St Andrews students	Doc 3: Quality Management Strategy	Quality management team Senior management	Standards met St Andrews students have a

	How the School quality manages the transfer process and if there are any additional quality management responsibilities.	and Processes MMS contextual information request	team Assessment team LEPs – education management team	robust induction process and these students are met on LEP visits. There has not yet been any specific issues with this group, the students we met from St Andrews were positive about their transition to MMS.
50, 51, 52	KPIs and job planning Explore why the School have created the time allocation document and what the LEPs view is on job planning.	GMC evidence summary Doc 4d: Confirmed LTHTr Sector review report June 2012 Doc 6B: Time allocation calculations	Quality management team Senior management team LEPs - education management team, educational supervisors, quality management team	Standards partially met MMS is working on an ambitious project with HENW to ensure the inclusion of education in job plans at LEPs.
51	Peer reviews Explore the Schools peer review system in Phase 1 and its planned expansion into Phase 2.	MMS contextual information request	Quality management team PBL facilitators Academic teachers	Standards met Peer reviews are in place for year 1-2 teachers at MMS. The teachers that we met are pleased with the system and told us that it is a good way of sharing best practice. We note that this is planned to roll out to teachers of

				years 3-5.
44/45 /48	<p>Patient and public involvement</p> <p>Explore the extent of patient and public involvement within quality management.</p>	<p>MMS contextual information request</p> <p>GMC evidence summary</p>	<p>Quality management team</p> <p>Senior management team</p> <p>LEPs - education management team, quality management team</p>	<p>Standards not met</p> <p>There is a lack of patient and public involvement on senior committees at MMS and they are not currently involved in quality management team (see requirement 1).</p>
50	<p>Joint working and sharing of information</p> <p>Explore how the School works with its LEPs and what information they share.</p>	<p>MMS contextual information request</p> <p>RPH contextual information request</p> <p>MRI contextual information request</p>	<p>Quality management team</p> <p>Senior management team</p> <p>Student support team</p> <p>LEPs - quality management team, education management team, educational supervisors</p>	<p>Standards met</p> <p>The clinical year students complete transfer of information forms for the MMS SWAP team, each one is evaluated and sent to the relevant hospital. The SWAP office acts as a central point of contact for the hospitals which is clear for student transfer of information from LEPs. Hospital Deans work closely between sectors and MMS creating clear lines of integration between the two.</p>
52	Quality and	MMS contextual	Senior management	Standards met

	<p>management of educational resources</p> <p>Explore strategies for dealing with changes in funding.</p>	<p>information request</p> <p>RPH contextual information request</p> <p>MRI contextual information request</p>	<p>team</p> <p>LEPs – education management teams</p>	<p>The senior management team that we met are aware of the SIFT allocations, they understand the effect a decline in funding will have and are looking at working with LEPs to ensure it does not have a detrimental effect on student education.</p>
<b>Domain 3: Equality, diversity and opportunity</b>				
58	<p>Staff equality &amp; diversity training</p> <p>Explore the Schools policy and how it is managed in LEPs.</p>	<p>GMC evidence summary</p> <p>MMS contextual information request</p> <p>Doc 5a: UoM E&amp;D policy</p>	<p>PBL facilitators</p> <p>Academic teachers</p> <p>LEPs - education management team / educational supervisors</p>	<p>Standards met</p> <p>All supervisors, tutors and teachers that we met have had equality and diversity training either with MMS, the University of Manchester or the NHS.</p>
60	<p>Equality and diversity data collection</p> <p>Explore what changes have been made as a result of E&amp;D data collection.</p>	<p>GMC evidence summary</p> <p>MMS contextual information request</p> <p>Doc 5a: UoM E&amp;D policy</p> <p>Doc 5c: Manchester access programme</p>	<p>Quality management team</p> <p>Senior management team</p> <p>PBL facilitators</p> <p>Academic teachers</p>	<p>Standards met</p> <p>MMS has a culturally diverse student population and has therefore not needed to make any changes from data collection. The university does have a multi faith Chaplain who assesses</p>

				student faiths and recommends if they need any additional support.
63	Athena Swan	MMS contextual information request Doc 5b: Athena Swan – UoM school of medicine bronze April 13	Senior management team	Standards met The medical school won an Athena Swan bronze award for its championing of female academics.
59	Reasonable adjustments Explore the use of student information on reasonable adjustments.	GMC evidence summary MMS contextual information request Doc 5a: UoM E&D policy	Senior management team Student support and FtP team PBL facilitators Academic teachers	Standards met The students that we met at MMS are confident that they know where to go if they needed a reasonable adjustment. Student support team work with occupational health and university services to support students who need reasonable adjustments.
<b>Domain 4: Student selection</b>				
73	Access programme Explore the evaluation of this programme and its results on widening	MMS contextual information request Doc 5c: Manchester access programme	Senior management team	Standards are met MMS have a commitment to widening participation and have a number of student

	participation.			places available with lower UCAS point entry through MAP (see good practice 2).
<b>Domain 5: Design and delivery of the curriculum, including assessment</b>				
42	Curriculum evaluation Explore how the School implement curriculum changes and who are involved.	Doc 7a: Curriculum Map Doc 7b: Curriculum Mapping Tool	Senior management Assessment team PBL facilitators Academic teachers	Standards met The curriculum and programme committee include people from all hospital sectors. Student evaluations are always taken into account with curriculum changes.
112, 114	Assessment analysis Explore how the School review its assessment.	GMC evidence summary Doc 9a: Assessment blueprints report 12-13 and 11-12 Doc 9b: Assessment Strategy 2013 Doc 10: Statistical report on finals 12-13 and 11-12 Doc 11g: Phase 1 summary of course evaluations 2013	Senior management Assessment team PBL facilitators Academic teachers Students	Standards met The assessment team use standard psychometric measures to determine the performance of their OSCEs and knowledge tests such as Cronbach's alpha, facility and discrimination. The assessment team note that there is scope for more detailed analysis and have appointed staff with the

				skills required to enable this.
82	<p>Teaching</p> <p>Explore the method and delivery of teaching at the School.</p>	<p>GMC evidence summary</p> <p>Doc 16: NSS results</p> <p>Student virtual learning environment</p> <p>GMC pre-visit students survey</p>	<p>Assessment team</p> <p>PBL facilitators</p> <p>Academic teachers</p> <p>Students</p>	<p>Standard not met</p> <p>The students we met were all aware of who their academic teachers are and are overall pleased with the dedication of many of the teaching staff. However there were reports of high levels of inconsistency between the support that students receive from their e-portfolio tutor (see recommendation 3).</p>
85	<p>Feedback</p> <p>Explore students satisfaction with their feedback.</p>	<p>MMS contextual information request</p> <p>GMC pre-visit student survey</p>	<p>Assessment team</p> <p>PBL facilitators</p> <p>Academic teachers</p> <p>Students</p>	<p>Standards met</p> <p>The students that we met told us they get feedback in a number of ways; through their portfolio, at the end of each PBL module, after communications sessions and at the end of placements. However some students told us that feedback from the OSCE is sometimes absent, rushed</p>

				and/or illegible.
103-114	<p>Patient and public involvement</p> <p>Explore the extent of patient and public involvement within the curriculum and teaching.</p>	<p>MMS contextual information request</p> <p>GMC evidence summary</p> <p>Doc 6D – Trust celebrates patients as educators for tomorrow</p> <p>Doc 6E – Patients as educators awards</p>	<p>Senior management team</p> <p>Assessment team</p> <p>LEPs – education management team, educational supervisors</p>	<p>Standard met</p> <p>We note patients are used at MMS through the CSLC, OSCEs and they provide feedback on student performance during student assistantships.</p>
88/ 106	<p>Assessment of clinical placements</p>	<p>MMS contextual information request</p> <p>GMC pre-visit student survey</p> <p>Doc 4d: Confirmed LHTTr sector review report June 2012</p>	<p>Assessment team</p> <p>Students</p> <p>LEPs – education management team, educational supervisors</p>	<p>Standards met</p> <p>At the end of each placement supervisors sign off student end of placement forms which show whether the student has met the aims and includes feedback. Students note that this process has been made easier by adding the forms online through their tablet computers.</p>
84	<p>Student assistantships</p> <p>Explore student opinion and the quality</p>	<p>Docs 8: SA strategy</p> <p>Doc 11f: Student assistantship report</p>	<p>Senior management team</p> <p>Assessment team</p>	<p>Standards met</p> <p>The student assistantships are robustly quality</p>

	management of students assistantships.	includes evaluation GMC pre-visit student survey	Quality management team Students LEPs – education management team, educational supervisors	managed by MMS with regular short-notice visits and a 48 hour turn around for investigation of student complaints. The students and graduates that we met who had completed the student assistantship were very positive about the placement.
100, 101	Problem-based learning Explore student views of PBL and how it is delivered.	MMS contextual information Doc 6: Evaluation examples of good practice Doc 9a: Assessment blueprints report 12-13 and 11-12 Doc 9b: Assessment Strategy 2013	Senior management team Assessment team PBL facilitators Students	Standards met The students we spoke to were positive about PBL. They appreciate the small PBL groups of 12 they stay in for each semester.
116	Identifying and sharing good practice	MMS contextual document	Senior management team Quality management team	Standards met This is done through the curriculum and programme

committee meetings.

**Domain 6: Support and development of students, teachers and the local faculty**

124	<p>Student support</p> <p>Explore student pastoral and academic support at the School including what is offered by the SWAP office.</p>	<p>MMS contextual document</p> <p>Docs 17: Student welfare and professional documents</p>	<p>Senior management team</p> <p>Student support team</p> <p>Students</p>	<p>Standards met</p> <p>MMS have a central SWAP team and four sector SWAP teams based in the main teaching hospitals, it is very well evaluated by students and staff (see good practice 4).</p>
127	<p>Fitness to practise</p> <p>Explore the student understanding of fitness to process.</p>	<p>GMC evidence summary</p> <p>GMC pre-visit student survey</p> <p>Student virtual learning environment</p>	<p>Senior management team</p> <p>Fitness to practise team</p> <p>Students</p>	<p>Standards met</p> <p>All the student we met were aware of what fitness to practise means, though not all were sure how the university deals with it. The fitness to practise team that we met told us about the very clear process that students go through.</p>
128 /148	<p>Training for trainers</p> <p>Explore the process for training trainers and where the responsibility</p>	<p>MMS contextual document</p> <p>Doc 6: Evaluation examples of good</p>	<p>Senior management team</p> <p>Academic teachers</p> <p>LEPs – educational</p>	<p>Standards met</p> <p>All teachers and tutors that we met have been trained and they know where to</p>

	lies.	practice	management team, educational supervisors	access further support if they need it. The university also support a qualification to be a member of the higher education academy.
131	<p>Communication to students</p> <p>Explore how the School communicates with a large number of students in four sectors.</p>	<p>MMS contextual document</p> <p>GMC pre-visit student survey</p>	<p>Senior management team</p> <p>Student support team</p> <p>Students</p> <p>LEPs – educational management team</p>	<p>Standards met</p> <p>MMS has recently appointed a communication manager and a communications officer, to improve their communication to the students. Student tablets are also a useful resource for communicating to their clinical students.</p>
<b>Domain 7: Management of teaching, learning and assessment</b>				
-	-	-	-	-
<b>Domain 8: Educational resources and capacity</b>				
159 / 161 / 162	<p>E-learning resources</p> <p>Explore the use of e-learning and its future development.</p>	<p>MMS contextual documents</p> <p>Doc 2: organisation risk register</p> <p>Doc 6: Evaluation</p>	<p>E-learning team</p> <p>Students</p>	<p>Standards met</p> <p>MMS give every student in years 3 to 5 a tablet computer. The developments and benefits that have come from this</p>

		<p>examples of good practice</p> <p>Doc 6J and K: iPad pilot MMS end of pilot evaluation</p>		<p>are continuing to grow. Students find them very useful to enhance their learning (see good practice 5)</p>
159	<p>Consultation skills learning centre</p>	<p>MMS contextual document</p> <p>Doc 6: Evaluation examples of good practice</p>	<p>Assessment team CSLC team Students</p>	<p>Standards met</p> <p>MMS have built a new consultation skills learning centre to enhance early clinical and communication skills in Phase 1. This centre has been very productive and receives great student evaluation (see good practice 3)</p>
<b>Domain 9: Outcomes</b>				
172	<p>Sign off and transitions</p> <p>Explore what systems are in place for student transitions.</p>	<p>MMS contextual document</p> <p>GMC evidence summary</p> <p>Doc 6: Evaluation examples of good practice</p>	<p>Quality management team</p> <p>Student support team</p> <p>St Andres and IMU students</p>	<p>Standards met</p> <p>The SWAP team are very thorough with student transfer of information forms between placements. MMS also successfully manage integration for students arriving from St Andrews. MMS have an excellent</p>

				introduction to clinical learning module which supports students moving from Phase 1 to Phase 2.
172	<p>Transfer of information</p> <p>Explore information transferred from the School to the foundation programme.</p>	<p>MMS contextual document</p> <p>HENW contextual document</p>	<p>Senior management team</p> <p>Quality management team</p>	<p>Standards met</p> <p>The senior management team informed us that they have a good relationship with HENW foundation programme. MMS send them transfer of information forms on students. The School also look back at student files when graduates do not complete foundation to identify any patterns.</p>

## Appendix 3: Document register

Number	Name	Description	Date	Source
Doc 1	Organogram	Explanation of management and governance structures		MMS
Doc 2	Organisation Risk Register	An extract of MMS risk register May 2013	May 2013	MMS
Doc 3a	QM Strategy	Quality Management Strategy and Processes	Sept 2013	MMS
Doc 3b-3h	QM Strategy	b) Appendix 1 – Programme Specification c) Appendix 2 – Examples Risk Monitoring d) Appendix 3 – The QME Questionnaire e) Appendix 4 – The Annual QAE Review Cycle f) Appendix 5 – The Quality of Medical Education g) Appendix 6 – Status Report Template h) Appendix 7 – Ed Alert Process	Various	MMS
Doc 4a-b	QM Reports	a) Confirmed CMFT Annual Sector Review Report 29 Nov 2011 b) Confirmed CMFT Annual Sector Review Report Dec 2010	2011 2011	MMS
Doc 4c-d	QM Reports	c) Confirmed LTHTr Sector Review Report June 2011 d) Confirmed LTHTr Sector review report June 2012	2011 2012	MMS
Doc 4e-f	QM Reports	e) NMGH Mini Sector Review May 2011 f) NMGH Report 2013	2011 2013	MMS
Doc 4g-4h	QM Reports	g) Oldham Mini Sector Review final with comments Feb 12 h) Oldham visit March 2013	2012 2013	MMS
Doc 4i	QM Reports	MMS Periodic Review 2013 Exec Summary	2013	MMS

Doc 5a-c	Equality and Diversity	5a) UoM E&D Policy 5b) Athena Swan – UoM School of Medicine Bronze April 13 5c) Manchester Access Programme	2011 2013	MMS
Doc 6	Evaluation Examples	Evidence of the evaluation and impact of the examples of good practice identified in the most recent MSAR and in Q9 of the contextual information		
Doc 6a	Examples of evaluation	Doc A - Clinical Placements minimum standards Doc B - Time allocation calculations Doc C - IUM ToI form for Year 3 Sept 13 Doc D - Trust Celebrates Patients as educators for tomorrow Doc E – Patients as educators awards 030912 Doc F – Foundation Doctor Handout Final Version Doc G – Foundation Doctor Link Scheme Overview & names Doc H – FY Comments Doc I – Clinical Examinations iBook – Evaluation Doc J – iPad Pilot MMS end of pilot evaluation brief Doc K – iPad Pilot MMS end of pilot evaluation v05 Doc L – Staff Development report Doc M – Peer Review of PBL in Phase 1 Doc N – Updated performance of Pre-Meds	Various 2012- 2013	MMS  LTHTr          CMFT   MMS
Doc 7a-c	Curriculum Map Information	7a) Curriculum Map 7b) Curriculum Mapping Tool 7c) 1Med functional architecture	2013	MMS

Doc 8a-h	SA Strategy	<ul style="list-style-type: none"> <li>a) Phase 3 – student assistantships summary</li> <li>b) SA Minimum requirements MAH</li> <li>c) SA – Student Welcome 11-12</li> <li>d) SA QM visit Bolton – Salford – Wheatley</li> <li>e) SA QM visit Wrexham_Morgan</li> <li>f) SA Supervisor Welcome MH July 2012</li> <li>g) SAs 2011_2012</li> <li>h) Student assistantships pilot</li> </ul>	Various 2010- 2013	MMS
Doc 9a-b	Assessment Strategy	<ul style="list-style-type: none"> <li>a) Assessment Blueprints Report 12-13 and 11-12</li> <li>b) Assessment Strategy 2013</li> </ul>	2011 & 2012  2013	MMS
Doc 10	Final examination results	Statistical Report on Finals 12-13 and 11-12	2012 & 2013	MMS
Doc 11a-g	Examples of evaluation reports	<ul style="list-style-type: none"> <li>a) UHSM M&amp;M Student feedback meeting Jan-Mar 2013</li> <li>b) USHM Hospital Placement evaluation form 2012-3 yr 4</li> <li>c) CMFT Y3-feedback 12-13</li> <li>d) Confidential Hospital Evaluation From Combined data 2013</li> <li>e) Rachel Lindley information for GMC info Aug 2013 final</li> <li>f) Student Assistantship Report includes evaluation</li> <li>g) Phase 1 summary of course evaluations 2013</li> </ul>	Various	

Doc 12.	Calendar of key dates	<ul style="list-style-type: none"> <li>a) 2012-2013 Semester Dates v1.0</li> <li>b) 2013-2014 Semester Dates v0.1</li> <li>c) Assessments Schedule 2012-13 v1</li> <li>d) Assessments Schedule 2013-14 v3</li> <li>e) Exam Board dates 2012-13</li> <li>f) Exam Board dates 2013-14</li> <li>g) Phase team information for GMC – Induction and SA dates</li> <li>h) Semester dates 2013-14 v1.0</li> <li>i) Semester dates 2012-2013 v7 listing</li> <li>j) Year 0 activities</li> </ul>		MMS
Doc 13.	LEP Agreements	<ul style="list-style-type: none"> <li>a) Learning and Development Agreement</li> <li>b) Learning and Development Schedule G Final</li> </ul>	2013	MMS
Doc 14.	Access to Student 'Virtual Learning Environment': Manchester Medical School			MMS
Doc 15.	Map of clinical placements	<ul style="list-style-type: none"> <li>Distributed Learning</li> <li>Example Practice Coverage Map</li> </ul>	2013	MMS
Doc 16 a-j	NSS & Pre-NSS	<ul style="list-style-type: none"> <li>a) Copy of NSS Summary JACS3 code subject level - 2013</li> <li>b) Phase 1 student survey 2013</li> <li>c) Pre NSS Phase 1 student survey 2013</li> <li>d) pre NSS code report v01</li> <li>e) pre NSS code report v01 2013</li> <li>f) PreNSS data medicine (2)</li> <li>g) PreNSS data medicine 2013</li> <li>h) preNSS report 2013 v2 Summary (2)</li> <li>i) Copy of NSS 2013 by course by Dept by subject level 3 (2)</li> <li>j) PreNSS 2011 – A Summary Report</li> </ul>		



## Appendix 4: Abbreviations

CSLC	Clinical skills and learning centre
DGH	District General Hospital
E&D	Equality and diversity
F1	Foundation year 1
GMC	General Medical Council
HENW	Health Education North West
ICL	Introduction to clinical learning
IMU	International Medical University (Malaysia)
LEP	Local education provider
MAP	Manchester access programme
MB ChB	Bachelor of Medicine and Surgery
MMS	Manchester Medical School
MRI	Manchester Royal Infirmary
MSAR	Medical school annual return
NHS	National Health Service
NSS	National student survey
NTS	National training survey
OSCE	Objective structured clinical examination*
PBL	Problem-based learning
PPI	Patient and public involvement
QABME	Quality Assurance of Basic Medical Education
QM	Quality management
RPH	Royal Preston Hospital
SA	Student assistantship*
SWAP	Student Welfare and Professionalism office
UCAS	The Universities and Colleges Admission Service

\*See glossary (in appendix 5) 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.
Phase 1	First two years of the Manchester MB ChB programme
Phase 2	Third and fourth year of the Manchester MB ChB programme
SA	A student assistantship means a period during which a student acts as assistant to a junior doctor, with defined duties under appropriate supervision.