Medical School Annual Return - Section B
GMC quality assurance items

This sheet is pre-populated with open GMC visit requirements and recommendations. Please provide updates on all items. Supporting documents and action plans may be required to evidence progress.

Item number	GMC item	Promoting excellence theme	Description of item	Date item was identified (DD/MM/YY)	How was the item identified?	Previous updates with additional information requested by the GMC	What actions have been taken to resolve the concern over the past 12 months?	What further actions have been planned to resolve the concern?	Deadline for resolution (DD/MM/YY)	Status	Person responsible	Supporting documents (if required)
QA8356	GMC visit recommendation	Theme 2 Educational governance and leadership	The school should strengthen the existing quality monitoring of student perceptions and outcomes. This should include the systematic collection and analysis of data to measure processes in clinical environments.	08/02/2016	GMC 2015 QIF regional review of East of England	Since last year's MSAR submission, and following discussions with the University of East Anglia, given the differing nature of the courses/curriculum structures, it was agreed that it would more helpful if each institution developed its own set of Key Performance Indicators. It is unlikely that that these will form an Annex to Schedule J, but from our perspective, they will be monitored and used in the context of formal annual quality assurance visits. Our revised process for quality review, including the introduction of Key Performance Indicators, is described in Section A of the MSAR (Question 3b). 2017-18 is a pilot year for the new process, and it will be reviewed both at the 2018 quality assurance visits, and then again in 2019.	The School's revised process for quality review was implemented in 2018, was well received, and ran successfully. The quality questionnaire submitted by Trusts, and their responses to the request for KPI data, provided a very helpful basis for discussion during the visits. Trusts commented that the implementation of KPIs, in particular, had been helpful in driving change and drawing issues to the attention of senior management within the Trust. Trusts provided feedback on the KPIs during the visits, with a view to slightly revising the KPIs for the 2019 visits.	Following Trusts' feedback the KPIs were amended slightly, in order to provide more helpful, realistic, comparative data. A revised set of KPIs was circulated to all Trusts during the summer of 2018. This included accompanying explanations/definitions of what is meant by each KPI, as well as an indication of the level/outcome expected in each case. Feedback on the KPIs will be sought once again at the 2019 quality assurance visits. The 2019 quality questionnaire was updated, with some questions being based on responses provided by Trusts in 2018. This will enable the School to monitor whether issues raised in last year's questionnaire have been resolved in the intervening period, and will also enable the School to assess the impact of the implementation of any new Clinical School policies, and any challenges faced by Trusts.	End of 2019 cycle of quality assurance visits	Progress being monitored	Clinical Dean, Head of Education Division	
QA8355	GMC visit requirements	Theme 5 Developing and implementing curricula and assessments	Until the new curriculum is fully embedded, the school must reinforce the opportunity for student assistantships to increase student preparedness for the Foundation programme.	08/02/2016	GMC 2015 QIF regional review of East of England	A new 'Apprenticeship' block has been introduced into Year 6, after the end of the Final MB. The aim of the Apprenticeship block is to prepare students more fully for their role as a junior doctor, and it includes direct shadowing of a junior doctor, under the guidance of senior and junior mentor. The block is largely ward-based, but there will also be formal teaching sessions, such as weekly 'wardcraft' sessions (as described in Column L), professionalism teaching, pharmacy sessions, liaison psychiatry seminars, and specific palliative care experiences, comprising a day in a Hospice (which is described in more detail in Section A of this year's MSAR).	The first Apprenticeship block ran in the 2018 and student and staff feedback were excellent. The student evaluations at the end of the Apprenticeship were extremely positive about the value and usefulness of the block in helping students to feel more prepared for starting the Foundation Programme. Its positioning after Final MB was particularly effective as it allowed students to fully engage with clinical activities, and preparing for practice. An 'Apprenticeship Handbook' was introduced which gave students an overview of the purpose and objectives for the block, of the timetable and core expectations, and of a handful of exercises or reflections that the students were expected to complete.	Feedback will continue to be closely reviewed with the aim of further enhancing the Apprenticeship block. In 2018 a number of students carried out last-minute 'scheduling swaps' in order to be able to undertake their Apprenticeship in the Trust in which they would be starting their first job. Though very helpful for the students, the last minute nature of the changes presented some challenges for administrative teams at the Clinical School and at Trusts. In 2019 there will be an advertised period during which such changes will be facilitated by the Clinical School, in avoid last-minute changes.		Progress being monitored		
QA8354	GMC visit requirements	Theme 3 Supporting learners	The school must review the effectiveness of their communication with students about the course information available to them and any limitations in regard to what they can provide.	08/02/2016	GMC 2015 QIF regional review of East of England	A permanent Student Experience and Communications Manager was appointed in August 2017, to review and implement policies and procedures for effective and efficient communication with students. The appointee has already carried out a major review of the ways in which the School communicates with students. The post-holder used surveys, focus groups, student volunteers for pilot projects, and individual meetings with both students and staff, to build a picture of what communications students receive, from whom, and what the impact is. The post-holder also looked at areas where communication is missing or is not as effective as it could be. As a result of this work, a communications strategy has been drafted and been discussed by the Deanery team, and a number of actions have taken place. For example, several areas within the student VLE have been revised/update, and a dedicated section has been created called 'Student Feedback', which includes an electronic 'You said, we did' board. In addition, with the aim of reducing the number of emails sent to students, a weekly electronic 'Student newsletter' has been created which brings together information that would otherwise have been sent separately by administrators both in Cambridge and in regional Trusts. The newsletter has a number of different sections, and includes important notices for each year group (for example, on deadlines, exams, or upcoming teaching sessions): a list of upcoming events and opportunities: and a 'get to know' section which introduces a member of the Cambridge or regional administrative or teaching staff.

A review of all specialty and theme pages on the student VLE was undertaken, to ensure that placement objectives and information on core learning are up to date and reflect a common structure. | The communications strategy has now been implemented for nearly a year and the Autumn student focus groups indicated that students had noticed a reduction in the quantity of emails and an improvement in the quality of the emails. Further input was sought from students to improve the newsletter's effectiveness, which have been subsequently implemented, but students generally felt the newsletter has been a great improvement. Administrator Away Days are used as an opportunity to reinforce good practice in communications from staff and students feel able to report inappropriate or sub-standard emails to the communications manager.

A larger-scale review of how the VLE is organised and what information is available has begun. This review has been collaborative between the VLE team, Faculty and students to ensure the improvements are fit for purpose and meet student needs and expectations of what should be available on the VLE. | Student focus groups continue to be a platform where the quality of Clinical School communications are reviewed and Administrator Away Days will continue to be used as opportunities to reinforce good practice.

The large-scale review of the VLE and its content/organisation is ongoing and continues to be driven forward with student input. A clear roadmap has been created for implementing the different stages of the improvements to ensure the student expectations are managed. Learning objectives for all core placements are being populated, and a list of presentations has been reviewed and will be included on the VLE, with an indication of the level of knowledge required about each condition, in each year of the course.Students will continue to be provided with more detailed and regular information regarding placement scheduling. | | Progress being monitored | | |

Medical School Annual Return - Section C
Quality of medical education within the medical school

You should use this sheet to highlight concerns and areas of good practice within the medical school to us. The reporting thresholds in the guidance document would guide you for reporting.

Item number	Item type	Please list the years of students affected	Promoting excellence theme	Description of item	Date item was identified (DD/MM/YY)	How was the item identified?	Previous updates with additional information requested by the GMC (outstanding items ONLY)	What actions have been taken to address the concern or to promote the area of good practice over the past 12 months?	What further actions have been planned to address the concern or to promote the area of good practice in the future?	Deadline for resolution (DD/MM/YY) Concerns ONLY	Status Concerns ONLY	Person responsible	Engagement with deanery, HEE local offices or other organisations including healthcare regulators (if any)	Supporting documents (if required)
CAM1819-g001	Concern	Years 4, 5, 6		Students feel uncertain about what they need to know at each stage of the course and teaching staff have been slow to populate the clinical student VLE with learning objectives for each placement and specialty.	01/08/2018	NSS 2018 results		A number of different parallel strands of activity have been taking place in order to address this issue. Even greater efforts have been made to engage lead teachers in drawing up learning objectives and adding them to the VLE. The role description for specialty lead teachers was revised with specific mention of the VLE and learning objectives included. A half-day session was organised for lead teachers to gather together with the E-learning team and a Clinical Sub-Dean to work on developing learning objectives and placing them on the VLE. This took place as a 'pre-meeting' to the Clinical School December half-away day, in order to try and maximise attendance. In parallel to these efforts to complete the provision of individual placement learning objectives, the extended Deanery Team has been working on a further project based on the list of GMC problems/conditions/presentations recently circulated. For each presentation, the Team has indicated the level of knowledge a student would be expected to have in each year of the course, and has also linked it to where in the curriculum (that is, in which placement/specialty) they would be expected to be covering it and most likely to encounter it. Together, these two strands of work are intended to significantly enhance students' understanding of the knowledge and skills expected in each year of the course.	Continuation of the work described under 'actions planned' which is not yet complete. The mapping of presentations needs to be translated into an appropriate and user-friendly format for the VLE.	end of April 2019	Plan in place	Clinical Dean, extended Deanery Team, E-learning team		
CAM1819-g002	Concern	Years 4, 5, 6		Students continue to feel a lack of clarity around assessments, the format of questions, and how assessments are marked. They would also like more feedback on assessment performance.	01/08/2018	NSS results		The Demistifying Assessment Programme will continue to run - this focuses on helping students to understand both written and clinical assessments. Exam preparation sessions relating to clinical blueprints and to the programme of Clinico Pathological Conferences will also continue. Students have access to both practice questions and practice exam papers, and the bank of these has been added to significantly over the last 12 months and will continue to be added to. In addition, the amount of formative assessment has increased. The most significant changes are increased feedback on clinical and written examination performance. In 2018, a pilot was run in which students were provided with written feedback on their clinical examination performance from examiners, patients, parents of patients and role players. This was extremely well received, and this process will continue this year. During the pilot phase the process was paper-based, but the School is working towards procuring software to enable online assessment for clinical exams and also, in due course, for written exams. This means that in future examiners will use tablets to complete electronic marksheets, and electronic feedback will be emailed to students with a fast turn-around time. Secondly, in 2018-19 the Clinical School piloted giving feedback on performance in the Final MB Part III written examination. Again, this was extremely well received and will be rolled out for students sitting Final MB Part I and Part II this year. To increase clarity around assessments and the format of questeions, a number of interactive formative question sessions have been introduced and delivered, giving immediate feedback, and the examination blueprints have been published. In another new initative, examiner training videos have been created which have proved very successful.	We have received presentations from a number of online assessment providers, and will go out to tender and proceed with the implementation of a suitable system, for clinical exams in the first instance. Should timescales for procurement and implementation mean that systems won't be in place for 2019 exams, we will run another paper based feedback exercise as last year, or a very basic electronic process involving transferring existing marksheets into electronic documents available through ipads, with emailed feedback being carried out manually on a student by student basis.	Long-term project: ongoing	Plan in place	Clinical Dean, Clinical Sub-Dean for Assessment		
CAM1819-g003	Concern	Years 4, 5, 6		Students feel they are receiving their placement schedules too late, and that information on their timetables for each placements is not always available at the start of the placement.	01/08/2018	NSS 2018 results		Schedules - we have begun to provide students with clear information about what the scheduling process involves, and when to expect this information, as well as giving them as much information as we can (for example, about which rotation or region they will be in) as early as we can. This already seems to have had a positive impact in 2018, with student expectations being set appropriately, and students feeling that the process is more transparent and they are being kept up to date. This will continue, and we will also give students a clear window of time ahead of the schedules being finalised, in which to make specific requests where appropriate (e.g. for particular placement locations for reasons of health, disability, or other significant reason). Such requests are expected to be exceptional, but in the past the volume and timing of such requests has led to delays in finalising schedules. Timetable: we have asked all Trusts to ensure that the timetable of teaching sessions, clinics etc is available to students at induction, at the very start of a placement. The provision of both a Trust and a firm-specific induction forms part of the KPIs that Trusts are asked to report on, and we will ensure that in upcoming Quality Review visits we explore the provision of timetables, as part of those KPIs.	We will continue to work towards bringing forward the date on which schedules are released. We have implemented a slightly revised staffing structure that should increase capacity for placement scheduling. We are also in the final year of a major period of transition as clinical student numbers increase - however, from 2019-20 we will be virtually at 'steady state', and so the expectation is that rolling schedules forward from year to year will become more straightforward. With regard to timetabling during placements, we will continue to monitor this via student feedback and annual quality assurance visits.	Ongoing	Progress being monitored	Head of the Education Division, Head of the Undergraduate Education Division		
CAM1819-g004	Good practice	4,5,6		**Opportunities for medical students to undertake and publish research** - In developing our new curriculum, launched in 2015, we created additional protected time through our student selected component (SSC), student selected placement (SSP) and Elective programmes, in which students are strongly encouraged to gain research experience. Working closely with students through the Cambridge University Students' Clinical Research Society (CUSCRS), we have developed a theme running throughout the six year curriculum, offering basic, translational and clinical research opportunities across University departments and the Cambridge Biomedical Campus. This links to our highly successful INSPIRE programme (https://acmedsci.ac.uk/grants-and-schemes/mentoring-and-other-schemes/INSPIRE) offering, for example, Frontiers seminars, Specialty Insight Evenings and Skills Workshops. In addition, all students are now expected to complete a generic research skills portfolio, which is a core requirement of the MB BChir qualification. The annual CUSCRS-INSPIRE Student Research Conference typically attracts 125-150 delegates and senior faculty. This meeting has established itself as an important annual event on the Cambridge Biomedical Campus, offering a platform for students and established clinical academics to network in a research-rich environment. All students who have undertaken a research project in the previous year are encouraged to submit their work, with the highest ranked submissions selected for oral (n=6) or poster podium (n=10) presentations. A panel of clinical academics judge every poster in a moderated session, such that every presenter is given the opportunity to discuss their findings. In 2018 (the 4th annual meeting), 88 abstracts were submitted to the conference. The high quality nature of many of the research projects completed by students is reflected in the rising number who go on each year to present their findings at national and/or international specialty meetings. In 2017/18, this included 59 students, of whom 41 were first author presenters.									
CAM1819-g005	Good practice	4,5,6	Theme 3 Supporting learners	**Clinical Students' Mental Health Service -** The Clinical Students' Mental Health Service (CSMHS) was formally established in 2015 as a partnership with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). This unique service was established to provide fast-track entry to psychiatric and psychological services for students in whom significant mental health problems were preventing their successful engagement with the course. In September 2017 CSMHS was expanded to provide 0.4 WTE Consultant Psychiatrist and 0.4 WTE Clinical Psychology time, reflecting the planned increase in the clinical school intake between 2017 and 2019. Referrals to the service are made on the recommendation of the Clinical SubDean for Student Welfare, either via Occupation Health or the student's GP. The average wait for assessment is 1-2 weeks and current wait for psychological therapy is 6-8 weeks. The psychiatrist and psychologists work together as a team with regular meetings to discuss clinical cases and review governance isents at induction, at the very start of a placement. The provision of both a Trust and a firm-specific induction forms part of the KPIs that Trusts are asked to report on, and we will ensure that in upcoming Quality Review visits we explore the provision of timetables, as part of those KPIs. The provision of timetables at induction, at the very start of a placement. (for example, on deadlines, exams, or upcoming teaching sessions); a list of upcoming events and opportunities; and a 'get to know' section which introduces a member of the Cambridge or regional administrative or teaching staff.

A review of all specialty and theme pages on the student VLE was undertaken, to ensure that placement objectives and information on core learning are up to date and reflect a common structure.

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service has helped me feel hopeful again. It allowed me to get help quickly and easily and I think it has made all the difference". | | | | The service is widely advertised, in a number of ways. Clinical Students are able to access information on the service via the Clinical Student VLE, but they are also signposted to it by staff, and so ensuring that all relevant staff aware, is vital. We provide information and updates on the service at various annual meetings that bring teachers together both from Cambridge and across the regional hospitals, including annual Clinical School Away Days, regular meetings of Regional Clinical Sub-Deans, and meetings of Directors of Studies. The University's Occupational Health Service and its Disability Resource Service also have information about the service, and can signpost this to students. | We will continue to promote the work of the service, through the various means noted. | | | | | |

ID	Type	Refs	Theme	Description			Promotion	Future				
CAM1819-g006	Good practice	1,2,3,4,5,6	Theme 1 Learning environment and culture	**Developing effective communication to improve the learning environment** - Pressures on clinical teaching, including increased student numbers, clinical pressures on the NHS workforce and high workload for administration staff, had an adverse effect on both student and staff engagement. Paradoxically, faced with increased and varied communication relating to the curriculum, some students became more disengaged with the learning environment. We conducted focus groups (28 students), a questionnaire (197 students) and interviewed 36 staff (administrators and clinicians). Thematic analysis revealed issues around student expectations of communication ("there's a disparity between the emails we're getting and what we want to get emails about") and quality and quantity of emails received ("the main problem is the diversity and quantity...receiving lengthy emails about smaller things we don't need to act on... habituates not reading them"). Other themes included the importance of inter-staff communication to encourage cents at induction, at the very start of a placement. The provision of both a Trust and a firm-specific induction forms part of the KPIs that Trusts are asked to report on, and we will ensure that in upcoming Quality Review visits we explore the provision of timetables, as part of those KPIs. owledge and skills expected in each year of the course. (for example, on deadlines, exams, or upcoming teaching sessions): a list of upcoming events and opportunities: and a 'get to know' section which introduces a member of the Cambridge or regional administrative or teaching staff. A review of all specialty and theme pages on the student VLE was undertaken, to ensure that placement objectives and information on core learning are up to date and reflect a common structure. gh quality nature of many of the research projects completed by students is reflected in the rising number who go on each year to present their findings at national and/or international specialty meetings. In 2017/18, this included 59 students, of whom 41 were first author presenters. ngs". service has helped me feel hopeful again. It allowed me to get help quickly and easily and I think it has made all the difference". eams, and has been reflected in improved student satisfaction.			Our work on communications has been promoted through a number of routes both in Cambridge and amongst the regional Trusts we work with. The Student Experience and Communications Manager carries out regular visits to regional hospitals to discuss communications, and this topic forms a standard part of the conversation at annual quality assurance visits. We also consult on and launch new policies or procedures via regular meetings of Regional Clinical Sub-Deans. Students themselves are aware of the work we are doing via regular focus groups, and through the weekly newsletter.	Over the next twelve months we will be carrying out a piece of work looking at communications between staff (administrative, clinical, and other staff), rather than between students and staff, as the quality of this communication also affects the student experience. Good practice arising from, this work will be shared via the mechanisms already described.				
CAM1819-g007	Good practice	1	Theme 1 Learning environment and culture	**Entry to the profession: a professionalism course for 1st year medical students -** Years 1-3 of the medical course are heavily science-based, and student feedback suggested that they found it difficult to specifically identify as medical students. This meant that students sometimes became demotivated, and found it more difficult to appreciate the importance of their fitness to practice obligations with regard to professional conduct, from the very beginning of the course. In order to address this, students were offered a College-based session on 'entry to the profession', covering a range of topics related to professional behaviour, from confidentiality, to social media, drug and alcohol use, sexual consent, mental health, and professional behaviour and clothing, amongst others. Students were presented with a number of case studies for discussion, one involving an obvious and serious breach of professionalism, while others were more nuanced, and were designed to stimulate reflection and discussion. A number of the scenarios were written by current 3rd year medical students. At first, this initiative was run as a pilot involving a small number of Colleges; however, it is now being implemented in all Colleges, and student feedback has been excellent. Students were asked to rate 8 different aspects of the course and the ways in which it had enhanced their understanding and appreciation of professionalism, and all 8 areas scored 4 or higher (out of 5). Students commented: *"I like the fact examples are used that are about preclinical years as it helps us to realise that professionalism starts now"; "I now feel I have a much broader understanding of the levels of professionalism required as both a medical student and a doctor, as well as having a better idea of the correct way to act in certain situations that may well crop up throughout my University and working life. I can't think of a great deal that could be improved...."; "I think this is an excellent initiative. I am happy to support and be involved in formalising the process and writing up the findings".*			This iniative has already been promoted successfully to the extent that all Colleges are now taking part. This promotion took place via joint meetings between preclinical and clinical course teachers, via Clinical School Away days, and via more informal meetings between the course organiser, and College Directors of Studies. Students have also 'spread the word' amongst their peers.	The initiative will continue to be promoted via the means described, in order to try and ensure that it (or similar teaching) becomes embedded within the early parts of the medical course.				

You should use this sheet to highlight concerns and areas of good practice at student placements (education providers). The reporting thresholds in the guidance document would guide you for reporting.

Item number	Item type	Local education provider (if applicable)	Site (if applicable)	ODS/NSS code (if applicable)	Please list the years of students affected	Promoting excellence theme	Description of item	Date item was identified (DD/MM/YY)	How was the item identified?	Previous updates with additional information requested by the GMC (outstanding items ONLY)	What actions have been taken to address the concern or to promote the area of good practice over the past 12 months?	What further actions have been planned to address the concern or to promote the area of good practice in the future?	Deadline for resolution (DD/MM/YY) Concerns and GMC visit items ONLY	Status Concerns ONLY	Person responsible	Engagement with deanery, HEE local offices or other organisations including healthcare regulators (if any)	Supporting documents (if required)
	Concern	Cambridge University Hospitals NHS Foundation Trust (Addenbrookes Hospital)		RGT			There was a lack of a formal induction to Surgery placements.	02/06/2015	Student feedback during Quality Assurance visit	Induction for Surgery placements in Year 4 is working well, with students receiving a tour of theatres by a theatre development nurse. Feedback indicates that this has been a positive change. There are still some difficulties with induction for Year 6 placements, as currently the responsibility rests with a very small number of individuals, who are not always available at the required times. Work is ongoing to identify a wider team of colleagues who could provide inductions for surgery placements.	At the commencement of each Year 4 Emergency Surgery block at Addenbrooke's, the students are met at an induction session by the Teachin Coordinator, Specialty Lead and a nurse from the theatres. They have the aims of the block explained and are then taken on a familiarisation tour of theatres and shown how to scrub.	Liaison is ongoing with Regional Hospitals to share and learn from induction processes for placements outside CUH.		Progress being monitored			
	Concern	Bedford Hospital NHS Trust	Bedford Hospital		Years 4, 5 6	Theme 1 Learning environment and culture	Students reported that a number of teaching sessions had been cancelled at short notice.	22/04/2016	During the 2016 Quality Assurance visit	In the 2016/17 MSAR, it was reported that the Trust educational administrator urged students to be proactive in informing her if teaching sessions were not taking place, and she would liaise with the relevant clinicians to ensure this was remedied. In 2017/18, the School did some ongoing monitoring of the situation and requested closure of this concern. Could we just check if any reports of cancelled teaching sessions were/ have been received since?	Any cancelled teaching sessions are rescheduled whenever and wherever possible, and there is liaison with the Clinical School if, for any reason, it has not been possible to reschedule a session.	Ongoing monitoring of cancellations, and reporting back to Clinical School via KPIs and annual quality assurance visits.		Request for closure			
	Concern	Ipswich Hospital NHS Trust	Ipswich Hospital		Years 4, 5 6	Theme 3 Supporting learners	Students reported that WIFI speeds in the student accommodation were sometimes very slow.	15/04/2016	During the 2016 Quality Assurance visit	This was reviewed again at the 2017 quality assurance visit (held on 10 April 2017), and it was noted that Wifi speeds were still slow, and that this was impacting upon students' ability to use resources effectively.	At the 2018 quality assurance visit, students commented that Wifi in the accommodation had improved, but that Wifi speeds in the library were still slow.	This will continue to be monitored, and explored at the 2019 quality assurance visit.		Progress being monitored			
	Concern	Peterborough and Stamford Hospitals NHS Trust	Peterborough City Hospital		Years 4, 5 6	Theme 1 Learning environment and culture	There was a high number of students on some Surgery wards, which could impact upon the quality of students' learning experience.	08/05/2017	During the 2017 Quality Assurance visit	Students are being distributed across a wider range of teams and surgical specialties (for example, urology). This has the advantage of allowing students to gain wider surgical experience, as well as reducing numbers in some areas.	Surgical training has been highly rated in Peterborough, the recent feedback for the last academic year was extremely positive with no mention of crowding. Students mentioned great timetabling, good variety of teaching, friendly surgical teams and great surgical teaching.	The Trust are aware of the increased student numbers and will continue to monitor the situation.		Progress being monitored			
	Concern	Hinchingbrooke Hospital, North West Anglia NHS Foundation Trust	Hinchingbrook e Hospital		Years 4, 5 6	Theme 3 Supporting learners	Students reported that although they were given dongles, provision seemed to cut out after around 4GB and the system was difficult to use. A number of students were paying for their own internet.	17/05/2017	During the 2017 Quality Assurance visit	The dongle data allowance was increased from 8 GB data to 10 GB data on the mobile WiFi units. In addition, all 40 devices were moved onto a tariff called 'Aggregated Data (No 10)', meaning that data allowances can be aggregated across all 40 devices, and so data from unallocated devices can be utilised by other users. Students also have 24 hr access to hospital WiFi in the library. Since these changes were made in August 2017, there have been no Wifi concerns raised with the Trust.	The Trust has 10 new devices, along with the 37 original ones, and if the students run out of data, the Trust exchange these for a new device. The Trust has had an issue with students retaining the devices and not returning them, so they have increased the deposit from £20 to £30 to cover the cost of replacement devices. Since then, students have improved with regard to returning their devices at the end of their placements.			Progress being monitored			
	Concern	Hinchingbrooke Hospital, North West Anglia NHS Foundation Trust	Hinchingbrook e Hospital		Years 4, 5 6	Theme 1 Learning environment and culture	A number of students raised concerns over the standard of accommodation provided. Although the accommodation had been refurbished within the last couple of years, there were some outstanding issues, for examples, cracked tiles, occasional lack of hot water etc.	17/05/2017	During the 2017 Quality Assurance visit	Immediately following the 2017 quality assurance visit, all communal areas were cleaned, all flats inspected, and missing furniture replaced. One flat which had unfinished tiling was left unoccupied until repairs were completed. During the autumn of 2017 one of the flats had an issue with hot water and heating - this was brought to the Trust's attention and repairs were carried out quickly, with heaters provided in the interim. No other accommodation issues have arisen since that time.	The appointment of a new permanent Accommodation Manager has made raising any concerns a lot easier to have these resolved in a timely manner. There have been new showers and toilets installed in several flats and there is ongoing work to have all remaining flats fitted with these in the coming months.	There is ongoing work to have the remaining flats fitted with new toilets and showers in the coming months.		Progress being monitored			
	Concern	Newport Surgery	GP surgery		Year 6	Theme 1 Learning environment and culture	Some students noted a lack of self-study space and cancellation of some tutorials.	19/09/2017	During a 2017 Quality Assurance review	The practice has invested in workstations and laptops. The practice will monitor the delivery of tutorials.	No specific actions have been taken to address the concern over the past 12 months and the latest feedback is very good.			Progress being monitored			
	Concern	Freshwell	GP surgery		Year 4	Theme 3 Supporting learners	Students noted that they would like more surgeries arranged during their placements.	09/06/2017	During a 2017 Quality Assurance review	The practice is looking at their timetabling in order to make the required adjustments.	No specific actions have been taken to address the concern over the past 12 months. Feedback has been positive.	Tutors are obliged to attend annual GP tutor conferences in order to promote good practice.		Progress being monitored			
CAM1819-p001	Concern	Bedford Hospital NHS Trust	Bedford Hospital		Years 4, 5 6	Theme 3 Supporting learners	Some students noted that Wifi provision was poor, and they were particularly affected in the evenings when numbers using Wifi were higher.	23/05/2018	During a 2018 Quality Assurance review		The Trust's Regional Clinical Sub-Dean has discussed the issue with the Trust's Director of IT, who is pursuing the concerns with the individual students who are encountering problems with their Wifi.	The Director of IT will continue to work on resolving difficulties for those students experiencing slow WiFi speeds.	By date of the 2019 Quality Review meeting	Progress being monitored			Does not meet the reporting threshold, but being raised as it impacts the student experience.
CAM1819-p002	Concern	Bedford Hospital NHS Trust	Bedford Hospital		Years 4, 5 6	Theme 1 Learning environment and culture	Some students raised concerns about the standard of accommodation, including insufficient cookware, the need for new bedding, radiators or lighting that wasn't working properly.	23/05/2018	During a 2018 Quality Assurance review		The Trust has raised the issues with the Accommodation Officer and issues have been resolved wherever possible. The Trust is encouraging students to raise problems as soon as they arise, so that they can be resolved quickly.	The Trust will continue to encourage students to report difficulties straight away, and will work to resolve issues as and when they arise.	By date of the 2019 Quality Review meeting	Progress being monitored			Does not meet the reporting threshold, but being raised as it impacts the student experience.
CAM1819-p003	Concern	Peterborough and Stamford Hospitals NHS Trust	Peterborough City Hospital		Years 4, 5 6	Theme 2 Educational governance and leadership	The Trust has not been able to increase its placements for Cambridge students to the levels previously anticipated, due to an increase in student numbers from Leicester.	04/06/2018	During scheduling of students for the 2018-19 academic year. The issue was also discussed at the 2018 Quality Review meeting (the date of which is given in Column 1).		A meeting is planned between the Peterborough Sub-Deans for Cambridge and for Leicester, and the Clinical Deans from Cambridge and Leicester, to discuss student numbers, but this is currently proving difficult to arrange.		End of March 2019	New concern identified			Meets reporting threshold
CAM1819-p004	Concern	West Suffolk Hospital NHS Foundation Trust	West Suffolk Hospital		Years 4, 5 6	Theme 2 Educational governance and leadership	For the last couple of years the School has been working with Trusts to increase the level and quality of financial reporting against undergraduate tariff. All Trusts are working towards this, but at the moment there are still variable levels of reporting. We are working with two Trusts in particular, where we perceive there are more major enhancements to be made - West Suffolk and Addenbrooke's.	23/03/2018	During the 2018 Quality Assurance review process.		The Trust requested an external audit of its financial reporting on undergraduate tariff, and has now delegated responsibility and authority for spend on the undergraduate tariff budget, to the Regional Clinical Sub-Dean. This change has been welcomed by the School.	The issue will be revisited if necessary, during the 2019 Quality Assurance Review process, when an income/expenditure analysis will once again be requested from the Trust.	End of July 2019	Progress being monitored			Meets reporting threshold
CAM1819-p005	Concern	Cambridge University Hospitals NHS Foundation Trust (Addenbrookes Hospital)	Addenbrooke 's Hospital		Years 4, 5 6	Theme 2 Educational governance and leadership	For the last couple of years the School has been working with Trusts to increase the level and quality of financial reporting against undergraduate tariff. All Trusts are working towards this, but at the moment there are still variable levels of reporting. We are working with two Trusts in particular, where we perceive there are more major enhancements to be made - West Suffolk and Addenbrooke's.	21/05/2018	During the 2018 Quality Assurance review process.		Financial reporting was discussed at a joint meeting between the School and Trust representatives, and there were also individual conversations between the Trust and the School's Deputy Finance Manager. The School is working with the Trust ahead of the 2019 Quality Assurance visits, to ensure that financial reporting is more detailed in future.	The issue will be revisited if necessary, during the 2019 Quality Assurance Review process, when an income/expenditure analysis will once again be requested from the Trust.	End of July 2019	Progress being monitored			Meets reporting threshold
CAM1819-p006	Good practice	Peterborough and Stamford Hospitals NHS Trust	Peterborough City Hospital		Year 4		The Trust ran a 'Clinical Curiosity Day' on delirium, for Year 4 students. The day started with a seminar in the morning, followed by a audit in the afternoon. Students presented results at the annual Clinical School Away Day.	04/06/2018	During a 2018 Quality Assurance review		The Clinical Curiosity Day will be embedded into the curriculum delivered at Peterborough.	A paper summarising points of good practice from all the 2018 Quality Assurance Review meetings, will be circulated to Regional Clinical Sub-Deans for their meeting in March 2019.					
CAM1819-p007	Good practice	East and North Hertfordshire NHS Trust	Lister Hospital		Years 4, 5 6		The Trust has been increasing the number of clinical rotas available online, which has been of benefit to students and has increased student satisfaction.	12/06/2018	During a 2018 Quality Assurance review		The School's E-learning team works with Trusts on a ongoing basis to try and maximise the amount of teaching information available electronically, whether through the student VLE, or through other means.	A paper summarising points of good practice from all the 2018 Quality Assurance Review meetings, will be circulated to Regional Clinical Sub-Deans for their meeting in March 2019.					
CAM1819-p008	Good practice	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	King's Lynn		Year 4		Prospective medical students from local schools acted as mock patients for the Year 4 formative review.	18/05/2018	During a 2018 Quality Assurance review			A paper summarising points of good practice from all the 2018 Quality Assurance Review meetings, will be circulated to Regional Clinical Sub-Deans for their meeting in March 2019.					