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)
QA9687	**GMC visit requirement**	Theme 1 Learning environment and culture	The school must implement an effective communication strategy to ensure students are consistently consulted in a timely manner and are informed about the curriculum particularly the changes, their progression and	01/10/2016	2016/17 QAF East Midlands Regional Review	The School has introduced a number of measures to improve student commiunication regarding assessment and the new curriculum. This includes: (a) Student consultation around how communication between the	Continuation of all the activities described last year resulting in very positive feedback within the comments section of NSS on the change in atmosphere within the Medical School provided by our changes.	Our plan is to continue with our approach making stronger efforts to ensure our students understand all changes that occur in our curriculum and are made well aware of the impact of their own student feedback and the efforts of their	01/09/2019	New concern identified	Persons responsible for planned action (a) All academictutors (b) Assessment Lead	
QA9688	**GMC visit requirement**	Theme 3 Supporting learners	The school must consider how inappropriate comments and behaviour in clinical settings is reported, collated and dealt with as part of their quality management framework.	01/10/2016	2016/17 QAF East Midlands Regional Review	Systems have been introduced to record inappropriate comments/behaviour in the clinical setting. Questions have been added to each End of Block/Unit Student Feedback Form, with guidance on additional methods	We continue to monitor this closely. Our new reporting process whereby students can raise concerns (anonymously) within their student feedback reports for each and every phase 1 (pre-clinical) unit and likewise	Continued vigilance, action and encouragement of our students to report where they have concern. Head of School talks always include exemplar comments with action taken, so that students are aware of the importance placed	ongoing	New concern identified	Phase 2 Lead	
QA9689	**GMC visit requirement**	Theme 3 Supporting learners	The school must ensure that students receive adequate and timely feedback on their formal assessments including written work.	01/10/2016	2016/17 QAF East Midlands Regional Review	Enhanced one to one feedback was provided after the 2017 IPE exam and the School aims to replicate the improved feedback in other summative assessments.	We continued this action and built on it for our year 3 exam where we managed to provide written comments rapidly to students by using a new scanning system. This proved very successful and will continue.	We continue to focus on improving assessment feedback. In discussion with our Staff Student Liaison Committee we will provide summary feedback on written exam performance following all written exam, and will investigate	01/09/2019	New concern identified	Assessment Leads	

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)
	Concern	Year 3, 4 and 5		Leicester Medical School is in the process of implementing a revised Phase 2 Curriculum. The November 2016 GMC Regional Visit covered an extensive review of the then current and new curriculum. The final report from the GMC visit stated, "The new curriculum has been well designed and meets GMC criteria." The Medical School recognises the need to ensure delivery of all our teaching programmes as we move from our current Phase 2 curriculum to the new curriculum, since it is not possible to change overnight from one style of curriculum to another. Therefore, we have designed a 3 year transition period to manage the move from a 2½ year to 3 year clinical programme. The Transition Planning Group (TPG) is a task and finish group whose remit is to plan, implement and monitor the transition arrangements as the revised MB ChB curriculum is introduced throughout the School and Local Education Providers. The TPG is also responsible for ensuring that the School publishes clear information about the transition arrangements, including guidance for students and staff about curriculum content, delivery and assessment, and how supporting processes will be organised. The Group meets on a monthly	01/10/2016	By GMC regional review visit	NA	Transition to our new curriculum is continuing. This has progressed reasonably smoothly. Key issues have been around placement providers adapting to the new learning objectives and curricula requirements of our new curriculum. We have undertaken extensive visiting of our provider Trusts to support them as they progress and change. Overall, the main change was focused on our cohort now entering year 4. This cohort found transition difficult but responded well and many were noted as being particularly impressive in their end of year exams. Thus, whilst their satisfaction with the changes was not always positive, our examiner team (and externals) were clear that the cohort as a whole had received an excellent clinical grounding. Transition continues this semester, but from January the pressure this transition is placing on providers deminished as the overlapping of cohorts, through transition has ceased. At the same time we have successfully seen the re-introduction of a Neurology and Senses block (year 4) and a successful introduction of Foundation Assistantship blocks at the end of year 5. Most recently, our curriculum team has agreed a small modification to our Final year. The plan had been to have three x seven week blocks preceding Finals: in acute care, hospital assistantship and GP assistantship. Feedback from our first student assistantships demonstrated that seven weeks may be too long. Furthermore, we are concerned that before Finals students have an equitable experience which would have been hard to acheive with some	Ongoing monitoring is required to ensure the new curriculum continues to be established successfully, with careful and ongoing review of student feedback, exam performance and tutor feedback.	01/09/2021	New concern identified	TPG	Close engagement with all our provider organisations (Trusts and GP academies).	
LEI1819-g001	Good practice	Year 1	Theme 3 Supporting learners	Health Enhancement Programme (HEP) module	Identified as being an area to include in the curriculum in 2013. Module incorporated into core curriculum in 2016. Identified as area of Good Practice 2018.	1) Positive feedback from students and staff. Students identifying that they are incorporating the teaching their daily lives and applying it in interactions with patients. 2) Other Medical Schools adopting the programme to teach to their students 3) Recognition of other departments within Leicester University that the HEP would benefit all students and approaching the Module Lead to incorporate the HEP in their	N/A	1) Appointment of new HEP leads to enhance the Semester One module and develop the themes throughout the 5 year programme. 2) Recruitment of new HEP tutors from within the University (as well as new external tutors) to broaden the involvement and expertise within the wider university. 3) Development of new training programme for HEP tutors - well received 4) Appointment for PhD student to evaluate the HEP and the themes.	1) Evaluation of HEP by the PhD student and HEP leads 2) Ongoing change and enhancement to the Module based upon feedback, evaluation and new research. 3) Further HEP teaching in years 2-5	N/A	N/A	Dr Sophie Parkinson and Dr Chris Sanders		
LEI1819-g002	Good practice	Year 5	Theme 5 Developing and implementing curricula and assessments	The Foundation Assistantships are one of two major innovations for the new curriculum and their introduction as part of the transition programme has two key benefits. Firtsly it has provided our gradating cohort of students with very good experience: this was appreciated. For example, all but 2 students successfully completed the eALS. Secondly it has provided us with useful feedback on its future development. Many GP practices developed bespoke attachments for these 5th years based on learning needs.	Summer 2018	Student and tutor feedback		Student feedback dissemination, review and discussion during year 5 block lead meeting	Further promoition planned	N/A	N/A	Dr Fiona Miall/Dr Richard Wright		
LEI1819-g003	Good practice			1) Bedside teaching programme ran by three junior doctors Sept 2017-July 2018. New junior doctor currently arranging a new bedside teaching programme. 2) FY mentor allocated for every 2-3 students. 3) A careers article about different individual specialties e.g. Women in Surgery is included in each issue of the KGH Undergraduate Newsletter. This is written by a consultant or a junior doctor to help the students consider their career options. 4) Introduction of a Medicine Revision Course. This was delivered at KGH for blocks 1 & 2 2018. For block 3, it was delivered at LMS and it was open to all year 3 students. This course received very good feedback. 5) Annual KGH Excellence Awards event recognises and rewards categories of 'Best Undergraduate Tutor (Junior Doctor)' and 'Best Undergraduate Tutor (Consultant)'. KGH Undergraduate Newsletter published quarterly.										

LEI1819-g004	Concern	Year 4	Theme 3 Supporting learners	Leicester Medical School introduced a new speciality block in year 4 - the Integrated Care block (ICB) as a component of the revised Phase 2 Curriculum in the 2017/18 Academic year. The block was intended to refresh the previous curriculum's Elderly care Block to meet the needs of future doctors working in the current NHS, taking into consideration 5YFV principles with the following ILOs: to further develop students' ability to assess and manage patients with complex needs and multiple co-morbidities holistically and with compassion; to equip students with the knowledge, skills and attitudes necessary to work effectively within community and social care services as part of the multi-disciplinary team; to develop students' awareness of primary, community, secondary and social care services and how they work together with voluntary sector organisations to care for patients. The Block has an Academic Lead (a senior primary care educator) who has been responsible for the development and implementation of the integrated care block working with two LEP block leads and multidiciplinary teaching teams based in community secondary care providers in Leicestershire and Northamptonshire. Student feedback has been poor initially during	2017/18 Academic Year	Student and tutor feedback		A series of review and task and finish group meetings with LEP stakeholders and Academic Lead facilitated by the Deputy Head of School to address feedback (student & tutor) has resulted in modification of induction, change in placement structure, upskilling of tutors, introduction of GP facilitated weekly seminar groups. End of Block student feedback is improving during the latter part of 2018.	ICB workbock revision, further work to align ICB ILOs with placement teaching opportunities, more structured End of Block Assessment with the OSCE.	01/09/2019	New concern identified	Academic Lead Dr Emma Hayward	N/A	N/A
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Medical School Annual Return - Section D
Quality of placements

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	Northampton General Hospital			Year 4	Outcomes 1 - Pro	Medical students went to sit in a Cardiology clinic, but the cardiology consultant shouted at the receptionist that he couldn't be expected to do a clinic if there was no HCA to do weights/ECGs, then stormed off. Medical	Mar-June 2017	Student Feedback	The Director of Medical Education at Northampton was contacted and he advised that he had spoken with the Medical Director.	No further concern. Indeed, the medical block at Northampton General hospital received some of the very best feedback of all our medical blocks last academic year.	Continued monitoring.	01/09/2018	Resolved	DME and UG lead at Northampton		Not required
	Concern	Peterborough City Hospital			Year 3	Theme 5 Developing and implementing curricula and assessments	In 2017 our new curriculum with longer medical blocks was 'rolled out' to all our participating sites. The delivery of the new year 3 medical block proved to be poorly delivered with students not receiving the	Feb-May 2018	Student Feedback		Discussions were held with the medical lead (who was also the UG lead). Whilst it proved difficult to change the training and educational experience over the first two rotations, by the third rotation (June 2018) an additional teaching consultant was able to provide support and teaching. Throughout, the UG lead was noted by students	Continued monitoring and a visit from our Leicester simulation leads to inform the Peterborough team as to the simulation curriculum that we expect to be delivered within this block, alongside the core medical curriculum.	01/09/2019		DME and UG lead Peterborough		
	Concern	Northampton General Hospital			Year 3	Theme 5 Developing and implementing curricula and assessments	The experience of students on their year 3 surgical block is considered sub-standard. Students receive insufficient organised teaching, and their experience of ward work, clerking and clinics is too limited.	Jan-Oct 2018	Student Feedback		Repeated visits, discussions with the UG lead, DME and Medical Director. There has been a change in Surgical lead but this has had insufficient impact yet. Teaching sessions have now been increased, but there is more work that still needs to be done to ensure students receive a sufficiently broad surgical education. Weaknesses are	Continued close monitoring, visits by senior team from University, and additional input required by the local team (surgeons, anaesthetists and administrative staff).	01/02/2019				
LEI1819-p001	Good practice	Kettering General Hospital			Year 3 and 4	Theme 4 Supporting educators	1) Bedside teaching programme ran by three junior doctors Sept 2017-July 2018. New junior doctor currently arranging a new bedside teaching programme. 2) FY mentor allocated for every 2-3 students. 3) A careers article about different individual specialties e.g. Women in Surgery is included in each issue of the KGH Undergraduate Newsletter. This is written by a consultant or a junior doctor to help the students consider their career options. 4) Introduction of a Medicine Revision Course. This was delivered at KGH for blocks 1 & 2 2018. For block 3, it was delivered at LMS and it was open to all year 3 students. This course received very good feedback. 5) Annual KGH Excellence Awards event recognises and rewards categories of 'Best Undergraduate Tutor (Junior Doctor)' and 'Best Undergraduate Tutor (Consultant)'. KGH Undergraduate Newsletter published quarterly.	01/10/2018	LEP Accountability Report	N/A							
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