

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)
QA9686	GMC visit recommendation	Theme 5 Developing and implementing curricula and assessments	The school should closely monitor the experiences of students during and after the BMedSci research project.	31/12/2016	2016/17 GMC QAF East Midlands Regional Review	<p>A number of actions have been implemented:</p> <ul style="list-style-type: none"> <li>We have introduced monitoring of supervisory meetings which will be logged with the Faculty;</li> <li>We have removed the supervisor mark from the assessment to enable students to freely discuss their experience and raise issues in a timely manner;</li> <li>The Director of the BMedSci will run an open door policy during the project period for students to discuss progress;</li> <li>We have standardised the process for supervision (e.g. only commenting on a single draft of the dissertation) to increase consistency in student experience;</li> <li>These standards will be applied across both the Schools of Medicine and Life Sciences and the home bases contained therein;</li> <li>Expectations of both students and supervisors will be determined by introductory sessions held prior to the commencement of the project.</li> </ul>	<p>We have introduced monitoring of supervisory meetings which are logged with the Faculty;</p> <p>All students have three formally documented meetings with their supervisor: June, September, and December. A fourth meeting also takes place in October as part of the Interim Progress Meetings with Academic Leads. This has provided a detailed monitoring process for every student ensuring that difficulties encountered with progress of their projects are identified and dealt with in a timely manner so as not to disadvantage the student learning.</p> <ul style="list-style-type: none"> <li>We have removed the supervisor mark from the assessment to enable students to freely discuss their experience and raise issues in a timely manner;</li> </ul> <p>Students have commented that they were happy with the removal of the Supervisor Mark. The Director of the BMedSci has reported that there has been a dramatic decrease in supervisor related complaints as a consequence. Supervisors provide feedback on the project and the student's professionalism at the end of the project.</p> <ul style="list-style-type: none"> <li>The Director of the BMedSci will run an open door policy during the project period for students to discuss progress;</li> <li>We have standardised the process for supervision (e.g. only commenting on a single draft of the dissertation, ensuring that data collection is completed by a specific date) to increase consistency in student experience;</li> <li>These standards have been applied across both the Schools of Medicine and Life Sciences and the homebases contained therein;</li> <li>Expectations of both students and supervisors will be determined by introductory sessions held prior to the commencement of the project.</li> </ul> <p>Students and Supervisors are also provided with detailed information regarding the roles of supervisor and students which outline expectations. Upon submitting a research project proposal, the Supervisor and student agrees to these conditions.</p> <ul style="list-style-type: none"> <li>We have introduced monthly meetings with student representatives across the homebases to ensure any general or specific issues can be addressed.</li> </ul>	On-going monitoring	Closed	Resolved	Director of Early Years (Dr W Dunn)	
QA9685	GMC visit recommendation	Theme 3 Supporting learners	The school should put in place an effective communication strategy to ensure that students are consistently informed about the changes to the assessments and the progression rules.	31/12/2016	2016/17 GMC QAF East Midlands Regional Review	<p>The Assessment Unit have put in place a number of mechanisms to improve communication on assessment changes:</p> <ul style="list-style-type: none"> <li>Mock OSCEs implemented for all phases – at present by current staff held over weekends. Work towards embedding this into core school timetables and processes is now taking place and is being led by the Director of Formative Assessment;</li> <li>Moodle briefings have been developed to ensure all students have the necessary information about clinical phase assessments;</li> <li>Videos have been produced of OSCE stations available to all students to help in their preparation for clinical examinations.</li> </ul>	<p>Clinical Phase Mock OSCE Workshops no longer take place at weekends and are now embedded into students' timetables. The Directors of Summative and Formative Assessment have been working with MaxExam (the software provider for OSCE delivery) to reformat how students receive feedback following the OSCEs. This will be rolled out for the first time for the CP3 final exams in February 2019.</p>	None	Closed	Resolved	Directors of Formative and Summative Assessment (Dr J Ellison and Dr Y Ackbarilly)	
QA9683	GMC visit recommendation	Theme 2 Educational governance and leadership	The school would benefit from developing an overarching teaching and learning strategy and investing in team leadership development to empower the senior education team to deliver the improvements that the school has identified.	31/12/2016	2016/17 GMC QAF East Midlands Regional Review	<p>The first round of discussions have taken place and the Teaching and Learning Strategy is in the process of being developed. Leadership development is being developed for all Directors and Managers in the MEU to ensure this is tailored to the individual. This is through the University Leadership Development Scheme.</p>	<p>A Teaching and Learning Strategy has been developed and will be kept under review. It was approved by the School Teaching Executive Committee. Several individual members of the teaching executive are also now participating in further leadership training as previously planned.</p>	The teaching and learning strategy is due for review in March 2019 and will be reviewed annually thereafter.	Closed	Resolved	Director of Education Governance (Dr S Gay) and Director of Clinical Course (Dr L Ambrose)	
QA9682	GMC visit recommendation	Theme 1 Learning environment and culture	The school should look into the systems of responding to feedback from students. The model used in the graduate entry programme seems to be effective and could be developed for the whole course.	31/12/2016	2016/17 GMC QAF East Midlands Regional Review	<p>Following initial review, exploration of the possibility of roll-out of the GEM Feedback system has now been incorporated into the wider review of feedback mechanisms and processes taking place within the school.</p>	<p>The School will be launching a student newsletter in February 2019 with a focus on communicating action points driven from their feedback. The Student Co-ordinator has created a 'You Said, We Did' board and promoted this to the student body. This aspect is also embedded into the Student Feedback review that is currently taking place.</p>	The School will be promoting a greater presence on Moodle (the VLE used) as a longitudinal repository for issues raised in student feedback and action points agreed.	01/07/2019	Progress being monitored	Director of BMBS Educational Governance (Dr S Gay) & Quality and Governance Manager (Mrs A Duckworth)	
QA9681	GMC visit requirement	Theme 3 Supporting learners	The school must ensure that feedback on behaviours is collected and included in the quality management of providers and that there are sufficient systems in place to address concerns about undermining and bullying.	31/12/2016	2016/17 GMC QAF East Midlands Regional Review	<p>The following work is ongoing within the School regarding this matter:</p> <ul style="list-style-type: none"> <li>Continue with a review of student feedback mechanisms in partnership with LEPs;</li> <li>Continue to maintain close working relationships with student representatives and coordinate feedback through the Learning Community Forum;</li> <li>Continue to use the Student Outreach Coordinator to collect timely feedback and coordinate the appropriate actions.</li> </ul>	<p>A Student feedback review for feedback taken from students across the Clinical Years is currently in progress. Consultation has taken place with Local Education Providers (LEPs) with a view to assessing the viability of combining LEP and University feedback. However, this has proved more complex than anticipated. The review has changed the software used to implement the surveys, introducing more functionality than was possible with the previous model. The review has also redesigned the survey to make it more relevant and useful to the University, LEPs and students in the pursuit of greater information sharing and lessening the student feedback burden.</p>	<p>Pilots have been run or are currently in progress for CP1 and CP3 surveys to trial the new software and surveys and to refine the processes for collecting, analysing and feeding back the results. The next stage will be to roll out to the CP2 attachments, ensuring that there is a standardised approach across all of the clinical phases.</p>	01/09/2019	Progress being monitored	Director of BMBS Educational Governance (Dr S Gay) & Quality and Governance Manager (Mrs A Duckworth)	
QA9680	GMC visit requirement	Theme 2 Educational governance and leadership	The school must develop further the recent initiative of allocating students to sites based on clear performance indicators at clinical provider units.	31/12/2016	2016/17 GMC QAF East Midlands Regional Review	<p>The School is actively working on this by: It has reviewed the format of QA SIFT visits to align closely to promoting excellence. It is about to start a review of the Partnership Agreement. It has been liaising with HEEM to implement Key Performance Indicators but HEEM has recently lost a number of senior staff due to restructuring and relocation of its offices. The School is awaiting confirmation of the contacts for quality management and will then resume those discussions</p>	<p>The School would like to work with HEEM on the development of KPIs. However, due to their organisational changes it has not been able to identify a lead to work with on this. The School will write again to HEEM to express the urgency of this. If they are unable to work in partnership with HEEM, the School will go ahead and develop the KPIs and agree them with LEPs for implementation in the 2020/2021 placement plan.</p>	No additional actions currently planned		Plan in place	Director of BMBS Educational Governance (Dr S Gay) and the Head of Education and Student Experience (Mrs A Collett)	
QA9679	GMC visit requirement	Theme 1 Learning environment and culture	The school must ensure there is systematic approach to picking up and addressing any potential patient safety concerns.	31/12/2016	2016/17 GMC QAF East Midlands Regional Review	<p>The School has already implemented or is in the process of implementing a number of actions in this area:</p> <ul style="list-style-type: none"> <li>Establish a Patient Safety Group to include members from the school and all LEPs including Primary Care;</li> <li>Centralisation of the quality log;</li> <li>Continue with the review of student feedback mechanisms in partnership with LEPs;</li> <li>Review the school and LEP Whistleblowing policies to ensure consistency of approach;</li> <li>Monitor Quality Care Commission reports for LEPs;</li> <li>Continue with the role of Student Outreach Coordinator</li> </ul>	<p>The Patient Safety Committee has been established, with representatives from each LEP. It is chaired by the Director of BMBS Educational Governance. During the 17-18 cycle of SIFT QA visits, the panel were consistently assured by both staff and students at LEPs that they were aware of the process for raising patient safety concerns. The quality log and student feedback continues to be monitored regularly. The Whistleblowing policy has been updated. QA SIFT visits have been undertaken to all Local Education Providers between October 2017 and November 2018. Patient Safety and whistleblowing procedures have been explored with all levels of staff and the student body at all of the visits and where it was felt that these areas were weak, appropriate requirements of the LEPs were included in the visit report.</p>	None	None	Resolved	Director of BMBS Educational Governance (Dr S Gay) & Quality and Governance Manager (Mrs A Duckworth)	

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+AZ:H2	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)
NOT1819-g001	Concern	Years 1 & 2 students	Theme 1 Learning environment and culture	Facilities - Limitations of current teaching facilities. The largest lecture theatres available are currently unable to accommodate all the early years cohort at any one time.	24/09/2108	During induction week onwards for timetabled sessions and lecturing.		Timetabling has been amended to move 8 School of Medicine sessions to the largest lecture theatre possible (LT1) during the first few weeks of term. Where it has not proved possible to amend the timetabling to LT1, manned rooms with live streaming have been organised for the 'overspill'.	The School is working even more closely with Student Services to ensure that adequate timetabling provision is made for the next academic cycle. Long term, the School is exploring the viability of more suitable and permanent resources.	31-9-19	Plan in place	Head of Education and Student Experience (Mrs A Collett)		
NOT1819-g002	Good practice	Years 1 & 2 students	Theme 3 Supporting learners	The Student Outreach Co-ordinator (SOC) role which acts as a link between the student body and staff has been successful. This paid, full time post, is usually a student taking a year out of their studies before commencing their final year. We aim to continue with this post for the future.	Summer 2016	An action identified as a result of the 2015 NSS results		Other medical schools have shown interest in adopting a similar role on the basis of our experience. The SOC role has been instrumental in driving some good initiatives: • Development of our 'You Said, We Did' procedure for delivering actions on student feedback • Implementations of coloured lanyards to help students be better identified at each stage of the course • Introduction of the Serenity Room and additional revision activities before clinical phase exams • Engagement in the Clinical Curriculum Refresh and partnering with the University of Lincoln	We are currently advertising to recruit to the SOC post for the 19/20 academic session			Dean of Medical Education (Prof G Doody)		
NOT1819-g003	Good practice	All students	Theme 1 Learning environment and culture	Introduction of a serenity room accessible to clinical students before summative exams. This is a quiet space in which students can relax in the run up to their exams. Refreshments, bean bags and other items to help then de-stress were provided to students throughout the week.	01/01/2018	MedSoc (student led society) built in a 1 day serenity room as part of their Welfare week. It was so successful amongst the student body that the Medical School rolled it for the clinical years' exams.		The serenity room was piloted for the final CP3 exams in February 2018, and was such a success that it was rolled out to CP1 and CP2 cohorts?	We aim to continue with this for the future.			Director of Student Wellbeing (Dr P Hagan) & Student Outreach Co-ordinator (17-18)		
NOT1819-g004	Concern	All students	Theme 1 Learning environment and culture	The interface between Student Services and the School of Medicine is an ongoing challenge in terms of communication, and providing support to administrative processes for the delivery of teaching and learning.  The implementation of Campus Solutions across the University as the main student records system.	01/08/2016	Organisational restructure		The administration provision across the University of Nottingham was restructured in August 2016 creating Student Service Centres across the University, including the Medical School, which have responsibility for course delivery and are the primary vehicle for the interface with students. Service delivery and issues raised continue to be monitored via regular meetings with staff and where appropriate they are input into the UG Education Action plan.	This item will be kept under review	Ongoing	Progress being monitored	Head of Education and Student Experience (Mrs A Collett)		
NOT1819-g005	Good practice	All students	Theme 3 Supporting learners	The School has used Students as Change Agents (SACA) for 2 projects to date:		This is a University initiative that has been set up as an opportunity for students to work with staff and other students on projects that aim to help the student experience. <a href="https://www.nottingham.ac.uk/currentstudents/studentopportunities/students-as-change-agents/index.aspx">https://www.nottingham.ac.uk/currentstudents/studentopportunities/students-as-change-agents/index.aspx</a>		The School continues to be happy to be involved in SACA projects and will hopefully extend this further as a result of the two projects that have run.	No further actions planned					
NOT1819-g006	Good practice	All students	Theme 5 Developing and implementing curricula and	Implementation of the Early Years BMedSci curriculum for Years 1 & 2		The new curriculum was implemented from 17-18.		Ongoing – Student feedback on new curriculum currently being collated via focus groups. Feedback is being taken from all years on a regular basis and feedback is then given to students on actions taken.	To continue monitoring via feedback and focus groups		Progress being monitored	Director of Early Years (Dr W Dunn)		
NOT1819-g007	Good practice	All students	Theme 3 Supporting learners	A weekly Special Considerations Meeting	01/09/2016	As a result of organisation restructure with the creation of Student Services, several different teams and stakeholders shared responsibility for supporting students. A weekly meeting was created to bring teams together. This has evolved to bring together key senior staff with a pastoral role, key admin staff and the Director of the Clinical Course to provide a joined up approach for supporting students, as well as forum for training and the sharing of idea. Fundamentally, within the constraints of GDPR, no single person is responsible for making key decisions around an individual student. Students supported in a consistent way throughout the course and as a result have been caught and offered the correct support at an earlier stage of their studies.		This meeting has gradually evolved to bring more senior roles supporting student welfare together and has other established committees feeding into it such as the Extenuating Circumstances committee.	No actions planned			Director of Student Wellbeing (Dr P Hagan) and Director of the Clinical Course (Dr L Ambrose)		
NOT1819-g008	Good practice	CP1, CP2 and CP3	Theme 3 Supporting learners	Transfer of information within the course	09/07/1905	The Transfer of Information has been a long standing process from when students progress from the Early Years into the Clinical Years. However this has now evolved to ensure that transfer of information occurs at every stage of the course: Early Years to CP1 CP1 to CP2 CP2 to CP3		No further actions currently planned	No further actions planned			Director of Student Wellbeing (Dr P Hagan) and Director of the Clinical Course (Dr L Ambrose)		

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)
NOT1215-	Concern	Circle Healthcare	Nottingham		CP2	Theme 3 Supporting learners	Loss of clinical dermatology clinics in Nottingham	Early 2014	Notification by LEP to academic module lead	Dermatology continues to be offered from 2 LEPs who are almost at capacity. We will continue to look for alternative providers and the upcoming Royal Derby Hospital merger with Burton Hospital may offer opportunities.	The merger has occurred and we are waiting to see whether this will result in additional dermatology placements. Whilst it is a concern, current placement requirements are being met by existing placement resources. It continues to be an item of discussion with relevant providers.	A review of the curriculum in the clinical years is currently being undertaken and this will take into account the existing resources available to see whether it can be used in new and innovative ways to meet the challenge.	Ongoing	Progress being monitored	Director of Educational Governance (Dr S Gay) & Director of Clinical Course (Dr L Ambrose)		
NOT1819-p001	Concern	Sherwood Forest Hospital Trust	Kings Mill hospital		CP1, CP2 and CP3	Theme 1 Learning environment and culture	Poor wi-fi within the hospital and in accommodation. We are aware that wi-fi in the hospital is being addressed but provision in accommodation remains poor.	27/04/2016	Student feedback, Learning Community Forum		This has been persistently raised by the Director of BMBS Educational Governance	This issue was highlighted at the QA SIFT visit in May 2018 and has been made a requirement as part of the report post-visit.	Ongoing	Progress being monitored	Director of Educational Governance (Dr S Gay)		
NOT1819-p002	Concern	Nottinghamshire Healthcare	Highbury Hospital		CP2	Theme 1 Learning environment and culture	Poor wi-fi within the hospital	2017-2018	Student feedback, Learning Community Forums		This was raised at the QA SIFT visit in November 2018.	It is anticipated that this will be resolved over the coming months and will be monitored by the Medical School	Ongoing	Progress being monitored	Director of Educational Governance (Dr S Gay)		
NOT1819-p003	Concern	Nottinghamshire Healthcare	N/A		CP2	Theme 3 Supporting learners	Student feedback in QA SIFT visit highlighted that ward inductions were weak.	05/11/2018	QA SIFT visit in November 2018		This was raised at the QA SIFT visit in November 2018 and made a requirement in the report.	This will be monitored via student feedback for the remainder of the academic year	01/10/2019	Progress being monitored	Director of Educational Governance (Dr S Gay)		
NOT1819-p004	Concern	Nottinghamshire Healthcare	N/A		CP2	Theme 2 Educational governance and leadership	A more consistent approach is needed for students raising concerns. Notts Healthcare to produce a coherent policy for students to raise concerns	05/11/2018	QA SIFT visit in November 2018		This was raised at the QA SIFT visit in November 2018 and made a requirement in the report.	This will be followed up in 6 months	31/12/2019	Progress being monitored	Director of Educational Governance (Dr S Gay)		
NOT1819-p005	Concern	United Lincolnshire hospitals Trust	Lincoln County hospital		CP1, CP2 and CP3	Theme 2 Educational governance and leadership	A consistent approach to student raising concerns. The Trust to produce a clear flow diagram to illustrate the flow of student raising concerns	11/10/2017	QA SIFT visit in October 2017		The Trust addressed this in their formal response to the QA SIFT visit and a flow diagram has been given to students, in addition to other supporting documentation to clarify the process for raising concerns. It will be monitored at our next visit in autumn 2019 to ensure that this adequately addresses the original concern raised.	This will be followed up in the next SIFT visit in autumn 2019.	31/12/2019	Progress being monitored	Director of Educational Governance (Dr S Gay)		
NOT1819-p006	Concern	United Lincolnshire hospitals Trust	Lincoln County hospital		CP1, CP2 and CP3	Theme 3 Supporting learners	Student support and safety in accommodation. Students to be placed in shared accommodation in groups of 2 or more students.	11/10/2017	QA SIFT visit in October 2017		This was raised at the QA SIFT visit in October 2017 and made a requirement in the report. In the formal response from the Trust, we were informed that the Director of Medical Education and the Undergraduate Medical Education Manager met with the Manager of Progress Living on to discuss accommodation allocation. The Trust will continue to work with the accommodation provider to ensure they are updated as early as possible regarding accommodation requirements and they will, wherever possible allocate so that students are housed in a flat with at least one other student from the same medical school and from the same module wherever possible.	This will be followed up in the next SIFT visit in autumn 2019 but also monitored in the interim through review of student feedback.	31/12/2019	Progress being monitored	Director of Educational Governance (Dr S Gay)		
NOT1819-p007	Good practice	Nottingham University Hospitals Trust	QMC and City hospital		CP1, CP2 and CP3	Theme 2 Educational governance and leadership	Improvements made to the education related quality and governance structures over the last couple of years are having a firm impact in establishing quality benchmarks and raising the profile of medical education and teaching within this Trust.	22/11/2017	QA SIFT visit in November 2017		This will be monitored at the next QA SIFT visit	No further actions planned			Director of Educational Governance (Dr S Gay)		
NOT1819-p008	Good practice	Nottingham University Hospitals Trust	QMC and City hospital		CP1, CP2 and CP3	Theme 3 Supporting learners	The use of cancelled/rescheduled teaching to promote quality improvement	22/11/2017	QA SIFT visit in November 2017		This will be monitored at the next QA SIFT visit	No further actions planned			Director of Educational Governance (Dr S Gay)		
NOT1819-p009	Good practice	University Hospitals of Derby and Burton NHS Foundation Trust	Derby Teaching hospital		CP1, CP2 and CP3	Theme 2 Educational governance and leadership	Consistent message about patient safety from administrators, clinical educators, teaching fellows and consultants embedded within the hospital culture.	10/01/2018	QA SIFT visit in January 2018		The Trust were formally commended in the QA SIFT visit report	No further actions planned			Director of Educational Governance (Dr S Gay)		
NOT1819-p010	Good practice	Sherwood Forest Hospital Trust	Kings Mill hospital		CP1, CP2 and CP3	Theme 2 Educational governance and leadership	Consistent message about patient safety from administrators, clinical educators, teaching fellows and consultants embedded within the	23/05/2018	QA SIFT visit in May 2018		The Trust were formally commended in the QA SIFT visit report	No further actions planned			Director of Educational Governance (Dr S Gay)		