



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)
WAR1819-g001	Concern	All	Theme 2 Educational governance and leadership	Deputy Head of Programme required extended period of sick leave. This is a key member of staff with extensive involvement in and leadership of a broad variety of learning and teaching activity across the programme. This staff member also provides significant student support and is greatly valued by colleagues and students alike. Their unexpected absence posed a threat to the quality and coordination of leadership of some elements of the programme.	01/08/2018	Colleague informed us		Prior to the period of absence commencing, a mapping exercise update was undertaken of all areas of activity attributed to this staff member. Tasks and projects were reallocated to suitably qualified staff members. A colleague with appropriate experience and knowledge and who is familiar to students was consulted regarding their availability to take on this role in the interim. Having arranged cover for their part-time clinical commitments and having completed a detailed handover and induction, this colleague has now been allocated additional time and has taken on this role.	The interim deputy head is supported by regular one-to-one meetings by senior leadership of the programme as they gain further familiarity with the role. A further appointment (Senior Clinical Teaching Fellow, 0.5 FTE) has been approved and shortlisted with interviews shortly. This will further support the interim Deputy Head's workload.  The collegiate culture of the programme ensures that the interim Deputy Head is widely supported  Where tasks were originally reallocated to other individuals, these are being completed and progress monitored. This ensures that the interim Deputy Head has sufficient time and support to address the responsibilities and requirements of the role.  Students and staff have been consistently and regularly briefed on changes throughout this period.	All interim support in place: 02/02/2019. Return of Deputy Head expected Aug/Sept 2019 noting that staffing support will allow a gradual return to duties if appropriate.	Progress being monitored	Head of MBChB		
WAR1819-g002	Concern	Year 1	Theme 3 Supporting learners	Phase 1 student numbers are large owing to a planned expansion in student numbers (plus 16) and higher than usual failure rate in Phase 1 last year (see War 1819-g003) with more students retaking the year than previously experienced.	01/06/2018	Assessment results		We are closely monitoring any effects of increased numbers, particularly on small group teaching events. This is monitored through end of block feedback, informal feedback at teaching events, via student eggs and at student engagement events (Dean's breakfast). Student groupings have been reconfigured for small group teaching e.g. anatomy, clinical skills. Additional anatomy teaching and cell and tissue biology support sessions are offered to all students. Additional teaching fellow posts have been filled and this has allowed us to offer more educational support to students.	We will continue to monitor this situation through the range of feedback and indicators outlined (including an additional Dean's breakfast engagement event early in the new year). Appropriate and targeted action will be taken, as required. Expected loss of a few students will result in total cohort size being within normal planning assumptions most likely in early 2019.	02/02/2019	Progress being monitored	Phase I Lead		
WAR1819-g003	Concern	Year 1 (2017 admission cohort)	Theme 5 Developing and implementing curricula and assessments	End of year 1 examinations for 2017 entrants (summer 2018) demonstrated a higher than usual failure rate. Main Sit: 182 students sat examination 72 students were required to retake the written, or clinical, or both elements of the examination 2 students DNA the main sit  Second Sit 75 students sat the examination 55 were deemed satisfactory 10 students were required to repeat year 1 following unsatisfactory results 10 students were required to withdraw (4 of these students have since returned following appeal)	01/06/2018	Assessment results		A full analysis of the assessment process and outcomes was undertaken directly after the Phase I exams. Extensive additional analysis did not reveal a clear explanation for the unusual performance. There are no significant differences in cohort profile at admission and formative scores in term 1 and 2 were not outside expected margins. Full discussion has also been undertaken with experienced external examiners. We are confident that the assessment was not excessively challenging but have not identified any other cohort differences or significant teaching changes.	We are tracking the performance of the cohort carefully in Phase II. We are also focusing on the formative performance of the subsequent (1 formative point so far) and see no adverse trends. We have also evaluated restituting students' experience of the revision period and the support provided to see where enhancements can be made.	01/04/2018	Progress being monitored	Phase I Lead and Academic lead for assessment		
WAR1819-g004	Good practice	Year 3 and 4	Theme 3 Supporting learners	Changes in philosophy, mechanism and management of attendance and engagement criteria: Introduction of a flexible mechanism for students seeking absence from the course to allow flexibility and to move to a more professional model of seeking absence. Background: Our programme is a 4 year intensive program, with shorter holidays than other degree courses. We are aware that the intensity of the course has the potential to impact on the wellbeing of some students. Feedback from annual student surveys and various other sources has shown that students were unclear about how to best meet attendance requirements, while still pursuing self-directed learning needs, as professional adult-learners. Additionally, students found certain periods in the course to be intensive and long, with no opportunities for leave or holidays. We are aware that the effects of this are detrimental to academic performance, and, of greater concern, can have an adverse effect of student well-being.	01/09/2017	Student feedback, NSS		A staff-student working group was created to explore and plan specific measures to address identified issues. Three alternative models of attendance monitoring and notified annual leave were offered to the student body, via an online survey. Working with students and trust education coordinators, the most popular and feasible option was developed and supplemental student advice was drafted.  This policy has been shared with all relevant student groups (Phase III and, pre-emptively, with Phase I and II) and is available on Moodle. Students have also been reminded of pastoral support and health and wellbeing support routinely available to them. Students and staff have been briefed and updated throughout the process.	Evaluative feedback is being collected on early experiences of the new policy. Early indicators are that this has been greatly welcomed by students. Findings will influence future iterations of this policy and process			Deputy Head (Interim)		
WAR1819-g005	Good practice	Year 2	Theme 3 Supporting learners	Phase II, Core Clinical Education: This area of the course in Year 2 represents the first period of continuous clinical placements and has typically seen lower levels of student satisfaction than other areas. While satisfaction scores have seen a sustained improvement over last academic year, we are aware of specific features that still pose difficulties for students on their transition to clinical learning. Several short placements, and integration of different specialties meant it was difficult for students to feel part of clinical teams and for clinical teachers to develop a clear understanding of students' learning needs. This is particularly challenging for inexperienced clinical learners.	01/01/2018	Student feedback, NSS, block evaluations		Ongoing enhancements have rectified some more modifiable issues ("quick wins") and these have yielded improvements in satisfaction. New leadership of the block has provided opportunities to review its existing configuration and consider alternatives to address existing inherent challenges. Proposals are being rolled out in 2019 and 2020 to modify the CCE block to give students improved continuity with longer clinical placements in one speciality in one clinical area. These include: 1. Change Identity / Structure: To start January 2020 – Move to three distinct blocks of Medical based, surgical based and other specialities. 2. Reduction in Mobility: To start January 2019 – Students will change hospital once at the end of CCE 1 (instead of the currently twice) 3. Reduce Fragmentation: Make the first three weeks of each CCE period a settling in period for continuity and to build relationships between faculty and students.	The changes will be closely monitored during the implementation period through end of block feedback forms. Informal feedback will be sought from students at in-house fortnightly teaching days and troubleshooting advice will be available on these days and throughout from personal tutors.			Phase II Lead		
WAR1819-g006	Concern	Year 4	Theme 5 Developing and implementing curricula and assessments	We experienced an exceptionally severe episode of weather at the time of our finals assessments in spring 2018. As travel conditions to some of our trusts were unsafe, we were required to suspend the final session of OSLER assessments, affecting one third of the students for a proportion of their exam (2 of 6 cases). Student and staff safety was the paramount concern that influenced our decision making process.	01/03/2018	Weather forecasts, university severe weather warning policy and discussion with LEP partners		We consulted with our external examiner throughout in our decision making process. A full psychometric analysis was undertaken. There was excellent reliability for both the group that had completed 4 cases and those that had done the usual 6. It was felt unfair to exclude data already collected from students who sat all 6 cases so two separate thresholds were considered for students that sat only 4 cases and those that sat 6. Alongside the strong metrics for the OSCE and written assessment and in full discussion with external examiners, we were fully confident that the assessment was robust. Our external examiner confirmed after the assessment period that the team ensured that students were treated fairly whilst ensuring that the exam process was rigorous enough to ensure that patient safety was maintained.	A communications policy has been devised to clarify the process for timely notifications to students and staff (including in LEPs) in the event of a future severe adverse event. This draws on elements of the university policy and also makes provisions for trust based teams. Any revisions to our diet of assessments for finalists as a result of the reliability shown by completing 4 cases will be undertaken in the context of emerging information relating to the UKMLA.		New concern identified	Academic lead for assessments		

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)	QDS/NSS code (if applicable)	Phase 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 deans, HEE local offices or other organisations including healthcare regulators (if any)	Supporting documents (if required)
WAR1215-02	Concern	UHCW			Year 2		Core Clinical Education (CCE) Faculty group size in one LEP (UHCW) too large to allow continuity in the tutor/learner relationship		Student evaluations and management group meetings	We have continued to work with the Trust on this. We have moved some of the timetable activities out of the first week so that students can spend more time with their consultant/faculty team. In addition, the CCE Trust team allocation has been modified slightly to make it more equitable (Psychiatry moved from Team C to Team B).	Actions indicated in previous column have been consistently monitored. Having the first few weeks of CCE available to spend with the consultant / faculty team has been well received by students as shown by the feedback for the Trust in question. In addition the modification to the Team allocation (moving Psychiatry) has lessened the burden considerably and resulted in positive feedback.	No further action needed but will continue to monitor through student evaluations and management meeting		Request for closure	Phase II Lead		1215 - 02 CCE at UHCW data
WAR1215-03	Concern	SWFT, GEH, UHCW			Year 2		New faculty group arrangements led to anxieties amongst students and staff regarding monitoring of attendance.		Student evaluations and management group meetings	There have been no further issues around this concern. We will continue to observe the progress made here and we will maintain an ongoing awareness of this issue. Should any issues develop in future, we will be able to identify them in a timely fashion through working with trust-based partners and student evaluations. We can then respond accordingly.	Students are provided with details of faculty teams at the start of the block. This lets them know who their assigned consultant is (responsible for signing off their end of block form) as well as the other consultants in their faculty team. The completion of this end of block form, which is mandatory evidence of engagement, encourages and necessitates interaction between consultant/ team and student during the placement and allows the student to demonstrate evidence of attendance. There has been no further issues and new arrangements appear to be embedded. Monitoring attendance has demonstrated no concerns.	05 - No further action needed but will continue to monitor through student evaluations and management meeting		Request for closure	Phase II Lead		1215 - 03 End of block form, 1215-03 Faculty team details for students
WAR1215-04	Concern	SWFT, GEH, UHCW			Year 2		Communication regarding learning opportunities and timetable changes not good.		Student evaluations	The Phase II Learning Outcomes have now been fully reviewed and changed in style and are available as a handbook and on our learning environment (Moodle). We have worked with the trusts to minimise timetable changes and any changes are communicated early to students. Improvements have been made to Moodle messaging, (reducing the volume of messages) to ensure that essential updates regarding teaching changes, where unavoidable, are more timely and more readily available to students. An audit of Moodle messaging has already demonstrated a reduced volume of messaging traffic. Both students and teaching staff have been reminded of the procedure for arranging alternative cover for teaching commitments during periods of annual leave/ sick leave/ study leave.	There has been excellent student feedback on the Phase II learning outcomes confirming the work undertaken has clarified the relevant areas of learning. Student feedback about Core Clinical Education (CCE) has consistently improved in the last year. Communication of teaching activities and timetabling issues are no longer a concern.	No further action needed but will continue to monitor through student evaluations and management meetings		Request for closure	Phase II Lead		1215-04 AC1 2018 Learning outcomes for faculty, 1215 - 04 CCE timetable evaluation data, 1215-04 CCE 1819 preparation resource presentation, 1215 -04 Phase II learning outcomes 1819, 1215 04 student version Overview of AC1 Learning Outcomes 2018
WAR1215-05	Concern	SWFT, GEH, UHCW			Year 2		Preparedness of faculty for Core Clinical education		Student evaluations	We have had further ongoing faculty development sessions at UHCW. The faculty handbook has been updated. Teaching staff in hospital Trusts who work with students during this time of transition to the clinical environment (Core Clinical Education) have been surveyed for their views on processes in this part of the curriculum. This feedback will be used to work with staff in optimising their role here in supporting students. This survey of needs of clinical teachers has allowed actions to be taken through Phase II management and Learning, Teaching & Quality Committee. Advice on how to maximize self-directed learning is being planned for future cohorts. Additional learning resources have been made available on Moodle learning environment to support transition.	Further faculty development sessions have been held at all three LEPs over the last year. Faculty members now have a better understanding of CCE and are able to support students better. More resources have also been made available for both staff and students on the VLE (Moodle).	Further faculty development activities are planned for the coming year in order to keep staff updated		Request for closure	Phase II Lead		1215 05 Faculty Handbook 2018-19, 1215 05 Presentation list 2018-19, 1215 05 transition week tasks for students
WAR1215-06	Concern	GEH			Years 2, 3, 4		Quality of educational appraisal	23/11/2015	Educational Monitoring Visit (EMV)	The school continues to correspond with the LEPs to ensure that educational appraisal is integral to the appraisal process of its clinicians.	This is a focus of the current cycle of EMVs. The named Trust is scheduled an EMV in May 2019. However, this is also an area where ongoing monitoring of Service Level Agreement (SLA) compliance is necessary and we will therefore continue to monitor	Focus of next scheduled EMV in May 2019		Progress being monitored	Head of Medical Education		
WAR0316-08	Concern	Coventry & Warwickshire Partnership Trust					Concerns from faculty that they had poor awareness of refreshed curriculum structure and end-of-block requirements in Psychiatry block	18/03/2016	Discussion at Phase management group meeting, liaison with undergraduate coordinator at LEP	There are currently no further concerns in this area. Quarterly phase management meetings have faculty development as a permanent agenda item, facilitating regular discussion with central MCHS team and LEP team about any outstanding faculty development needs - none have been identified by the CWPT trust team since the last MSAR submission. Six-weekly qualitative and quantitative student evaluation data has been monitored and has not identified a problem with this LEP and faculty understanding of the curriculum.	Continued monitoring			Request for closure	Phase III Lead		0316-08 CWPT Block evaluation
WAR0516-09	Concern	George Eliot Hospital NHS Trust			3,4		Concerns about breadth of experience students receive during Child Health specialist clinical placement at George Eliot Hospital.	05/05/2016	Student evaluation of Child Health block	Six-weekly monitoring of student feedback and quarterly faculty discussion and update of block action log regarding students' Child Health experience - these processes identified no further concerns following actions described in MSAR 2016-17. Following further discussion within phase management group and with LEPs, all students sharing UHCW and GEH now spend only two weeks (out of six weeks) at GEH (where outpatient and community paediatrics predominated) as it was felt that this created a more appropriate balance of Child Health experience. Student comments on these changes has been positive with several students spontaneously mentioning the benefits of the improved timetable split. Six-weekly monitoring of student evaluation is ongoing in this area.	In October 2018, our LEP alerted us to several staffing issues that could result in a reduction in quality of student placements in Child Health at George Eliot Hospital. This was due to a combination of long-term illness and difficulty filling a teaching fellow vacancy. The LEP were quick to identify the potential effects this could have on the breadth of student experience, so the Phase Lead and Block Leads made some further changes to the block structure. These changes mean that currently students spend five weeks (out of six) at our larger University Hospital (experiencing both inpatient and outpatient care) and one week at George Eliot Hospital (experiencing outpatient & community care only), always with appropriate educational supervision. The rapid identification of this potential issue, and the appropriate resolution by the leadership team has ensured that placement quality and student experience have not been compromised.	The Phase Lead and block team will review the staffing situation at each Phase management group meeting, but the changes described will continue until appropriate staffing is available again at George Eliot Hospital. Regular communication with the LEP team and six-weekly feedback from students allows close monitoring of the situation and will allow any further changes to be implemented as appropriate.		Progress being monitored	Phase III Lead		
WAR0516-10	Concern	SWFT, GEH, UHCW			3,4		Concerns about lack of named consultant responsible for students throughout the whole duration of the Child Health specialist clinical placement.	05/05/2016	Student evaluation of Child Health block	Named consultants allocated to students for these blocks throughout 2017. Ongoing monitoring of student feedback every six weeks, including a specific question about appropriate supervision. No concerns raised about this issue since it was identified and addressed. There are no current concerns in this area.	No further concerns raised by student evaluation of this block, following the allocation of named consultants to students from 2017 onwards.	No further action needed in this area, except usual monitoring of placement quality through student evaluation and Phase management meetings.		Request for closure	Phase III Lead		0516-10 Child health block evaluation data
WAR0916-11	Concern	GEH					Concerns about lack of learning opportunities in Obstetrics & Gynaecology at GEH.	24/09/2016	Student evaluation of O&G block	Ongoing monitoring of student feedback every six weeks, including response from LEP on each student evaluation. As well as being monitored by the quality team and the phase academic lead, the student feedback feeds into quarterly discussion and update of the block action log at the phase management meeting. This has allowed early identification and correction of further concerns in the O&G block at the LEP.	100% Monitoring of student feedback has demonstrated no further concerns with this issue. The most recent evaluation data from students undertaking O&G at this LEP showed excellent rating scores overall, including good ratings when asked about opportunities to achieve the learning outcomes.	No further action needed in this area, except usual monitoring of placement quality through student evaluation and Phase management meetings.		Request for closure	Phase III Lead		0916 O&G GEH block evaluation data
WAR1017-12		South Warwickshire Foundation Trust (SWFT)			Year 2,3,4		This trust is now receiving students from another medical school - potential for overcrowding on wards during placements.		Identified in discussions with the LEP/ neighbouring medical school		Key strategic discussions with LEP and full reassurances received about use of separate faculty and of sufficient clinical activity.	This concern was no longer noted in student evaluations by the end of last academic year (ECE 3) which suggests that students' fears of this potential issue have been allayed. Evaluations from all groups on placements at this LEP will continue to be monitored for evidence of overcrowding or clashes. Any issues can be discussed at M&G partnership meetings, Phase Management meetings or directly with the LEP		Progress being monitored	Phase III Lead		
WAR0417-13		SWFT, GEH, UHCW			Year 4		Assistantship This year we completed the first post-finals clinical assistantship since introducing our refreshed curriculum. This 8-week block is undertaken by students immediately before graduation with the aim of preparing them for entering the Foundation Programme. The block is based in our local trusts and provides further opportunities for students to develop the core skills and tasks that will be required of them as Foundation Year 1 (FY1) doctors. Student evaluations showed that this block was well received and that it succeeded in delivering excellent opportunities to work closely with foundation year doctors and teams, as well as preparing students for work as FY1 doctors. Suggestions to ensure closer alignment to foundation year posts that individual trainees had been allocated to and the process for sign-offs are being evaluated and considered for future cohorts.	01/04/2017	Student evaluations	Minor changes to the clinical assistantship placement only have been required, in response to student feedback from 2017. The introductory material was improved, and 2018 student evaluation was positive once again. Block data for the assistantship in 2017 and 2018 showed increases in scores in all areas apart from the lecture series.	No significant changes are planned for 2019 as this placement is working well and is well received, excepting the lecture element. Much of the lecture element is required material, but further review will be undertaken for 2019 the enhance relevance and perceived relevance.			Request for closure	Phase III Lead		0417-13 Assistantship block data 2017, 0417-13 Assistantship block data 2018
WAR1117-14	Good practice				Year 2,3,4		Ensuring stakeholder representation / post-graduate representation at EMVs. Through working with LEPs at Joint Medical Quality meetings, we are planning increased governance arrangements for post graduate panel members attending Undergraduate Medical School education monitoring visits at trusts. We have arranged to have postgraduate representation (with a foundation training remit) on our next trust visit. Similarly, WMS have attended a recent Foundation trust visit. This allows us to build greater contact with trust partners and allows greater opportunities for sharing of good practice. It also provides another means to swiftly identify any risks or challenges in the clinical education environment common to both the undergraduate and postgraduate context.	01/11/2017	Identified in discussions with the LEP						Education Quality Lead		
WAR1819-p001	Concern	Coventry & Warwickshire Partnership Trust			Years 2, 3, 4	Theme 2 Educational governance and leadership	We have experienced a change in Leadership of our psychiatry block there has been a temporary vacant post. This posed a potential risk to the quality and leadership of this block.	01/06/2018	Partnership meetings and regular meetings with senior LEP management		A collaborative appointment process was undertaken and a strong appointment made. The appointee is now in post. Feedback was monitored during this period of transition with no noted deterioration. This colleague is supported by the programme team as they gain further familiarity with the role.	We will work closely with the new block lead and monitor student feedback to ensure satisfaction levels remain stable.		Progress being monitored	Phase III Lead		