

Check to Newcastle Medical School

Check	Newcastle Medical School
Date	17 September 2014
Programme	MBBS
Team Leader	Professor Stewart Petersen
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Purpose of the check	<p>In 2013-14 the GMC undertook an audit to provide an overview of undergraduate assessment practice across all UK medical schools. The aim of the audit was to identify good assessment practice and check that each school's overall assessment system met the standards detailed in Tomorrow's Doctors (2009).</p> <p>This was a paper based exercise which involved analysing data collected between 2009 and 2013 as part of our monitoring processes to form an evidence base, which was then expanded by further information requested from schools. A separate report on the findings of this audit is due to be published in Autumn 2014.</p> <p>Following this assessment audit, we identified five schools for a check focussing purely on assessment in order to triangulate the paper based evidence. Newcastle Medical School was identified as a site for a check in order to triangulate the areas that seemed to be working well as a result of their submission to the audit.</p>
Summary	<p>We last visited Newcastle Medical School (the School) in 2005 as part of our quality assurance processes.</p> <p>Overall it seems the School has invested a lot of time in</p>

	<p>assessment. The School's assessment team are engaged with developing and improving assessment continuously. The areas we heard about that are working well are still being developed and we hope will become areas of good practice that can be shared in the future.</p>
Concerns	None
Good practice	<ol style="list-style-type: none"> 1. The School has a longstanding, sound strategic approach to assessment with active review and rapid response and the ability to change things quickly. The School is responsive to student evaluation and, where there are issues, will make changes rather than wait for a review. We heard examples of this during discussions with the School's assessment staff. We also heard that Newcastle University note the School's reasons to not wait for reviews to make changes and are supportive of this approach. (TD44) 2. There is continuous development of different types of assessment to enhance the validity and reliability of the assessment scheme. For example, the School uses Multiple Observed Structured Long Examinations (MOSLER) during final exams, of which they currently use four stations and plan to increase this to eight, in order to increase reliability and sampling. One of the stations involves role play and the School plans to use simulated patients which they hope will further improve validity. We look forward to hearing more about this as the School develops the MOSLER. (TD86) 3. The existing feedback to students is good and the plans to develop this look promising. Students are able to see their own feedback and compare against the range, highest score, and pass mark through an online portal. They are also able to see a breakdown by skill on communication, examination, history taking and procedure. This was a very new system for the School and had been developed over the summer. We heard that the system had been rolled out for Stage 4 (and those repeating Stages 3 & 5) and is being further developed and rolled out across other Stages during this academic year. (TD111)
Requirements	<ol style="list-style-type: none"> 1. The School is not currently blueprinting assessment items directly to <i>Tomorrow's Doctors</i> (2009). Instead the assessments are mapped indirectly through the curriculum. The School must blueprint all assessments directly to <i>Tomorrow's Doctors</i> (2009). (TD112)

Additional Findings

1. The School is currently piloting an application that students can use on their own devices that will allow them to receive feedback. This includes formal feedback from Educational Supervisors or informal feedback from patients and carers. The School is looking at putting this information on to an ePortfolio so students have this moving forward from undergraduate to postgraduate education. There is a good approach to progressive assessment of professionalism and the plans to use a portfolio will enhance this.
2. Students are encouraged to reflect on ethical dilemmas and are also asked to reflect on things that went well. Formative feedback is provided on every clinical attachment and for summative assessments feedback is provided for what went well and badly.
3. Students' professional behaviour is assessed. Where students have not had any identified issues with professionalism they receive a letter from the School acknowledging this. This seemed a good way to encourage professionalism amongst students. Where there are professionalism issues identified, the School sets requirements to address these and the students are monitored to ensure these requirements are met.
4. Progression rules seem to be complicated. There are three domains which need to be passed each year and an individual assessment can cover more than one domain. However, the assessment audit was conducted during a transition phase of old and new assessment schemes and we heard that the School is moving to a more straightforward system as their new assessment scheme is rolled out.
5. The School ensures it involves students in quality management of assessment by collecting and acting on evaluation. Any changes due to be made as a result of this evaluation are then discussed with student representatives.
6. As the School delivers assessment across multiple sites, we heard they ensure consistency through examiner training, engaging with all staff involved in delivering assessments and running mock circuits. We heard the same discussions happen with those delivering the assessments in Malaysia via videoconference. All sites are also visited on the day of exams to ensure going as should be.

Monitoring

The School will need to report on what actions it is taking regarding the requirement listed above in the 2015 Medical Schools Annual Return.

Response to findings	Name of person responding on behalf of checked organisation Dr Steve Jones, Director of Medical Studies
Good practice	The School wishes to thank the GMC visiting audit team for their positive comments on the assessment processes at Newcastle. Further initiatives are currently in the planning and/or pilot phases and the School hopes to further improve the quality of its assessment and feedback systems.
Requirements	The School will work towards mapping all assessments to Tomorrow's Doctors (2009) throughout the academic year, but recognises that this will inevitably require updating on publication of <i>Tomorrow's Doctors</i> (2015).