

Visit report on Queen's University Belfast School of Medicine

This visit is part of the Northern Ireland national review.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#).

Summary

Education provider	Queen's University Belfast School of Medicine Dentistry and Biomedical Sciences
Programmes	MB BCh BAO
Date of visit	4 and 5 April 2017
Overview	<p>Queen's University Belfast School of Medicine, Dentistry and Biomedical Sciences (the School) is currently the sole medical school in Northern Ireland. The School offers placements at all trusts and over 150 GP practices in Northern Ireland.</p> <p>As part of our visit we met with various senior management personnel and team members responsible for curriculum, assessment, and student support. In addition, we met with students from all year groups.</p> <p>We identified areas at the School that are working well, such as the early clinical contact. We did, however, set various requirements for the School to address. These included concerns surrounding the ability of students to raise concerns about patient safety and educational issues.</p>

Areas that are working well

We note areas where we have found that not only our standards are met, but they are well embedded in the organisation.

Number	Theme	Areas that are working well
1	Theme 1: Learning environment and culture (R1.8)	The enthusiasm and motivation of both clinical and academic supervisors was evident.
2	Theme 1: Learning environment and culture (R1.19)	The anatomy facilities and teaching were commended by students in all year groups.
3	Theme 2: Educational governance and leadership (R2.8)	There is a strong collaboration between NIMDTA and Queen's University Belfast School of Medicine Dentistry and Biomedical Sciences, which provides a linear continuum of medical education.
4	Theme 5: Developing and implementing curricula and assessments (R5.3)	Early clinical skills training and the integrated teaching in Years 1 and 2 were noted by students as a positive aspect of the programme. Students from all year groups also praised the early clinical contact they received, particularly citing the family attachment.

Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirements
1	Theme 1: Learning environment and culture (R1.1); Theme 3: Supporting learners (R3.3)	The School must address why some student perceive there to be barriers to raising patient safety and bullying or undermining concerns.

2	Theme 1: Learning environment and culture (R1.5)	The School must explore how it can improve communication with students to ensure awareness of changes to policies, placements and processes.
3	Theme 2: Educational governance and leadership (R2.6); Theme 5: Developing and implementing curricula and assessments (R5.4)	The quality management process must be developed further to reduce the variability we found in student experiences.
4	Theme 3: Supporting learners (R3.1);	Equality and diversity issues must be better integrated into the curriculum in order to improve student knowledge and application of these concepts.
5	Theme 3: Supporting learners (R3.2)	Work must continue in order to increase flexibility when considering absence requests.

Recommendations

We set recommendations where we have found areas for improvement related to our standards. They highlight areas an organisation should address to improve, in line with best practice.

Number	Theme	Recommendations
1	Theme 2: Educational governance and leadership (R2.4)	The School recognises that a full curriculum review is due, and should initiate this at the earliest opportunity to ensure the School can respond to changes in service provision as a result of 'Systems not Structures' (Bengoa 2016) and changes in the medical education continuum.

Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting excellence* is addressed. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

Theme 1: Learning environment and culture

Standards

S1.1 *The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.*

S1.2 *The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Raising concerns (R1.1)

1 In advance of our visit to the School, we met with students in various local education providers (LEPs) as part of our national review. We heard that many students felt that they would be able to raise a concern about the care of patients, and noted that they would feel confident and comfortable to do so. Despite this, we were concerned to note that during our visit to the School a number of students reported that they feel there are significant barriers in place to raising concerns. This was felt most keenly at LEPs, where students reported they are not always made to feel part of the ward team. Some students told us that they had been discouraged from providing negative feedback, as clinical supervisors had told them they may receive poor feedback in return. As such, we heard that some students had therefore not raised incidents with senior staff at LEPs or the School.

Requirement 1: The School must address why some students perceive there to be barriers to raising patient safety and bullying or undermining concerns.

2 We heard from the Acting Dean that the School meets all students in small groups to discuss raising concerns. Within these sessions students look at example cases (including incidents raised by students) and the potential barriers to raising a concern, as well as reviewing the literature in the Francis review and *Good medical practice*.

Dealing with concerns (R1.2); Learning from mistakes (R1.3); Educational and clinical governance (R1.6); Concerns about quality of education and training (R2.7)

- 3** While 25-30% of students reported through our survey that they were not aware how they should raise a concern about patient safety, all students we spoke to during our visit to the School could describe how they would raise a concern while on placement. Some would contact the individual in charge of the ward in the first instance, while other students cited guidance on raising concerns that is located on the medical education portal. We heard from the quality management team that students should report concerns locally, and escalate to the clinical lead or sub dean if necessary. In addition, students are asked about any concerns they may have at their end of placement meeting with their supervisor, and can report any concerns directly to the student support lead or portfolio tutor.
- 4** The Associate Director for Quality Management and Curriculum told us that students are encouraged to report any concerns about the quality of care as early as possible during the placement, rather than delay until completion of the feedback forms at the end of placements as it can be difficult to investigate and take actions. We heard that these forms are anonymous, so the School cannot easily signpost students to appropriate support or provide feedback. However, generic updates and responses to concerns are, at times, sent to all students. We were pleased to hear that these processes are in place and that the majority of students were aware of these; nevertheless, we remain concerned about the perceived cultural barriers in place to raising concerns.
- 5** Students in Year 4 and 5 told us that the Northern Ireland Foundation School Weekly Update is emailed to them by the School. This includes a range of issues including patient safety concerns that have been raised in various trusts, actions taken to resolve them, and the lessons learnt as a result. The students we spoke with welcomed receiving this information as it highlights how processes work in practice.

Supporting duty of candour (R1.4)

- 6** The students we spoke with throughout the review, including those we met on LEP visits, displayed an understanding of the duty of candour concepts although not knowledge of the specific terminology. We heard in our meeting with the School's curriculum staff that Year 1 students undertake an online tutorial during the Development Weeks which focuses on the duty of candour, and that there is extensive coverage of various GMC standards, such as *Good medical practice*, within the curriculum.

Seeking and responding to feedback (R1.5)

- 7** Students at the School told us that they provide feedback after each placement (Years 3-5) and at the end of each semester (Years 1 and 2) as well as some teaching sessions. We heard from the senior management team that the responses to

these evaluation forms are reviewed by the administration team and the Associate Director for Quality Management and Curriculum. The actions taken and the timeframe in which concerns are resolved are dependent on the severity and impact, and whether the issue appears to be widespread. Concerns are logged on the School's risk register and the trust sub dean must report back to the School on how the concern has been resolved; trust (placement) evaluation is reviewed and actioned throughout the year. All modules are reviewed annually through the Centre of Medical Education's module review processes at the end of the academic year, reflecting on the previous academic year and confirming actions for the next. The outcomes of the module review process are reported at the Learning and Teaching Committee and inform the University's annual programme review.

- 8** The trust education management teams were aware of how the School collates and manages feedback. We heard during many of our visits that the School sends a full list of concerns twice per year and asks the trusts to respond, as well as sending ad hoc and minor issues through on a more regular basis.
- 9** We were told by students across all years that they are required to complete placement feedback forms, and a certificate confirming completion is uploaded to their portfolios on submission. We heard that the forms are often lengthy, and there were reports of feedback fatigue and students completing forms with less detailed evaluation due to the amount of time it takes.
- 10** The senior management team told us that feedback on the forms is provided anonymously, so it is difficult for the School to respond to individual students to report on any actions taken. However, the School's quality management team advised us that the School regularly publishes 'You said, we listened' updates which show the actions that have been taken to resolve concerns. The students we met had heard of these updates, but were unsure whether they had seen one.
- 11** The Staff Student Consultative Committee (SSCC) is formed of elected student representatives from each year group and the module and pastoral leads; the minutes of each meeting are published on the medical education portal. The quality management team are aware that students are not always sure who their year representative is or how they can raise issues. As such, the School now asks representatives to identify themselves during the introductory week and has discussed how they can raise their profile. In addition, an email is sent to all students two weeks before each meeting to ask for contributions. The student representatives on the SSCCs have also created Facebook pages to enable students to raise issues by that route; we heard that these initiatives have had varying success.
- 12** Students in Years 1 and 2 told us that the School is very open to their feedback, which was reiterated by many students that we met on the trust visits. However, the students we spoke with in Years 3-5 during our visit to the School told us that they were not confident that their feedback is followed up by action to resolve their concerns. We heard that students very rarely hear the results of their feedback,

sometimes only finding out at the start of year inductions or from colleagues in earlier rotations that action had been taken. In addition, students did not feel that the School explained why changes could not be made, and were concerned that SSCC (formerly known as the Phase Quality Assurance Committee) meetings are disorganised with no clear outcomes. The Year 4 and 5 students told us that the SSCC was seen within the student body as particularly ineffective, with a noticeable difference between the view of students and the School's perception of student feedback.

- 13** The clinical supervisors we spoke with at the School noted that receiving feedback at the end of each placement meant that it was impossible for them to resolve any concerns for the students who had raised them, as they had already moved rotations. This was reflected in comments by Year 3 students, who noted that for one rotation, the department had created their own feedback form in order to obtain points for improvement at a much earlier stage. As the official School feedback forms are anonymous, supervisors are also unable to provide any feedback about any changes that are made to the student who initially raised the issue, unless students choose to break their own anonymity; students are therefore encouraged to raise issues during the placement so concerns can be resolved and feedback provided.

Requirement 2: The School must explore how it can improve communication with students to ensure awareness of changes to policies, placements and processes.

Appropriate capacity for clinical supervision (R1.7)

- 14** We heard in our meeting with staff responsible for placements that students receive 'blended' teaching and supervision from various groups while on placements (from foundation year doctors to consultants). In the documents we reviewed we saw that final year students had requested that foundation year one doctors could be able to sign off their direct observation of procedural skills during the assistantship module, and the School confirmed during our visit that this has now been introduced. In addition, we were told that during their final year assistantship, students are partnered with a foundation year one doctor (their 'buddy') as well as a supervisor.

Appropriate level of clinical supervision (R1.8)

- 15** No Year 1 or 2 students had any concerns about their level of supervision, and the Year 3 students we spoke to felt that they were adequately supervised while on placement. However, the Year 3 students were unsure whether supervisors were aware of what students need to learn to meet the needs of their curriculum. The Year 4 and 5 students reiterated this, commenting that supervisor awareness of the curriculum is dependent on the site and department of the placement. In addition, the students we spoke to during our visit to the School felt that there is a disconnect between what students and consultants believe the students should be learning; nevertheless this was not echoed by the students we met during the LEP visits.

16 During our trust visits, students told us that they were content with the level of supervision they receive. In addition, supervisors for the most part were described as approachable and supportive. This was reiterated by the levels of enthusiasm and motivation we found amongst the academic and clinical supervisors we met during our visit to the School. All seemed to be committed to providing high quality educational opportunities to students.

Area working well 1: The enthusiasm and motivation of both clinical and academic supervisors was evident.

Appropriate responsibilities for patient care (R1.9)

17 We heard from Year 4 and 5 students that they are rarely asked to work beyond their competence. If they are asked, students told us that they feel comfortable declining, and are able to ask to observe another member of staff performing the procedure in order to learn. This was reiterated by the students we met during our trust visits.

Induction (R1.13)

18 In advance of the visit, we reviewed documentation on the introductory weeks that all students receive at the beginning of each academic year; students also receive a year handbook. These weeks cover a variety of topics such as mental health resilience, professionalism and careers guidance. Each year group also receives introductions to their various modules, and Years 1-4 have talks from more senior students.

19 Year 3 students told us that placement inductions depend on the site and placement length: inductions are more detailed for the longer placements while students receive a short introduction for the shorter placements. It is the School's expectation of all placements that students are met by a staff member and shown where to go, as well as being given key information about that placement; the students we spoke with during the Northern and the Western Health and Social Care Trust visits reiterated this. The Associate Director for Quality Management and Curriculum noted that all students had recorded on their feedback forms that they had received a placement induction.

Multiprofessional teamwork and learning (R1.17)

20 We heard from curriculum staff that the School provides a multiprofessional online tutorial during the development weeks with pharmacy students which reviews the duty of candour.

21 We spoke with students about the opportunities they had received to work in a multiprofessional manner. The Year 3 students did not feel that the learning sessions they undertook in Year 1 had added significantly to their learning. The students we

met during our trust visits, however, were more positive about their experiences of multiprofessional learning, but commented that quality was inconsistent.

Capacity, resources and facilities (R1.19)

22 We heard in our meeting with the academic supervisors and teachers that the anatomy lab was refurbished two years ago using an investment from the university. The space can fit a number of cadavers, and we heard that students can use touch screens to enhance their learning experience. Students praised the anatomy facilities and teaching, highlighting them as some of the best aspects of the programme.

Area working well 2: The anatomy facilities and teaching were commended by students in all year groups.

23 In advance of our visit, we reviewed the School's quality visit reports of various trusts. In many of these, students raised concerns about their accommodation, particularly the poor access to Wi-Fi. This was reflected in our meetings with students on our visit, where students reported varying access to the internet dependent on their placement and the location of their room within accommodation. As much of student teaching while on placement is supported through online video tutorials, students were concerned that access to their teaching materials is affected.

24 We heard in our placement meeting that the School is aware of the issues surrounding internet access in hospital accommodation; we did not identify whether this is the case across all trusts. The Sub Dean from the Southern Health and Social Care Trust told us that a new router has been fitted in the accommodation and that there is open access Wi-Fi on the wards, while the Sub Dean for the Western Health and Social Care Trust advised that they are looking at ways to improve access in rooms; there is also an education centre that students are able to access at any time. We heard that there has been a reduction in the number of complaints regarding internet access this year, so the School is now monitoring student feedback before taking further action.

Accessible technology enhanced and simulation-based learning (R1.20)

25 Year 3 students told us that they receive one to two sessions of simulated learning over the course of the year. In addition, we were told in our meeting with the senior management team that simulation is covered in the final year of the programme during the patient safety week. We heard that some hospitals have simulation suites, so students based at these sites may receive additional sessions.

Access to educational supervision (R1.21)

26 We heard from the senior management team that each student has their own portfolio tutor, who remains the same during Years 1 and 2. Students are normally allocated a clinically qualified member of staff as their portfolio tutor in Years 3-5 who

remains the same (subject to the student progressing through the course sequentially). Portfolio tutors meet with students twice per year to discuss their portfolio progress. The students we spoke with at the School and trusts reiterated this, and told us that they meet with their clinical supervisors weekly to discuss cases and review their progress; students confirmed that they are able to arrange additional meetings should they need.

Supporting improvement (R1.22)

- 27** The senior management team told us that students complete modules from the Institute for Healthcare Improvement throughout the programme; these modules are a mandatory part of the portfolio each year. The education management team at the Northern Health and Social Care Trust (NHSCT) reiterated that they try to involve students with any ongoing quality improvement projects.

Theme 2: Education governance and leadership

Standards

S2.1 *The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.*

S2.2 *The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.*

S2.3 *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

Quality manage/control systems and processes (R2.1)

- 28** Within the School there are a number of interlinking committees, the central being the Learning & Teaching Committee which oversees all aspects of the undergraduate medical programme and reports into various higher level committees. Each year group has its own teaching and assessment committees, and there is an overarching assessment management group for the programme. In addition, the senior management team meets weekly. Each of these meetings is based on a theme but issues of concern are discussed as needed; the risk register is also discussed and fed upwards to the Learning & Teaching Committee.
- 29** The risk register currently has more than 100 items, all of which are ranked and managed by the Associate Director for Quality Management & Curriculum and the Centre's Quality Assurance & Standards Manager. When items meet the threshold for additional reporting, they are recorded on the Medical School's Annual Return to the GMC. Items are removed from the risk register when they are resolved, which for minor concerns is usually after one round of evaluation with no further comments.
- 30** We heard from the senior management team that the School is looking to develop active reporting to improve its quality management functions. As such, a sub dean has been invited to an upcoming senior management team meeting to review reporting and the metrics available. We feel that this would greatly help the School to develop its ability to effectively quality manage the programme and its associated placements.

Accountability for quality (R2.2)

- 31** The School's governance structures were described during the senior management and quality management meetings. The Centre for Medical Education is one of six 'centres' that sit within the School of Medicine, Dentistry & Biomedical Sciences. The

School is part of the Faculty of Medicine, Health & Life Sciences. The Faculty reports to the University Education Committee which in turn reports to the Academic Council and Senate. In addition, there is representation from the School and student body on the Northern Ireland Foundation School Board.

Considering impact on learners of policies, systems, processes (R2.3)

- 32** In our meeting with the senior management team we heard that the School is working with the Patient and Client Council to improve Patient and Public Involvement (PPI). The School also has a 'patients as partners' programme (Simulated Patients) to provide input into various aspects of assessment and programme delivery. In subsequent meetings, we were told that simulated patients are well embedded in the admissions process in developing Multiple Mini Interview (MMI) stations, acting as role players within the stations themselves, and contributing to applicants' scores.
- 33** Representatives are also involved in role playing in the Objective Structured Clinical Examinations (OSCEs), where they contribute to student scores. Simulated patients are used for teaching and assessment, such as female breast examinations, which the School identified some students were less comfortable with. As a result, volunteer patients are used both for teaching and assessment to overcome this. The School believes that in terms of age and ethnicity, their simulated patient group is not sufficiently diverse, and is thus working to improve this.
- 34** The School highlighted during the quality management meeting that students had been involved with the Delphi groups during the development of the MMI, including testing and evaluating stations. Student representatives are elected annually to the SSCC and are also invited to attend the Learning & Teaching Committee meetings.

Evaluating and reviewing curricula and assessment (R2.4)

- 35** The Acting Dean told us that the last overarching curriculum review took place in the 1990s with individual modules and year groups being reviewed in the years since; surgery, for example, was reviewed in 2011. These considerations, alongside related external drivers such as the Health and Wellbeing Strategy 2026 and Shape of Training Review, have led the School to plan a full review. To do so, the School must submit a case to the university which outlines their reasoning; this is planned for 2018/19. We feel that it would be necessary for the School to initiate the review at the earliest opportunity in order to address the issues both School staff and the students have raised in relation to the curriculum.

Recommendation 1: The School recognises that a full curriculum review is due, and should initiate this at the earliest opportunity to ensure the School can respond to workforce reconfigurations and changes in the medical education continuum.

- 36** In addition to a full curriculum review, we heard that the School has started reviewing the Year 3 general medicine curriculum in response to student feedback. This will allow the School to create better online guidance and parity of experience. Clinical staff from trusts are assisting the review, something which we also heard from the clinical supervisors.
- 37** We heard from the senior management team that there is an annual programme review process within the university. Programmes are reviewed by teams who provide a report to an Annual Programme Review Panel chaired by the Pro-Vice Chancellor for Education and Students. Each School receives a response from the Panel and must respond with an action plan as part of a Faculty response. The Panel report and action plans are then considered by the University Education Committee and Academic Council. Programmes are reviewed by the university every five years; undergraduate medicine is due to be reviewed in 2018. In addition, the School told us that the most recent Quality Assurance Agency visit to the University in November 2015 had been positive and the University was found to be meeting standards.

Collecting, analysing and using data on quality and on equality and diversity (R2.5)

- 38** The senior management team told us that they have analysed their student body data in terms of various protected characteristics. They have found that their socioeconomics are similar to that of schools across the UK, in that applicants from socioeconomic groups one to three are normally selected. Amongst students admitted, the School has also found that female students perform better while black and minority ethnic students perform less well; disability however appears to have very little impact on progression.
- 39** The School had previously identified that students transferring to the programme from the International Medical University (IMU) in Malaysia performed less well in assessments. The School now runs a bridging course for the IMU students during their first semester. Within this course, students receive tutoring on anatomy and clinical skills, as well as training on the portfolio and a formative OSCE. Students from IMU are also invited to take part in the Clinical Consolidation Classes. We heard from staff at the School that the number of students from the IMU who fail assessments has decreased in recent years.
- 40** During the quality management meeting we heard that the School receives data from the University and College Admissions Services (UCAS) which provides information about various protected characteristics; the School then analyses each stage of the application process with this view. The circuit, day and examiner variation is also reviewed in this light, but the School has found little difference. Additionally, the School has altered the weighting of the UK Clinical Aptitude Test (UKCAT). The intake of ethnically diverse students has improved; the percentage of students identifying as white has fallen from 81% in 2013 to 71% in 2015.

- 41** The majority of the analysis undertaken on protected characteristics is on gender, race and disability; the School is not permitted to review some characteristics (such as religion) within the Northern Ireland context. Students in academic difficulty are also reviewed for protected characteristics such as gender.
- 42** In our meeting with the senior management team, we heard that the School monitors how its graduates perform in national assessments. They have identified that graduates from the School perform well in some postgraduate membership assessments (such as MRCP) but less well in others such as the first sitting of the MRCP part 1. The School has undertaken research in relation to this and is working with the Northern Ireland Medical and Dental Training Agency (NIMDTA) to address the findings.

Systems and processes to monitor quality on placements (R2.6)

- 43** We heard in our placements meeting that each trust must produce an accountability report at the end of each academic year to ensure transparency. This includes the Supplement for Undergraduate Medical and Dental Education (SUMDE) spending reports as well as areas working well and requiring improvement. These reports are discussed at the Medical Students Management Group, a committee chaired by the Department of Health which includes representation from the School, the trusts (including the sub deans) and NIMDTA.
- 44** The senior management team told us that there is a total SUMDE budget of approximately £38 million per year. Traditionally, the SUMDE money for GP practices was lower than for secondary care placements, but we heard that this is improving. The senior management team hopes that this will increase take up from GP practices as they seek to expand the GP component of the curriculum.
- 45** Prior to our visit we were aware of an open enhanced monitoring case at Causeway Hospital which was raised as a result of student feedback and resulted in students being removed from the department. We were encouraged to hear that the School meets with the trust on a regular basis to discuss progress; students will not return to general medicine placements at the site until the concerns are fully resolved.
- 46** We heard in our placements meeting that there is a quality visit to each trust every year, and that the template used for the visit report has been mapped to NIMDTA's visits report template and *Promoting Excellence*. During these visits, the School meets with both students and trust staff. At present there are no quality visits to GP practices, however there is a five year plan to develop the quality management of the placements and the School is working closely with NIMDTA to pinpoint areas of overlap.
- 47** In our meeting with the senior management team, we were told that sub deans are responsible for following up on actions from the quality visits and report to the School about their progress. Once resolved, the item will be removed from the risk register.

We were concerned to hear the students we spoke to throughout our visit repeating a number of the issues which had been raised on quality visits during the 2015/16 academic year. These visits evidently act as a good method of collecting intelligence, but we felt that further work is required to ensure this method for resolving concerns is effective.

- 48** Staff at various trusts reiterated that a good relationship has been established with the School, with regular quality visits and robust communication channels. They showed a good understanding of the processes in place for managing student placements, although they commented that there was no standard way of governing undergraduate education. The supervisors we spoke to during our School visit who worked with students at NHSCT, for example, told us that each specialty or department had different processes for monitoring feedback and for raising concerns with the School.

Requirement 3: The quality management process must be developed further to reduce the variability we found in student experiences.

Sharing and reporting information about quality of education and training (R2.8)

- 49** The School appears to have good links with NIMDTA. The senior management team told us that the School is represented on the NIMDTA Quality Management Group, as well as the Professional Support Group, which helps share information between undergraduate and postgraduate training. In addition, representatives from the School provided evidence on the impact of healthcare on undergraduate medical education to the recent Bengoa review.

Area working well 3: There is a strong collaboration between NIMDTA and Queen's University Belfast School of Medicine Dentistry and Biomedical Sciences, which provides a linear continuum of medical education.

- 50** We heard in our meeting with the senior management team that the School is a member of a number of local and national bodies such as the Medical Schools Council Assessment Alliance (MSC-AA). The School is also part of the Northern Ireland Medical Leaders Forum, and staff attend regular meetings in order to share learning and good practice.

Systems and processes to ensure a safe environment and culture (R2.11)

- 51** We heard in our placement meeting that the School reviews student feedback in order to identify areas where students have not been adequately supervised. If these incidents are not resolved, the School follows these areas up with the sub deans. The School encourages students to report these concerns early in order to allow problems to be resolved as soon as possible, and highlights the quality assurance raising process at the beginning of each academic year. Questions regarding supervision are also included on quality visits to the trusts.

Managing progression with external input (R2.12)

- 52** Staff involved with student support told us that students are normally permitted to take an accumulative two years out of the programme through temporary withdrawal before they are asked to leave the course. However, students must pass all modules within each year to progress to the next; two attempts are normally allowed for each assessment before students will be asked to withdraw.
- 53** The School involves both School and trust staff with assessment, with supervisors acting as OSCE examiners. Students also have a separate portfolio tutor for the programme who monitors and marks their portfolio submissions.
- 54** We heard in our assessment meeting that there has been a small increase in the number of students failing OSCEs, as a result of the School implementing (in 2013/2014) an additional criterion that students must pass a specific number of stations in addition to achieving a pass mark of 50%.

Educators for medical students (R2.13)

- 55** The sub deans are trust staff employed to oversee the curriculum within placement providers. We heard from the senior management team that the sub deans provide the overarching management of the School's curriculum within the workplace and are the point of contact for the School's engagement with the trusts.

Managing concerns about a learner (R2.16)

- 56** We heard in our meeting with staff involved with student support that there is a committee that deals with low level concerns and professionalism which holds a database on any concerns that are reported to it. This allows the School to track patterns of professionalism and feed this back into the curriculum or training; we heard that most concerns are a result of students not engaging with occupational health services so a session on this is now included within the introductory week. The School told us that repeated concerns could be escalated to a fitness to practice panel.
- 57** Low level concerns are dealt with by staff within the School, where students can be referred to student support as required. Once concerns meet a threshold, they are passed to the Head of School and Director of Academic Affairs to decide whether a fitness to practise investigation should be opened.
- 58** In advance of our visit, we reviewed documentation regarding the yellow card system in OSCEs; these are awarded if a student's actions or behaviour within stations would risk a patient's wellbeing. Students can also be awarded a green card if they display exceptionally good professional behaviour. We heard in our assessment meeting that after the OSCEs, the School reviews all yellow cards, which in themselves do not lead to students automatically failing the station if they have achieved the pass mark.

However, before students are signed off, the School discusses the circumstances surrounding the yellow card with students who must complete any appropriate remedial actions in relation to patient safety. In addition, the Board of Examiners does have the power to prevent a student from graduating should there be a high number of patient safety and professionalism concerns within an OSCE, although this has never occurred.

Sharing information of learners between organisations (R2.17)

- 59** We heard in our meeting with the senior management team that the School uses the nationally agreed standard transfer of information form for final year students. This is completed in the spring before graduation, and all forms are screened by the School to ensure that sufficient information about assessments, fitness to practise and disability are included. If the School believes the forms have not been adequately completed they are sent back to the student. The School told us that it reiterates to students that the transfer of information form is not a barrier to work but a chance to ensure that support is put into place.
- 60** We heard from staff at NIMDTA that the information provided on the School's transfer of information forms is of good quality, and that NIMDTA will contact the School should additional information be required.
- 61** Quality management staff told us that the School passes proportionate levels of information to placement providers regarding students' disability and support needs. A spreadsheet is sent to the sub deans at the beginning of the academic year which shows all students who need reasonable adjustments and their placements for the year. The School recognises that this level of information does not reach down to all staff members who come into contact with medical students, so a model used by University College London Medical School will be adopted in 2017/2018. Students will be given a card which has details of their adjustments which they can hand to anyone on placement.

Requirements for provisional/full registration with the GMC (R2.18)

- 62** We heard in our meeting with staff involved with student support that the university fitness to practise regulations were updated this year using the new GMC guidance. If a case requires investigation, an investigation officer will gather evidence which leads to one of the following: a warning, the case being dismissed, or a full fitness to practise panel. The decision for cases to enter the full proceedings is made by the Head of School and Director of Academic and Student Affairs. The panels are comprised of the chair, a clinician, an expert from another School in the university, and a Students' Union sabbatical officer with an administrator in attendance.
- 63** Fitness to practise panels may also be formed after referrals from elsewhere, such as the Professionalism Committee or Academic Offences Panel. The panel may choose to use the previous investigation, or conduct their own. Appeals for fitness to practise

outcomes are undertaken by an independent university panel which the School submits information to, but we heard that the decisions are almost always upheld. Graduation is suspended if the fitness to practise hearing or adequate remediation is not completed before the graduation date.

- 64** Staff involved with student support told us that the university's fitness to practise regulations are located on the Academic Affairs website and the medical education portal, alongside the recent GMC guidance. The Year 3 students told us that they also received a lecture about fitness to practise during the introductory week. Despite these resources, these students were concerned that there is not a sufficient amount of information available for them.

Compliance with legislation (R2.19)

- 65** The School includes teaching on a number of issues such as abortion and mental health in the context of the legal framework in Northern Ireland, and directs students to online resources about wider UK law. While it is recognised that a growing number of students now work as a foundation year one doctor elsewhere in the UK, students also undertake their further training across the world where the legal framework differs again. As such, the School expects students to familiarise themselves with the ethical and legal aspects of any place of work, regardless of geography.

Recruitment, selection and appointment of learners and educators (R2.20)

- 66** The senior management team and staff involved with quality management told us that the School employs a two stage process to recruit students. Applicants must reach a cognitive threshold based on their academic achievements and their UKCAT scores. The combined results are ranked, and approximately 700 applicants are invited to the MMI. Scores from the MMI are ranked, and offers made to the highest scoring applicants.
- 67** The School provides detailed information regarding the admissions process on its website. This includes example MMI stations and the admissions policy statement. In addition, all applicants invited to interview are sent information about MMIs, and are asked whether they require any reasonable adjustments. We heard that applicants provide feedback after each round of admissions, and that this evaluation is positive.
- 68** All staff are trained in advance of examining stations, and all stations are quality assured in the same manner as OSCE assessments. Examiners receive feedback on their performance, and the School reviews their MMIs by circuit, day and examiner variation for fairness and reliability. Later student performance is looked at to see whether the MMIs have predictive validity and are appropriately selecting applicants.
- 69** Quality management staff told us that the demographics of applicants and students has been changing over the previous years, with more students from outside of Northern Ireland successfully applying to the School, as well as a more ethnically

diverse student body. In addition, on average 25% of students in the Year 1 cohort are graduate students, which reflects how the proportion of these students has been growing.

- 70** The clinical and academic supervisors we spoke with during the School visit were recruited in a range of manners. Some were appointed through an application process, while others were approached by the School or inherited the role from previous colleagues. Academic supervision is part of the job description of all Queen's University Belfast academic staff, and additional leadership roles within the School are normally advertised internally to Centre and/or School staff. The prerequisites varied for each position, with academic supervisors noting that they were encouraged to obtain a formal teaching qualification early on if they did not already have this. Sub deans are appointed through a formal application process; they are trust employees but we heard in our placements meeting that a member of School staff sits on the interview panel. Sub deans must also hold a relevant medical education qualification or equivalent experience in advance of appointment.

Theme 3: Supporting learners

Standard

S3.1 *Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and achieve the learning outcomes required by their curriculum.*

Good Medical Practice and ethical concerns (R3.1)

- 71** We heard from the Year 3 students that the GMC's standards are a core part of their portfolio; students are required to link their entries to the standards and reflect on *Good medical practice*. Curriculum staff told us that the portfolio and the reflective writing within it is one method of teaching and assessing professionalism, which is a theme running throughout the programme. The School believes that professionalism is embedded in placements through bedside teaching, general practice teaching and clinical skills teaching. They told us that there are also direct teaching sessions and ad hoc lectures, such as a talk given during the Year 3 introductory week by the Year 4 SSCC student representatives about various aspects of professional behaviours including dress code and social media.
- 72** In our equality and diversity (E&D) meeting, we heard that an e-learning module co-written by students was recently launched which addresses issues such as transgender awareness, disability and sexual orientation. This is currently being piloted; we did not speak to any students who had undertaken the module. In addition, students work with patients with protected characteristics (such as a communication session with deaf patients in Year 2) which allows the School to address assumptions of physical disabilities and their ability to communicate. Despite these areas of teaching, students did not feel that they had a good understanding of the various areas of E&D, and expressed concern that subjects such as LGBTQ+ were given very minimal time within the curriculum. As such, they would prefer to see an increase in the breadth and depth of the topics taught about issues relating to E&D.

Requirement 4: Equality and diversity issues must be better integrated into the curriculum in order to improve student knowledge and application of these concepts.

Learners health and wellbeing; educational and pastoral support (R3.2); Support for learners in difficulties (R3.14)

- 73** During the meeting with staff involved in student support we heard that students have access to a wide range of support services, including various university facilities which were redesigned two years previously. These services include confidential counselling, resilience and wellbeing services. A talk on student support is included in each introductory week, and we heard that students are encouraged by the School to make use of the support that is available to them. Each year group also has a

dedicated student support lead who does not have a significant assessment role in relation to that year group; students may be referred to these leads in order to discuss any support needs and mutually agree on further actions. We heard in our E&D meeting that there are four areas across the university which have gender neutral showers and toilets; this as seen as part of a bigger development.

- 74** In addition, the University has its own dedicated occupational health physician, who assists with reasonable adjustments, fitness to study decision making and student support. All students must engage with a full occupational health review before they can start clinical placements.
- 75** We heard that the School offers additional Clinical Consolidation Classes to students from IMU and those repeating a year of study or who are ranked in the bottom five percent of the cohort. Extra resources on reflective writing and referencing are also available on the medical education portal and through the university, which students are directed to. Any student who fails or is felt to be in difficulty is invited to a Student Support Team meeting with two staff members (as well as the School Student & Academic Affairs Manager) to discuss remediation. Year 1 and 2 students also highlighted that they can meet with their advisor of studies or portfolio tutor should they feel that they are struggling.
- 76** In our meetings with students in Years 3, 4 and 5, we heard that some students felt that the School had not approached requests for absence in an appropriate and fair manner; examples were given where students were denied leave to attend funerals. Some students were, however, able to offer examples of when the School had been flexible, but agreed that the overall approach to and process for allowing absences was inconsistent and at times felt inflexible. These students also told us that a new form had been introduced at the beginning of the year in order to standardise the School's response, but they were unsure whether this had had an impact.
- 77** Some students also felt that the School was too eager to encourage them to take time out of study or change to a different programme. This was felt to be instead of putting support into place to keep students within the course. However, we heard in our student support meeting that there is a limited amount of remedial time available for missing assessments or teaching due to the volume of the programme content. As such, if students are unable to complete the requirements of each module within the necessary timeframe, it would be more appropriate for students to take time out. In addition, the School reported that in reality only a very small number of students were required to repeat a year, leave the programme or change course.
- 78** Staff involved with student support reiterated the students' comments that there had previously been a lack of consistency, and that a formal absence policy was introduced for the 2016/17 academic year. We heard that this form has categories for absences which the university will approve and those that it will not; the Head of Year and appropriate module coordinator then judge the form against these criteria. There is no appeals process for this policy as the School has not felt it necessary, and

we were told that students could take leave even if declined, but at their own risk (if they were to fail, an appeal would be unlikely to succeed).

Requirement 5: Work must continue in order to increase flexibility when considering absence requests.

Undermining and bullying (R3.3)

- 79** We heard in our meeting with staff involved with student support that when students raise bullying and undermining concerns within the University, they are referred to the support services and an investigation is undertaken. The School seeks support from the Directorate of Academic and Student Affairs about what specific university processes to follow and appropriate actions to take. The School tries to resolve any occurrences informally through reconciliation; however if the complainant is not happy with the result of this then a formal process is initiated. Sub deans are informed if a student has raised a concern about a supervisor, who will then monitor this situation. We heard that this can be added to the School's risk register to ensure monitoring.
- 80** Despite largely positive results in the student survey (over 90% of students said they had not been a victim of bullying and undermining), students in Years 3-5 told us that they were aware of, or had experienced, bullying or undermining behaviour while on placement and found it difficult to raise this due to fear of reprisals. Some students during our visit also commented that they felt identifiable which discouraged them from raising incidents; this was reflected in the survey where over 90% of those who indicated they had been subject to such behaviour said that they had not raised this with the School. Such incidents discussed during our visit ranged from implicit behaviour from staff making students feel unwelcome through to direct derogatory comments, after which we heard the student could not be satisfied that the consultant in question would not be involved in the examining of their assessments.
- 81** However, we were told in the E&D meeting that the School would ensure the staff member alleged to be responsible for undermining behaviour would not have a role in assessing the student. While we heard that there is an awareness that the School could improve how they address and manage inappropriate behaviours, it was felt that there are safe spaces for students to report concerns including more informal routes for resolution. In addition, we heard that there is significant support in place for students that did report incidents. We were also given examples of bullying and undermining incidents that had been reported and resolved; one was raised on an anonymous evaluation form so the School could not feed back to the student on the steps they had taken.

Requirement 1: The School must address why a number of students perceive there to be barriers to raising patient safety and bullying or undermining concerns.

Information on reasonable adjustments (R3.4); Reasonable adjustments in the assessment and delivery of curricula (R5.12)

- 82** All students we spoke with in Years 1-3 were aware of the reasonable adjustments that were available to them and how they could apply for these; this included adjustment in terms of placement allocation and assessment. We also heard an example from the Year 4 and 5 students of the School arranging OSCEs for Muslim students during Ramadan to be scheduled during the first circuit of the day, early in the morning.
- 83** We were told in our student support meeting that students can defer assessments and move deadlines if they have extenuating circumstances. The School can also allow a minimum of 75% attendance for students with extenuating circumstances if students meet all other requirements to pass the module. The School works with the university in order to set reasonable adjustments, which are reviewed annually. The School Disability Officer will advise the Director of the Centre for Medical Education about appropriate reasonable adjustments, and an agreement is drawn up which is signed by the School and student. We were told that adjustments for assessments are arranged by the university's Disability Support Services in consultation with the School's Disability Lead.

Information about curriculum, assessment and clinical placements (R3.7)

- 84** We heard that the School expects students to be given a timetable, key contacts and housekeeping information in advance or on the first day of each placement. Prior to our visit, we reviewed information booklets created by each Trust which include details on accommodation and educational resources. We heard from some students, however, that the level of detail varied significantly between each booklet.
- 85** Year 3 students told us that when they receive placement timetables and key contacts depends on each placement: some students did not receive this before starting their rotations and had to rely on colleagues who had previously rotated through that placement. Students also told us that they were unable to receive trust emails to their university email accounts, so were dependent on the School to send them placement information. The School told us in the curriculum meeting that they are aware of placement information being sent behind schedule, but that they have been advised by the sub deans that staff can change at very short notice, and as such it is difficult to send accurate timetables prior to the start of the placement. In addition, the School reported that trust staff are able to contact students directly via their trust and university email addresses.
- 86** The Years 3, 4 and 5 students told us that study guides could be found online, but that these were variable in how much information they contained. However, module outcomes were also easily accessible on the medical education portal, and Year 4 and 5 students noted that the portfolio guidance was very helpful. Year 1 and 2 students

had also received a detailed list of lectures and outcomes mapped to the curriculum, and felt that they were aware of their curricula requirements.

- 87** We heard from the Year 4 and 5 students that there are 40 learning outcomes for surgery placements which are available on the medical education portal; students felt that these were helpful and worked well across trusts. However, students believed that the guidance available for medicine placements was less consistent, with a greater level of detail provided online for Year 5 placements. The School recognises that online guidance for the medicine curriculum can be improved, and this will be incorporated within the current medicine review.

Feedback on performance, development and progress (R3.13)

- 88** We heard in our final management meeting that students receive verbal feedback followed by written feedback for any formative assessments they do while on placement. In addition, they receive a feedback proforma with comments for their portfolio, as well as written feedback for their Student Selected Components (SSC) which reviews strengths and weaknesses. For all modules, students receive an annual report which shows their decile ranking.
- 89** For OSCEs, all students receive a written report on the assessment after two weeks which includes general comments about the stations and cohort wide strengths and weaknesses. Students are informed about their performance in relation to their peers for each station. For the Year 4 OSCE in 2015/2016, the School piloted providing students with an average Simulated Patient score. Class averages are provided, and the School asks examiners to provide comments on why students failed or achieved a borderline pass. At present, a paper based system of feedback is used for the OSCEs, but the School is looking to move to an electronic system. We were also told that single best answer questions are grouped by section and students receive their percentage for each, as well as scores and class averages.
- 90** Staff at the School highlighted that any student who fails an assessment or requests to discuss their results will be invited to a meeting where more detailed feedback is given. Students we spoke with felt the feedback received after exams could be better as they simply receive their score and nothing more detailed than this. Students were concerned that they may make a mistake repeatedly each year in their exams due to the lack of feedback. We read in the documentation provided by the School that students in the bottom 10% of the year are invited to contact the relevant module coordinator for additional feedback, however the students we spoke to were unsure whether any other students were also able to organise such meetings. Year 1 and 2 students praised the feedback they receive from real and simulated patients during the OSCE, describing it as constructive. We also heard during our trust visits that students receive verbal and informal feedback from supervisors.

Theme 4: Supporting Educators

Standards

S4.1 *Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.*

S4.2 *Educators receive the support, resources and time to meet their education and training responsibilities.*

Induction, training, appraisal for educators (R4.1)

- 91** We heard from the clinical supervisors that they had received a range of training for their roles; this included E&D, train the trainers, and how to provide feedback courses. Supervisors also receive information from the School about the curriculum and what needs to be taught: we heard that they are sent a clinical experience book which sets out what students need to see and understand.
- 92** Academic supervisors told us that they were appraised locally by the Centre Director, and that clinical academics employed by QUB have a joint appraisal with the School and the Trust. Clinical supervisors employed by the Trusts reported that they have varying appraisal arrangements depending on where they work. For some supervisors their educational appraisal is included within their trust appraisal and is added to their personal development plan, while others have a separate appraisal with the sub dean. Some supervisors told us that educational responsibilities are included within their trust appraisal, and is self-declared only.
- 93** We heard in our placement meeting that sub deans are appraised by the Medical Director at the trust, and that the School does not have any input to this, as it is not a university position. Should there be any concerns, the Director for the Centre of Medical Education would contact the Medical Director or Chief Executive. Additionally, the sub deans have a reporting line to the Head of School.

Time in job plans (R4.2)

- 94** We heard from the senior management team there are a number of staff involved with undergraduate education who have different job plan arrangements. For example, university academic staff are given a notional time while clinical academics (joint appointments) have Trust job plans. We were told that, so far, the trusts set job plans for clinical supervisors based on the number of students and level of responsibility for the length of the placement. In some instances the School and trusts have agreed on a recommended time for clinical supervisors, such as teaching on Clinical Skills modules delivered in trusts in Years 1 and 2. We did hear that some supervisors have contacted the School to advise that they are unwilling to undertake jobs as they are not represented within their job plans, but the School told us that this is a matter for the trust to resolve.

- 95** Clinical supervisors told us of variation between their job plan arrangements across the various trusts. For example, supervisors at the Belfast Health and Social Care Trust receive job plans based on the students they will teach throughout the year, and supervisors at the Southern Health and Social Care Trust have set job plans with timetables. However, other supervisors told us that only the undergraduate leads have job plans which include their undergraduate work.
- 96** We heard in our final management meeting that the sub dean role is reflected in their job plans. However, many have a variety of undergraduate, postgraduate and clinical roles, and sub deans commented that it is becoming increasingly difficult to find sufficient time to manage their various responsibilities. Whilst the School is only responsible for a small portion of their work, there is an awareness that increased pressure from clinical and postgraduate duties could negatively impact on the sub deans' ability to fulfil their undergraduate responsibilities.

Working with other educators (R4.5)

- 97** We heard in our quality management meeting that there is a meeting with the sub deans across the various trusts three times per year. All supervisors also attend at least one each academic year to evaluate and reflect, as well as putting actions in place for the upcoming year.
- 98** The clinical supervisors told us that they discuss the curriculum on away days, where they can identify areas of variability between teaching. In addition, we heard that psychiatry consultants work closely together across sites to discuss areas of interest. There are meetings for GP tutors across Northern Ireland to ensure consistency of experience for students, and all portfolio tutors receive portfolio training to ensure that all mark and provide feedback in a consistent manner.

Recognition of approval of educators (R4.6)

- 99** We heard in our quality management meeting that all sub deans have been included in the submission to the GMC as recognised medical school trainers by the GMC. The School is currently working through different levels of supervisor to ensure that all are recognised trainers.

Theme 5: Developing and implementing curricula and assessments

Standards

S5.1 *Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.*

S5.2 *Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

GMC outcomes for graduates (R5.1)

100 The Associate Director for Quality Management and Curriculum gave us a detailed description of the spiral curriculum, which has been mapped to the outcomes for graduates. We were satisfied that the programme offers a broad range of teaching and placements which cover the skills to meet the Outcomes for Graduates as set out in *Tomorrow's Doctors*.

101 We heard in our meeting with curriculum staff that the structure of Year 1 teaching was recently changed so as to align with the new university academic year structure; this change was managed by the Year 1 and 2 teaching committee and reported up to the Learning and Teaching Committee. The School reviewed the curriculum content to see where items were aligned and duplicated, and moved some areas to Year 2. All modules in Year 1 now last of the full academic year, and are delivered concurrently.

102 At present, the School does not have an interactive curriculum map, so would need to review all modules in order to pinpoint where a particular condition is taught; the School is looking to develop a more precise map.

Informing curricular development (R5.2)

103 We were told in our PPI meeting that further work is required to improve representation from these groups in the School's curriculum development and committee structure. The School is setting up a consultative group, which will be selected through the Patient and Client Council, and it is hoped that this will improve patient input. We also heard of examples where students had contributed to the development of the curriculum, such as a human trafficking module.

Undergraduate curricular design (R5.3)

104 We heard in our curriculum meeting that the final year assistantship is a nine week block at the end of the final year, of which eight weeks are spent in hospital placements and one week takes place in a GP practice focusing on the relationship

between primary and secondary care. Students also have a patient safety week in the clinical skills facilities looking at human factors and simulation.

105 Assistantships take place across specialties and trusts, with students allocated to different areas. We heard in our placements meeting that there is a detailed logbook for the assistantship, based on *Outcomes for Graduates*, which is the same regardless of allocation. The skills that students are required to demonstrate are generic, and the School believes that if students are able to have these signed off then the assistantships are of a standard level. Supervisors are also expected to meet with students in groups at the halfway point of the assistantship to monitor progress, and all logbooks are reviewed by the sub deans and the School; any concerns are escalated to the Academic Lead for Year 5. We heard that the School has not yet had one site where students were struggling to complete the logbooks, but this would be followed up with the sub deans if this were to occur.

106 The foundation doctors we spoke with during all our trust visits told us that they found their final year assistantships to be helpful, and had provided them with the skills needed as a foundation year one doctor.

107 At present, students undertake a four week block in a GP practice in Year 4, in addition to one week during their final year assistantship, the family attachment, and a portion of the clinical skills teaching in Years 1 and 2. There is a five year plan to increase the GP element of the programme, which was recently launched. We heard in our placements meeting that this has been planned year by year in order to factor in workforce considerations; the first step is for all final year students to have two additional weeks of GP placements by 2017/18.

108 All students we spoke with praised the early clinical skills teaching and clinical contact they had with patients, and commended the family attachment which takes place in Year 1. During this placement, pairs of students meet with their allocated patient within the home setting to discuss their experience of illness, and the impact it has had on the patient and their family's lives. The attachment also allows students to explore health care provision and how to communicate with patients. Both students contribute to a written report about their experience of clinical contact at the end of the attachment, as well as a personal statement and declaration that both have contributed equally to the report. We were told in our placements meeting that no students have ever refused to sign the declaration, and no students that we spoke to reported any concerns with the assessment of the attachment.

Area working well 4: Early clinical skills training and the integrated teaching in Years 1 and 2 were noted by students as a positive aspect of the programme. Students from all year groups also praised the early clinical contact they received, particularly citing the family attachment.

109 In advance of our visit, we reviewed documentation relating to the various SSCs that students take each year (there is one SSC in Year 1, and two in both Years 2 and 3

and the Clinical Elective in Year 5). The SSCs offered vary in format, and include modules with a classroom, library or laboratory focus, as well as community and clinical based programmes. Students may propose one SSC throughout the programme, and only in Years 2 and 3. Near the end of each semester, students are asked to rank in order of preference their SSC choices, and allocation is monitored to ensure fair access to first choice modules over the three years. Two forms of coursework are used to assess SSCs in years 1-3. A criterion referenced proforma is used in order to standardise marking.

110 There is a SSC Management Committee formed of the year co-ordinators; and includes the lead for all SSCs. The Committee provides overarching management of all SSCs. We explored during our curriculum meeting how the School ensures that students receive an equitable experience and coverage of the outcomes for graduates. The School told us that they do not aim for students to have the same educational experience, and encourage students to choose from across the different types to explore different areas. However, all outcomes are mapped to *Outcomes for Graduates*, and we heard that the School does have measures in place to install some standardisation such as standard working schedules, moderations and second markers. SSCs are also reviewed as a whole to identify outliers, and new SSCs go through a strict quality assurance process when first introduced.

111 Much of the teaching that takes place on placement is supported through DVDs and online videos. This is especially the case for surgical placements, for which there are a total of 59 DVDs each followed by an hour of bedside teaching. The same DVDs are shown at each trust. We heard in our curriculum meeting that students have requested DVDs for medicine placements, which will be considered as part of the ongoing review.

112 We heard in our E&D meeting that students receive a large volume of teaching on patient diversity within Year 1. This includes exploring topics such as health and inequality, gender and learning disability within lectures. In addition, students look at issues such as human trafficking and sickle cell disease throughout the programme, as well as a number of SSCs covering areas such as alcohol dependence and rural health. Year 5 students discuss female genital mutilation and rare diseases within their preparation for practice week. The School also believes that students can access a diverse range of patients while on placement, including the clinical elective module.

Undergraduate clinical placements (R5.4)

113 We heard from the Year 3 students that they were not clear on how their placements were allocated, and were unsure on whether they would have an even spread of sites and rotations by the end of the programme. We heard that students could rank their Year 4 and 5 placement choices, but were unable to swap their Year 4 rotations (due to ranking). The Year 4 and 5 students told us that a points based system is used to allocate placements in each year. For example, if a student is placed in their fourth choice they will receive four points, where the higher number of points accumulated

leads to a bigger chance of getting the first choice on the next rotation. Students did not feel that this is a wholly fair system, with the system resetting at the end of each academic year which students felt affected how well it works. However, students reported that it is an adequate system.

114 We were concerned to hear from students in Years 3-5 that there is significant variation between clinical placements across trusts and specialties. These variations relate to teaching, supervision, access to patients and the general goodwill of supervisors; this affects how welcome students feel within the department as well as their access to clinics and tutorials. It was felt by students that there is a lack of co-ordination from the School on how supervisors should organise placements and teaching, and some students felt their supervisors did not know what they needed to teach. The School explained that whilst the curriculum and learning outcomes are standard across all placements, at a local level trusts will look at how learning opportunities can be optimised: for example, we heard of instances where a hospital unit had created their own logbook for students to complete. This appears to have been translated by students as providing a variable standard of education throughout the trusts.

Requirement 3: The quality management process must be developed further to reduce the variability we found in student experiences.

115 Year 3 students told us that they believe that there is a difference between the School's expectation of what students should review on placement and what they are actually able to do. This has created concerns that this difference will negatively impact on their ability to meet the needs of their curriculum or perform well at assessments. Year 4 and 5 students reiterated this, also commenting that they feel that there is a disconnect between what they should be learning and what supervisors believe they should be.

116 In the documentation we reviewed before the visit, we saw that the School had identified concerns with students' understanding of insulin prescription during the assistantship; this was reflected in the high number of yellow cards in OSCEs that were related to this area. As such, the School now includes a separate session within the patient safety week in the final year to increase students' confidence.

Assessing GMC outcomes for graduates (R5.5)

117 We heard in our assessment meeting that students take their final exams in the February of their final year to allow for earlier remediation if students do not pass at the first sitting. In addition to written single best answer multiple choice examinations, students also have an OSCE. Students undertake OSCEs in each year of study (including a summative assessment in Year 1) which increase in length and complexity, finishing with 16 stations in Year 5 of which a number are clinical skills based using real patients.

118 In order to determine where outcomes are tested, we were told that there are module, year group and overarching spreadsheets to allow the School to identify this. These are monitored by the Assessment Management Group to ensure that assessment content is appropriate for each year group and that there is a full testing of outcomes for graduates over the programme. To assist with this, an external examiner is appointed to review how OSCEs progress over Years 3-5.

Fair, reliable and valid assessments (R5.6)

119 We heard in our assessment meeting that the responsibility for standard setting is split between the Academic Lead for Assessment and Associate Director of Curriculum. The School previously used two standard settings methods for OSCEs, but is now confident that the borderline regression method alone produces a satisfactory confirmation of reliability. The School also reviews written assessments for reliability using Cronbach's Alpha, and has removed questions from written papers if they perform poorly.

Mapping assessments against curricula (R5.7)

120 We reviewed documentation related to formative assessments in advance of our visit; these take place during the modules. In our curriculum and assessment meetings, we heard that there are a variety of formative assessments for students, such as written multiple choice questions at the end of psychiatry modules. All students can also review formative OSCEs on the medical education portal. In addition, we heard that there are a number of sample papers and questions available for students, which are taken from questions provided by teachers but not from the MSC-AA bank. The School noted that students had told them that the practice questions were too easy when compared to summative assessments, so the School has added additional questions and undertaken to increase their complexity.

121 The Year 3 students felt that the provision of formative assessments on placement was variable between sites. We heard of one site that offered an extracurricular formative OSCE which was praised by the students who had had the opportunity to sit it; however this is not offered across all trusts. Some students also felt that the provision of formative assessments are reliant on the goodwill of supervisors. Years 1 and 2 students told us that they felt that the formative assessments delivered by the School were an accurate indicator of the summative assessments.

122 We heard in our assessment meeting that the School has a blueprint which has mapped all assessments to the outcomes for graduates, and that the blueprints are linked to the curriculum maps. We were told that in order to ensure certain conditions are assessed, the School would look at what specialty or subject area this would fall under and include questions or stations on broad areas encompassing the specific condition within assessments. Each paper is written by the team responsible for teaching areas of the curriculum, and is also quality assured to ensure the curriculum

is represented proportionally and reviewed by specialists as well as external examiners.

Examiners and assessors (R5.8)

123 We heard from the clinical supervisors and the senior management team that OSCE examiners receive face to face training every four years and online training every two. Examiners are sent reminders if this is not completed; we also heard from clinical supervisors that individuals cannot examine OSCEs if they do not have up to date E&D training.

Team leader	Steve Ball
Visitors	Ann Boyle Owen Davies Fiona Myint Rakesh Patel
GMC staff	Lucy Llewellyn Samara Morgan Lady Christine Eames (observing) Anthony Harnden (observing) Martin Hart (observing)

06 October 2017

Tasnim Uddin
Quality Analyst
Education Quality
General Medical Council
Regents Place
350 Euston Road
LONDON
NW1 3JN

Dear Tasnim

General Medical Council visit to Queen's University Belfast in 2017

On behalf of the medical school and university, I wish to thank the General Medical Council for the constructive review of the undergraduate medical programme at Queen's University Belfast and for engaging in further discussion after the visit in order to clarify aspects of the report.

We are very pleased to note that the visiting panel recognised the enthusiasm and motivation of our clinical and academic supervisors, the strong collaboration we have with the Northern Ireland Medical and Dental Training Agency, the excellent learning opportunities provided for our students in anatomy and clinical skills, and the early clinical contact which is embedded in our curriculum. The findings concur with the results of the National Student Survey, which indicate very high levels of overall satisfaction amongst medical students at Queen's University Belfast.

As can be seen from the Action Plan, we are already taking steps to respond to the requirements and recommendation. We are committed to continuing to address the barriers to raising concerns perceived by some students, and enhancing our communication of improvements in the course.

We are working with the LEPs to implement new quality management processes to continue to improve the monitoring of student experience during clinical attachments, recognising that a degree of variability in student experience is inevitable and beneficial in order to promote innovation and best practice. We have already initiated our full curriculum review, as we respond to the changing landscape of service provision.

We look forward to the regional meeting on 18 October and to providing up-dates to the General Medical Council as part of the Medical School Annual Return.

Yours sincerely



Professor Pascal McKeown
Acting Head of School



THE QUEEN'S ANNIVERSARY PRIZES
FOR HIGHER AND FURTHER EDUCATION
2015

