General Medical Council

Visit Report on University of Leicester Medical School

This visit is part of the East Midlands 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	University of Leicester Medical School
Sites visited	Centre for Medicine
Programmes	MBChB programme
Date of visit	09 & 10 November 2016
Overview	We visited the University of Leicester Medical School (which we will refer to as the school) as part of the regional review of the East Midlands. The regional review also included visits to University of Nottingham medical school, Health Education England working across East Midlands (HEE EM) and five local education providers (LEPs). The school is located in the centre of Leicester and has 1090 students. At the end of the medical course, students are awarded an MBChB degree.

The Medical School was recently built with brand new facilities. The school have also revised their curriculum with the aim of making it more patient-focussed where students gain hands on clinical experience from the beginning of their course. The new curriculum began in September 2016. During the visit only students in year one had started the new curriculum. The school have also secured funding to start a new integrated foundation year (which will work like a Pre-med course) in September 2017 to widen |

participation in their medical courses. Successful completion of the integrated foundation year at the required level enables students to progress on to the first year of the MBChB degree course.

In recent years, the school has seen changes in their senior management team; this includes a new vice chancellor and a new head of the College of Medicine, Biological Sciences and Psychology.

At the school, the degree course is five years. The course is divided into four phases. Phase one lasts two years. In phase one, students learn:

- How to communicate with patients and examine them
- About the structure and function of the human body and how this relates to illness and health
- About the psychological and social context of health and illness.

Phases two - four last three years. They are the clinical years, as students spend the vast majority of their time on placements in primary and secondary care providers within Leicester and the surrounding areas in the East Midlands. Phase two involves longer apprentice style placements. Phase three enables learners to experience specialty blocks such as obstetrics and gynaecology, and phase four involves final examinations and an extended foundation apprenticeship. This apprenticeship prepares learners for work as a foundation doctor.

Students at the school have the opportunity to take an intercalated degree in either the second or third year of their medical degree course. This extends their degree course to six years overall. A graduate entry four year medical degree course was discontinued in 2015.*

* Disclaimer: This report reflects findings and conclusions based on evidence collected prior and during the visit.

Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards. These should be shared with others and/or developed further.

Number	Theme	Good practice
1	Theme two (R2.1, R2.8)	The quality management framework in place at the school is very strong. The school is highly effective in the way it shares and reports information about quality management with other bodies to set key performance indicators, identify risk and share good practice. See paragraph 14
2	Theme two (R2.5)	We commend the school's collection, analysis and evaluation of data to assess learner's performance and progress. Patient feedback is collated by students and is used as a component to assess their clinical and communication skills. See paragraph 19

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 one (R1.19)	The school has given their students access to technology enhanced learning opportunities through the distribution and use of iPads by all students within their school and clinical settings. See paragraph 9
2	Theme one (R1.20)	The staff and students we met praised the clinical skills unit which provides all learners with good simulation based learning opportunities. Learners were particularly complimentary about nurse specialists who

		help deliver aspects of the curriculum and assessment. See paragraph 12
3	Theme two (R2.20)	The students we met were very enthusiastic about the school's recruitment, interview and selection process; they felt it was open and fair. See paragraph 35 & 36
4	Theme three (R3.2)	The pastoral team are highly effective in supporting students' health and wellbeing and this includes good occupational health services. See paragraph 46
5	Theme four (R4.1, R4.5)	The school has effective selection and appraisal processes for educators and the school is committed to supporting teachers' continued professional development. Assessors are well trained and supported with effective calibration amongst the assessment team. See paragraph 65
6	Theme five (R5.3)	The new curriculum has been well designed and meets GMC criteria. It is creative and innovative in the way it teaches students about mindfulness and professionalism through units such as health enhancement and its Compassionate, Holistic, Diagnostic Detective course (CHDD). See paragraph 75

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 one (R1.5); Theme three (R3.7); Theme five (R5.2)	The school must implement an effective communication strategy to ensure students are consistently consulted in a timely manner and are informed about the curriculum particularly the changes, their progression and assessments. See paragraph 4, 72 & 82
2	Theme three (R3.3)	The school must consider how inappropriate comments and behaviour in clinical settings is reported, collated and dealt with as part of their quality management framework. See paragraph 47
3	Theme three (R3.13)	The school must ensure that students receive adequate and timely feedback on their formal assessments including written work. See paragraph 57-60

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   Senior managers told us that during phase one and phase two of the course, students have an induction. In this induction, students are introduced to the importance of patient safety and are encouraged to raise concerns especially when on their placements. Each block also has an induction and here students are advised to approach block leads if they have any concerns. Senior managers told us that the data they have collated shows most students feel comfortable raising concerns with the school.

Dealing with concerns (R1.2)

2   The senior management team informed us that they are very keen to promote patient safety in their curriculum. If a student reports a concern to them, they ensure the relevant LEP fully investigates and deals with it appropriately. Where required, senior managers told us that they will work with the LEP to ensure a suitable resolution for the concern. The school also produce an annual report which is sent to all LEPs to share good practice in regard to raising concerns and patient safety.

Seeking and responding to feedback (R1.5)

3   During the visit, we heard about numerous times the school gets feedback from their students. The school used to collect feedback annually. However, they felt this was not frequent enough and now they get feedback after every second block. Any feedback they receive is shared with LEPs. Senior managers told us that when a student provides feedback, they use this internally to make changes and

improvements to their systems or curriculum delivery. They also respond to students by posting their responses on blackboard, their intranet system which is accessible to all students.

4   The students we met felt the school's response to their feedback was variable. The students in year one were happy with the frequency in which they were asked for feedback and felt confident that their feedback was listened to and acted upon. Second year students disagreed. They felt that even though they provided feedback to the school and raised concerns, the response to this feedback was inconsistent. Students felt that the senior management team was focusing all of their attention on the new curriculum and hence year one. During the visit, it became apparent that senior managers failed to explain what they had done in response to the feedback they had received. As a result, students were generally unaware of the work the school may have done in response to their feedback. This relates to requirement one of this report and the need for the school to devise a communication strategy where they keep students informed of all responses to feedback and consequent changes. (See paragraph 72 for further details).

Educational and clinical governance (R1.6)

5   Senior managers told us about the challenge of encouraging colleagues in local education providers to teach students as part of their day to day job. They feel that the pressures on service delivery in LEPs mean clinicians are teaching less.

6   In order to improve the management of the curriculum and their general presence in LEPs, the school have appointed leads in all specialties. The leads have time in their job plans for this role.

Induction (R1.13)

7   Students completing phase one of the course commented that induction is good and prepares them well for their studies. The students in years four and five told us that they receive an induction for each placement in LEPs. They felt that they receive a better induction when going to a district general hospital rather than a large acute hospital like University Hospitals of Leicester.

Multiprofessional teamwork and learning (R1.17)

8   We heard from the students we met that they enjoy working with different members of the clinical team. They have experience of working with pharmacists, nurses and social workers. They feel that the school promotes a culture of learning and collaboration between professionals through the curriculum.

Capacity, resources and facilities (R1.19)

9   The IT resources at the school are excellent. Each student is given an iPad which is used as a study and teaching resource in lectures. Students comment that they enjoy having an iPad because it is easier to retrieve and use the school's learning resources at their leisure. Furthermore, with the refurbishment of the medical school building, there has been an improvement in the technology resources at the school. Senior managers are constantly thinking of new programmes and initiatives such as e-assessments which they can implement to further improve the use of technological resources for their students.

Area working well 1: The school has given their students access to technology enhanced learning opportunities through the distribution and use of iPads by all students within their school and clinical settings.

10   The clinical teachers we met said that, in a clinical setting, the IT resources need to be enhanced so that they are more supportive for students. For example, occasionally their password expires which stops students from really engaging with the IT systems at LEPs. Furthermore, students said during the first few weeks of the course, it can be a little difficult to set up the school systems on the iPads so they can spend a lot of time grappling with the technology. Senior managers told us that they are still working with LEPs to enhance the wireless internet (Wi-Fi) facilities and general IT capabilities. There has been some improvement.

11   We heard that the library facilities at the school are good.

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

12   Prior to the visit, we learnt that the school worked closely with University Hospitals of Leicester to open a new, state of the art clinical skills unit in 2008. Students told us they enjoy using the facilities in the unit because they get an opportunity to engage in good simulation-based learning. The unit is run by nurse specialists who are highly praised by students and staff alike for their professionalism. The assessment management team told us that they also run practical exams such as the objective structured clinical examinations (OSCEs) in the clinical skills unit which is a more comfortable and consistent setting for students. Nurse specialists help assess students on aspects such as their communication during the OSCEs.

Area working well 2: The staff and students we met praised the clinical skills unit which provides all learners with good simulation based learning opportunities. Learners were particularly complimentary about nurse specialists who help deliver aspects of the curriculum and assessment.

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); Accountability for quality (R2.2); Sharing and reporting information about quality of education and training (R2.8)

13 Leicester Medical School has highly effective, transparent educational governance systems and processes to manage the quality of medical education and training. The quality management team collects data via staff and student feedback. They then send this data to LEPs and set in place key performance indicators (KPIs) which they use to monitor quality. The use of KPIs has been instrumental in the management of poor teaching. KPIs have helped LEPs to understand the feedback they receive from the school and enable the school to compare local education providers. The LEP also can benchmark themselves against others. The quality management team comment that they try to be supportive when assessing quality in LEPs giving recognition when things are working well and they focus on sharing strengths to promote excellence. The Clinical Education Evaluation Group holds regular meetings to discuss student feedback especially when they receive a negative response to an aspect of the curriculum or clinical placements.

14 The quality management team also commented that they have built on current practices to introduce new initiatives. Prior to these changes detailed above, the action plan was reviewed annually. Now, quality managers review the action plan more regularly. Furthermore, they have expanded the monitoring and reviewing of education provision in LEPs and they make better use of the data they collate to make informed decisions about quality management. The quality managers also monitor improvements across the medical school in more detail. The greatest challenge for the quality managers was getting everybody in the school to participate as this requires a lot more reporting. For example, the block leads write reports updating the quality team on any concerns or improvements in their areas. The quality team then use gold and silver star ratings to assess progress across the different specialties, units and LEPs. The quality management team confirmed that their overall drive is for improvement and the overriding ethos is to keep the interests of the students at the centre of everything they do.

Good practice 1: The quality management framework in place at the school is very strong. The school is highly effective in the way it shares and reports information about quality management with other bodies to set key performance indicators, identify risk and share good practice.

Evaluating and reviewing curricula and assessment (R2.4)

15   Senior managers stated that they constantly evaluate and review their curriculum and assessment frameworks to ensure that standards are met. They use student feedback to help them decide where they need to make improvements or changes. For example, when they were running the graduate entry course, graduate students found it extremely difficult to complete their medical degree in the allocated four years, particularly on the old curriculum. Senior managers used the feedback from their graduate students to eventually close the course and make changes to their main curriculum to ensure a better learning experience for their students. Through the evaluating and reviewing of curricula and assessment, the school is able to effectively monitor the quality of education.

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

16   Quality managers stated that the School evaluates all information they gather on learners' performance, progression and outcomes. The Equality and Diversity Lead works with admissions to collate information about students' ethnicity, gender and disability. Those are the key areas that the school look at to review differences and to check for discrimination. Through their evaluations, the School has found that there is a greater chance of termination of the course if a student is male or if a student has a self-declared disability (which was mainly dyslexia). However, they have seen no notable differences in regard to ethnicity. The School did say that the numbers of students this affects is quite small so they have not taken any action based on this data.

17   We heard from the quality management team that there is a culture of diversity in the local education providers they work with. They use progression data to determine how well their students' progress and are prepared for life as a foundation doctor. They also gather soft data from students about how they are treated in the clinical environment. Using this data, quality managers can set appropriate KPIs for LEPs. The school told us that they have had equality issues to deal with within the student body. However they have used the school systems including fitness to practise to address all cases competently.

18   Quality and senior management teams use the results from the national student survey (NSS) to assess how students feel about their educational experiences at the medical school. They found that over the last couple of years, they have seen an increase in negative responses but upon further investigation, they realise that most of this is to do with the introduction of the new curriculum. Currently, the school is addressing this feedback.

19 The school receives feedback from their graduates annually. The survey is usually issued six to eight months after students have started their first foundation year one post. Senior and quality managers use this feedback to make changes to the curriculum where needed and discuss the results with selected block leads. The school also collate data from other groups including patients who provide feedback on their students. For one time point in the clinical phase, students must collate feedback from three of the patients they have worked with. Patients complete a survey on the student's performance. Students then use this feedback to improve their performance and professionalism. Quality managers have done some analysis of this patient feedback for their students and it highlighted to them that generally their more senior female students received the best feedback from patients.

Good practice 2: We commend the school's collection, analysis and evaluation of data to assess learner's performance and progress. Patient feedback is collated by students and is used as a component to assess their clinical and communication skills.

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

20 Senior managers told us that they have a close relationship with HEE EM and the University of Nottingham Medical School. They all meet on a monthly basis to discuss issues in postgraduate and undergraduate medical education in the region. This meeting enables all organisations to share intelligence. Senior managers also told us that they share good practice with HEE EM, the local education providers they work with and University of Nottingham Medical School. The school works closely with HEE EM on the allocation of primary care funding and tariff and they encourage LEPs to use their tariff allocation to support teachers. The school also holds an annual placement review meeting with HEE EM. These measures ensure that the school works with other organisations to monitor quality on placements.

21 We found that the school is proactive in improving the quality of teaching and learning opportunities in the area. The school is part of a regional heads of teaching group which includes representatives from Keele and Birmingham medical schools.

22 The school has taken the initiative in providing teaching skills development for inner city general practitioners in the area. As a result, the general practitioners teach Leicester medical students which we heard is mutually rewarding for the practitioners and students.

23 The quality management team told us that they meet every month with LEP quality managers. This helps them to implement new initiatives and monitor quality effectively. For example, the school needs LEPs they work with to have good Wi-Fi facilities in order for their technology initiatives to work. Therefore, the school has worked closely with LEPs to improve their Wi-Fi facilities and LEPs has invested a great deal of money in this. As a result, there are improvements in the use of technology in LEPs although the school admits there is still some way to go. Furthermore, with the school's input, all LEPs have clinical skills environments with

simulation packages and appointed specialists to enhance the facilities and learning opportunities available to their students. The school is also working with LEPs to effectively implement phase two of the curriculum and to share good practice where relevant.

24   The quality managers did comment that the delivery of teaching in a stressed clinical service has affected LEPs they work with. Notably the bigger the hospital, the greater the challenge. They noted that clinical services are changing rapidly so they have had to rethink how they provide clinical teaching. Consultants are mostly keen but find it difficult to manage teaching and service delivery. The school's recognition of these issues shows their awareness of the clinical environment. We were assured through the school's quality systems and processes that they will respond when standards are not being met.

25   The school states that they have not had any issues with placements shared with other medical schools at the LEPs. They currently share placements in United Lincolnshire Hospitals NHS Trust with University of Nottingham Medical School; in Peterborough and Stamford Hospitals NHS Foundation Trust with University of Cambridge School of Clinical Medicine and at Northampton Healthcare NHS Foundation Trust with University of Oxford, Medical Sciences Division. Due to their close working relationship with these trusts and schools, there have been no issues at the local education providers. Furthermore, with the reorganisation of their curriculum, the school has ensured that whilst their students are on placements, they are in defined blocks of study with clear programme requirements and associated work books.

Monitoring resources including teaching time in job plans (R2.10)

26   Senior managers told us that it is difficult to monitor the allocation of time in job plans at all of LEPs they work with especially as there are different systems across the East Midlands. In our document analysis prior to the visits, we found that some of LEPs the school works with appear to include time in job plans for undergraduate teaching but this does not seem to be the case for all LEPs. Senior managers confirmed this stating that they are confident in the allocation and use of programme activities (PAs) at University Hospitals of Leicester NHS Trust but they do not have as consistent an overview everywhere. They do however challenge LEPs when needed to ensure that time is allocated and used effectively. We found that this was in agreement with our findings from our visits to each of the LEPs. Senior managers told us that although they have contemplated putting a consistent allocation in their partnership agreements, the fact all departments work differently makes them reluctant to do this. Therefore, the medical school is encouraging LEPs to review the type of teaching their clinical staff give students. They are encouraging clinical teachers to include aspects like bedside teaching in an attempt to promote good practice rather than defining PAs. Senior managers did say they feel the allocation of time in job plans is improving. For example, at each local educational provider, there

are block leads that coordinate training of medical students, supervise their activities and ensure that these activities are of educational value. All block leads are allocated suitable time in their job plans to meet their educational responsibilities. The feedback the school have received from educators in LEPs is that although they would appreciate more time in their job plans, they enjoy having students and teaching them.

Managing concerns about a learner (R2.16)

27   The school has a clear process to identify, support and manage students when there are concerns about a learner's professionalism, progress, health or conduct. A number of different committees, organisations and individuals work closely together to support students especially when a learner's wellbeing or patient safety may be affected.

28   We heard about the establishment of the Health and Conduct committee. The committee is responsible for managing students where there have been multiple low level concerns expressed by staff but none of the behaviours is sufficiently serious to warrant the implementation of the fitness to practise (FtP) process. The committee meet on a monthly basis to discuss students about whom there are concerns and to triangulate information in a confidential setting. Following this meeting a plan of action is put into place. The Health and Conduct committee can issue formal warnings and can ask students to record their meeting on their transfer of information form. The committee can also issue sanctions. The aim of the committee is to prevent students from having to appear before an FtP panel. They are able to see students over a period of time and can keep track of the student to try to sort out any disciplinary issues.

29   There is a very close relationship between the committee and occupational health so when required they can refer students to this service. Occupational health helps to prepare students with the necessary skills to survive in a high pressured environment such as an NHS hospital. They are instrumental in destigmatising health issues and have the expertise to deal with difficult cases when required.

30   Staff told us that having this committee has helped ensure that all students are dealt with appropriately without needing to implement the FtP process. Students also complete a series of professional practice sessions and must complete a personal professional development programme which is mapped to GMC *Promoting Excellence: standards for medical education and training.* Moreover, if they find the student has not made sufficient improvements, then the committee can refer the student to the FtP panel.

Sharing information of learners between organisations (R2.17)

31   Leicester Medical School is committed to sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns

about a student. This includes the transfer of such information to their chosen foundation school where relevant. The school is also made aware of any of their students who fail their foundation training. Furthermore any foundation year one doctors who achieve an outcome four in their Annual Review of Competence Progression (ARCP) can contact the school for support.

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

32 In our document scrutiny prior to the visit, we could see that the school has a clear process in place to make sure that only medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification. The school's FtP process was updated in September 2015 to improve its efficiency. The FtP process is always chaired by the same chair, a lay member, which ensures consistency. The FtP panel also consists of a clinician and senior member of the school.

33 Students commented that during phase one of the course, they received a lecture on fitness to practise. However even though students felt this clarified all they needed to know in regard to fitness to practise, they did find that they were constantly reminded of FtP throughout their time at the school. This came across in a threatening way to students. Senior managers agreed that sometimes they did use the FtP process as a threat and were working to stop this practice.

34 Quality managers collate data on FtP outcomes and issues. They noted that students who are terminated are usually unsuccessful at the appeal stage. They also noted that students who appear before an FtP panel usually have a serious issue which would be incompatible with graduation. Occasionally they found that students had special circumstances which were not FtP concerns and in these cases, they helped support the student via their pastoral system.

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

35 The students we met highly praised the selection process at the school. Students stated that the school interview process was welcoming. They stated that elements of the process were interesting and conveyed the schools interest in the student as a person. Furthermore, students selected to study the new curriculum stated that the school provided a lot of information about the curriculum and assessment on entry criteria which meant there was no confusion about the process. Students felt the recruitment process was open, fair and transparent. Therefore, the students we met said their experiences through the recruitment and selection process made them choose Leicester Medical School as the place to begin their medical career.

36 Staff we met at the school also praised the recruitment, selection and appointment of educators at the school.

Area working well 3: The students we met were very enthusiastic about the school's recruitment, interview and selection process; they felt it was open and fair.

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)

37   All the students we met during the visit outlined that they have used the Good Medical Practice guide and are supported to meet the professional standards as detailed in this guidance.

Learner's health and wellbeing; educational and pastoral support (R3.2)

38   The senior management team told us that there is a dedicated centralised team at the University of Leicester who offer professionalism and pastoral support to all students. Currently, the school are developing a scheme where they provide dedicated satellite pastoral support at LEPs to make support more accessible to students during placements.

39   All students in phase one have a personal tutor. The personal tutor must have at least four meetings a year with their allocated students. Meetings are monitored by senior managers to ensure that they are happening and they are working well. If not, action is taken promptly to deal with the situation which in some cases means a change of tutor. Students in phase two have group tutorials but do not currently have an individual personal tutor. In our meeting with year five students, they conveyed their displeasure at this. Senior managers told us that due to the feedback from students in phase two, they were now working on providing tutors for all learners. They stated that students in phase two requested block specific support and wanted their allocated tutor to be consistent over the last few years of the course. They also preferred a clinical tutor who could help them with career advice and choices. All students have access to pastoral and academic support teams who they can turn to.

40   All students completing the cancer care block in phase two of the course are allocated a pastoral tutor. In these meetings students can talk to their tutor about what they have seen on the wards and can get support from their tutors emotionally. All tutors for the cancer care block are specially chosen.

41   We heard that occasionally a personal tutor can be unsupportive. A few year two students we met told us that when they reported their concerns about the organisation and delivery of their examinations to their tutor, the tutor failed to respond. This left them feeling demoralised and was very unhelpful. However, they

did say in most instances, their tutors are good and will help with any issues they have.

42 The school is also developing a new mentoring scheme in conjunction with University Hospitals of Leicester. In the mentorship scheme, students are supported by trained consultants or associate specialists. The programme is being rolled out currently. Students commented that they will like to see the mentor and student matched by their clinical interests but this does not currently happen.

43 Students in year four and five told us about a peer learning and mentorship scheme they run informally where more experienced students help those in the early years of the course. However, as some students have shared revision and lecture notes, the senior management team were not enthusiastic about this. Staff have advised learners in phase one not to use notes passed on to them because it will be perceived as cheating by the school.

44 Academic support is provided centrally for all students at the University of Leicester. Medical students told us that academic support tutors see students on an individual basis. Academic support help students to get an understanding of their learning styles in order for them to improve their study skills. The academic support tutors we met told us students can access this support via an open self-referral pathway or via their tutor's referral.

45 During the visit we met with the pastoral support unit. They operate an open door policy offering support to students with a variety of issues. They have strong links with the local general practice health centre and use their expertise when needed. The students also have access to the university occupational health facility that help the pastoral support unit when needed especially to identify any reasonable adjustments or needs. Students we met commented that the pastoral support unit is a very helpful and valuable resource. We found that the pastoral staff were very aware of issues like the mental health and mindfulness of students. For example, they have devised an online programme entitled 'Looking after you' which was launched as part of the new curriculum. The programme encourages students to think about mindfulness and reminds them that being aware of this is helpful in the medical profession they are about to enter. The online course is then followed up by a series of six sessions to help students establish good habits in taking care of their well-being.

46 The pastoral unit also offer a great deal of support to international students on their medical course many of which are from Kuwait. In their meetings with international students, they help to develop their cultural awareness and use simulation facilities to enhance their communication and patient history taking skills.

Area working well 4: The pastoral team are highly effective in supporting students' health and wellbeing and this includes good occupational health services.

Undermining and bullying (R3.3)

47 During our visit to University Hospitals of Leicester NHS Trust we learnt about how students are occasionally subjected to inappropriate equality and diversity comments such as suggestions of particular careers due to their gender. We also found in our meetings with students at the school that some of them had experienced inappropriate, undermining behaviours, including some career advice with a gender bias e.g. female students being advised pursue a career in general practice rather than surgery if they wished to have children. At the school, senior managers told us that they do not think there is a culture of this behaviour endemic at LEPs but they do recognise that there are 'pockets' of this behaviour which need to be addressed. However the school confirmed that they do not work with HEE EM currently on the issue of undermining and bullying, they only hear about any issues via student feedback. The pastoral support team confirmed that they had not received many reports of such undermining behaviour.

Requirement 2: The school must consider how inappropriate comments and behaviour in clinical settings is reported, collated and dealt with as part of their quality management framework.

48 Senior managers did comment however that they try to be active within the school to challenge undermining behaviours. They have a module in the new curriculum which addresses challenging attitudes. They also try to break down the misconceptions in students who are told not to do certain specialities.

Information on reasonable adjustments (R3.4)

49 Students have access to information about reasonable adjustments with named contacts. There is an accessibility team at the university who assess students and advise the school on what action or reasonable adjustments should be put in place.

Student assistantships and shadowing (R3.6)

50 Senior managers told us that they used to have issues with how prepared students were for foundation training in regard to their clinical skills. However with the introduction of the clinical skills programme, students receive excellent support in perfecting their practical skills. For example, students told us they did a simulation session on handover at the clinical skills centre which they felt was very good preparation for practice. With the introduction of the new curriculum, students will do a six month apprenticeship at the end of the programme which senior managers and teachers hope will better prepare their students for foundation training.

51 We found that many graduates from the school do not remain in Leicester for their foundation training. Senior managers told us that their surveys revealed that many graduates felt they wanted a change after completing their degree in Leicester. While there are likely to be various different explanations for this, one

possible reason is the lack of coherence and structure of undergraduate teaching at University Hospitals of Leicester NHS Trust. It is probable that students' decisions on foundation training are based on their experiences on clinical placements. Senior managers believe the changes they have made to the curriculum will help with retaining more students in the Leicester programme.

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

52 Early in the visit, senior managers told us that they provide clear information about the curriculum, assessment and clinical placements during induction and throughout the duration of the course. The course handbooks we examined prior to the visit were extensive and detailed. Furthermore, assessments were clearly mapped to the curriculum and outcomes with extensive blue printing.

53 We heard from students that often their concerns about the curriculum, their assessments or their progression through the course are not listened to or dealt with in a considered manner. Year three students were particularly frustrated due to the changes in the curriculum and the effects this was having on their educational experience at the school. Students we met commented that they are not consulted on major changes which are happening to the curriculum for example the fact that the school are removing the ophthalmology and the ear, nose and throat blocks. There was also some confusion about whether the new curriculum contains learning objectives or not. Students we spoke to felt there were no learning objectives in the new curriculum yet the teaching staff and managers stated there are learning objectives albeit less detailed in the new curriculum than the old one. Senior managers said the reasoning around the new style of learning objective was that they wanted students to apply their knowledge and reason more independently. When we relayed these concerns to the senior management team, they felt that they had communicated these messages about the new curriculum but perhaps not as emphatically as they could. This again relates to requirement one of this report (see paragraph 70 for further details).

54 During the visit we met with the assessment team; they state that they give students a fair amount of information. For example, with first year students, they give a detailed talk about assessment. They also provide a question and answer session just before the exam and provide an assessment email address where students can send any queries. The assessment team are designing a new student friendly code of conduct which will be uploaded to the website. Students complete mock exams or formative assessments using their iPads so that they can experience the system and have a real understanding of what is required before their examinations.

55 When we spoke to students, they felt that the school do not communicate enough with them in regard to their examinations. For students in phase two, they said there is a great variability in the teaching they receive in the clinical areas which affects their preparation for examinations. Year one students said they find it hard to cope because they are doing a brand new curriculum and their peers in year two cannot

help them. The academic teachers we spoke to did highlight the fact that in the school they feel students have a fixation on assessments. Therefore, they try their best as teachers to reassure students and encourage them to take time to enjoy the course so that they will find the assessments more straightforward. In addition, senior managers commented that whereas in other parts of the university, lecturers can go through past examination papers with students, in the medical school they are not able to so as they use a bank of secure questions. This also leads to anxiety amongst students.

Out of programme support for medical students (R3.9)

56 We heard that the school provides appropriate support for medical students whilst they are studying outside of the school on electives. When students return to the programme, they complete an evaluation and students discuss their experiences in groups. For all students coming back from a period of absence, they are managed effectively. For example, the school arranges for occupational health support and invite the student to work with pastoral support to ensure they have channels of communication if and when needed.

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

57 When we went to the school, we asked students about the quality of feedback they receive from their teachers on their performance, development and progress. We found that most students did not believe the feedback they received was constructive and meaningful. For example, students commented that they do not get sufficient detail on what they did right or wrong in the questions after their papers have been assessed. Students told us although they have forwarded their concerns to the senior management team they were not satisfied with their response. Students in years four and five confirmed that after they have completed an examination paper, they do not see it again and cannot approach the teacher to go through what they did and how they did. Year four and five students also raised their concerns about the lack of information they receive regarding when they will get their assessed work back. This was especially prevalent in the assessment of the dissertation at the end of year three. Students told us that when they did eventually get their dissertation back, the quality of feedback was inconsistent with some receiving a one word response and others receiving detailed, meaningful feedback.

58 During the visit we also held meetings with academic teachers who deliver aspects of the medical programme. They commented that the feedback they give to students is standardised. After students have completed a written examination, they are given written and verbal feedback which contains a headline comment; information about what the pass mark is and an explanation as to why and how the pass mark has been set. Following this feedback, every student is given an appointment to discuss their exam results with their personal tutor. No detail is given on specific questions and their answers. Academic teachers said this is because they have been instructed not

to show students any question and answer data as questions may be used again for later years. The academic teachers did admit however that they did not clearly manage students expectations about when their results would be fed back to them and so there is a plan to improve communication prior to the next round of examinations.

59 The clinical teachers we met told us that they provide feedback to students during simulation sessions and their clinical skills studies. This feedback is given in both a written and oral form. They comment that sometimes, they feel that the students do not realise that they are receiving feedback. Hence, students complain that they have not been given sufficient feedback on their practice. Clinical teachers state that they are working on ways to make it more explicit to students when they are receiving feedback. Students also complete an e-portfolio in primary care and through the completion of this; they receive feedback throughout their course. Clinical teachers stated that one barrier to giving consistent feedback is that in some of the blocks of learning, a student may have different teachers so there is no continuity.

60 Senior managers told us about a recent development they are working on with Liverpool School of Dentistry to improve the level and quality of feedback they provide to students. It is hoped that this computer package entitled 'LiftUpp' will help to further standardise the level of feedback students receive.

Requirement 3: The school must ensure that students receive adequate and timely feedback on their formal assessments including written work.

Support for learners in difficulties (R3.14)

61 We heard that if a student is in difficulty, they can inform their personal tutor, mentor or teacher and they will ensure they receive the proper support they require. Staff are briefed on the best ways to support students whose progress, performance, health or conduct gives rise to concerns.

Career support and advice (R3.16)

62 Senior managers describe their approach to career support and advice as developmental. In year one, students receive a series of general lectures about the different career paths they can pursue post degree. The school have also organised a series of talks by inspirational clinicians who talk to year one students about key elements of their job. This culminates in a workshop which allows learners to think about their career choices and invites them to have an open discussion. This workshop is run by clinical teaching fellows. In phase two, students receive career advice in line with each block. They also have career champions who students can turn to for advice and they do a student led career fair annually. For students in years four and five, the school have a network of clinicians who act as career mentors. This is an optional scheme and some of the students we met had taken this opportunity. In year four of the curriculum, students also complete a block where they learn about

general practice and what a career in this specialty entails. Students we met describe the ethos at the school as largely positive and encouraging.

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); Working with other educators (R4.5)

63 The educators we met at the school told us that they all receive a comprehensive appraisal. This appraisal includes a discussion of feedback from students which they find encouraging. All educators are encouraged to continue to develop professionally by engaging in courses within the university and externally.

64 The clinical teachers we met commented that they are experiencing a change of atmosphere at the medical school and in LEPs because senior managers are working more closely together to ensure an optimal experience for students on the wards. As a consequence, recruitment and retention is becoming increasingly more focussed on clinicians' educational contributions rather than research. This has also culminated in LEPs devising new promotion and appraisal criteria with a greater emphasis on excellence in teaching. Teachers told us that there is encouragement from the medical school for staff in LEPs to pursue educational research. Therefore, in many of the LEPs, it is now common practice amongst the LEPs for educators to be active in educational research and teaching. The university hold the Star Tutor and Excellence in Clinical Teaching Awards, where they give awards to educators from the LEPs. Educators stated that this makes them feel valued particularly for their educational contributions.

65 During the visit, we heard that all examiners and assessors are given training in assessment. For example, all examiners recently received training on the delivery and assessment of OSCEs. They also have standardisation sessions where they spend time discussing the borderline candidate and provide examiners with the tools to assess confidently. The assessment team told us that they work closely together and feel they are all well trained and supported by the senior management team.

Area working well 5: The school has effective selection and appraisal processes for educators and the school is committed to supporting teachers' continued professional development. Assessors are well trained and supported with effective calibration amongst the assessment team.

66 Despite the school's positive support of educational interests, the clinical teachers we met did state that there is no funding allocated for them to pursue their studies in medical education such as a Masters course. To help, the university provides specific

courses for clinical teachers which include training for consultants new to teaching, simulation training courses and training to write questions for examinations. The teachers we met found these courses valuable.

67 Clinical teachers commented that they are not given sufficient advice on the quality of feedback they provide students. In primary care, clinical staff are observed as teachers by the block leads and their feedback skills are assessed this way. Although this practice is valuable, clinical staff state that this is not done consistently across the programme. By contrast, in secondary care, clinical teachers commented that it is impractical for every clinician to be observed and therefore they do not receive this support.

68 We also heard from clinical teachers that it was dependent on their involvement in medical education whether they received a separate educational appraisal. If their involvement was deemed to be minimal, then a clinical teacher received a standard appraisal which meant little or no discussion of their undergraduate educational responsibilities.

Theme 5: Developing and implementing curricula and assessments

Standard
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)

69   During our document analysis prior to the visit, we could see the medical school curriculum showed how students could meet the outcomes for graduates across the whole programme.

Informing curricular development (R5.2)

70   In our meeting with senior managers, they explained that they decided to change the curriculum after receiving feedback from consultants, general practices and recent graduates. In their feedback, all of these bodies stated that the old curriculum did not sufficiently prepare students to become foundation doctors. The transition period from old to new curriculum is a process which will take a number of years. The curriculum team told us that for students in years one and two, the new curriculum will be rolled out sequentially; whereas the clinical phase of the course will take a few more years. Due to the increased focus on primary care, the school have been advised by HEE EM to make the transition slowly because of the necessary movement of funding. Therefore it is expected that the new curriculum will roll out in its entirety in 2021. However, senior managers assured us that the way the transition is structured will enable the current year three and year four students to experience a longer apprenticeship period which senior managers hope will help them be better prepared for foundation training.

71   During the redesign of the curriculum, the school worked with patient groups and HEE EM. Based on the feedback, they then devised an education strategy with clear evidence of what would be delivered and how. The curriculum steering group had regular meetings with colleagues in University Hospitals of Leicester NHS Trust and met with staff in the other LEPs. One of the key elements they hoped to introduce to the course was patient input. Notably, the patient groups helped to design a module entitled Compassionate, Holistic, Diagnostic Detective course (CHDD) which encourages students to have early patient contact. This relates to good practice two where patients' feedback is used to inform student's progress and in this case, curriculum design.

72   Prior to the introduction of the new curriculum, the school told students about the changes and how it would affect each year group. However, students were still

unclear about the impact of these changes on their studies, particularly those who desired to do an intercalated degree. For example, students in year three are able to intercalate if they wish which will extend their course to six years. This intercalated year is supposed to be free for students to take in Leicester or externally. However due to the transition from old to new curriculum, the current year three students are only able to complete their intercalated year internally. Students complained that this was explained to them late in the year so many who wanted to intercalate could not do so. Even in our meeting with students, there was confusion amongst the learners with some believing they could no longer do intercalated degrees at the school. In our discussions with managers, staff and students at the school, it became clear that the school seemed to lack a clear communication strategy which would enable students to truly understand the development of the school curriculum. The clinical teachers we met said the fact that the old and new curriculum overlap is a little concerning. Meeting with students, it is clear that they find this overlap confusing too. Senior managers told us that they are aware when they send emails or put posts on the intranet, these are not always read in a timely manner so they are now trying to communicate with students verbally at the beginning of lectures. Senior managers did recognise the need to improve their communications with students.

Requirement 1: The school must implement an effective communication strategy to ensure students are consistently consulted in a timely manner and are informed about the curriculum particularly the changes, their progression and assessments.

Undergraduate curricular design (R5.3)

73 The new curriculum has been mapped well to the GMC standards. Senior managers have built strong working alliances with another neighbouring university to look at how they can work together to deliver multiprofessional medical education and interprofessional simulation sessions with their students. Senior managers aim to use this to develop students' generic professional capabilities. Students are encouraged to use submissions in their e-portfolio to reflect on their inter-professional training. Furthermore all students will have key teaching in Leicester before moving to the other district general hospitals. At the time of our visit, all but one of the blocks had a detailed workbook with tasks for students to complete independently and with their tutors.

74 Students are taught professionalism well. In the new curriculum, the teachers have moved away from teaching and assessing professionalism according to a set of rules. Now they deliver the unit via small, interactive group work sessions where students discuss examples of professionalism. Students are assessed by completing a situational judgement test, which is a formative assessment taken in the first semester. In phase two, students' professionalism is assessed via stations in their OSCE. This enables assessors to cover a good breadth of topics. The students we met felt confident that they were learning about professionalism well throughout the course.

75 Students have an interactive session during their course which is run by a psychiatrist and it addresses the issues of equality, diversity and stereotypes. This format is also used in the delivery of a special study module where students look at issues around behaviours particularly alcohol and laddish behaviours. This helps students in phase one look at professional identity and student behaviour in more detail. Students commented that they really enjoyed learning interesting subjects such as the ones outlined here that helped them consider their own professionalism, mindfulness and health enhancement.

Area working well 6: The new curriculum has been well designed and meets GMC criteria. It is creative and innovative in the way it teaches students about mindfulness and professionalism through units such as health enhancement and its Compassionate, Holistic, Diagnostic Detective course (CHDD).

76 In the new curriculum, students told us they receive a lecture and then a case based group session to follow where they have to work out a particular problem or issue for a clinical scenario. Students stated that after the session, they were not given the correct answer to the problem; the focus was on them working it out as a group. We found that students were anxious about this style of delivery because in the old curriculum they would have group discussion sessions with greater transparency where they would receive clear guidance with answers. The new style of teaching intends to create a greater autonomy for the student and encouraging them to think for themselves which is challenging but interesting.

77 A substantial part of the delivery of phase one is done by clinical teaching fellows. Students appreciate this because the clinical teaching fellows are able to relate basic science to clinical science and therefore their explanations of key concepts are accurate and informative. During year one, a lot of time and detail is given to patient safety. The vast majority of students appreciated this and felt this was sufficient. One of the exercises students do is to visit a patient over time who is suffering with a long term condition. Through the delivery of phase one, students are able to link theory and practice.

78 In the new curriculum, students will get an opportunity to study a student selected component (SSC) in year three of their course which can be academic or clinical. For the students on the old curriculum, they complain that the SSC is not necessarily student selected, they are allocated one from a list. Students told us that they can design their own SSC by submitting an in-depth proposal and then finding a tutor to oversee their studies. The issue for many students was the way in which the SSC was assessed; some had to complete a 7,000 word essay whilst others had a lot less. Students we talked to perceived there to be a lack of consistency and fairness in their experiences. So even though students are seemingly offered the opportunity to choose areas they are interested in studying, this was not evident in practice. The hope is that this will change through the implementation of the new curriculum.

Undergraduate clinical placements (R5.4)

79 Students in years four and five told us that they really enjoy the early clinical exposure they get at the school. They commented that the structure of phase one clearly links to phase two. Students' experience in the local education providers is variable. At Northamptonshire Healthcare NHS Foundation Trust for example, we heard from students that they were not welcomed as much. However at Glenfield, University Hospitals of Leicester NHS Trust, students receive more consistent teaching in the clinical environment. In Burton Hospitals NHS Foundation Trust, students stated that they felt like a member of the ward team which was enjoyable.

80 Students in year three complete placements in general practice and they state that these are well organised. Students commented that clinical placements are their favourite part of the week; they learn so much from them and it helps them see that what they are doing is relevant.

Assessing GMC outcomes for graduates (R5.5); Fair, reliable and valid assessments (R5.6)

81 During the visit, we met with the assessment leads. They explained the process for the writing of examinations which is clear and robust. Block and assessment leads blueprint every question to each learning outcome and the outcomes for graduates. Furthermore, the phase leads do the initial edit of all examinations and then they check all examinations again as a team. This process ensures that the school sets fair assessments.

82 Students told us that they feel there is not enough continuous or formative assessment in the course. As a result, students feel that they do not know their capability or level before taking an examination. They also felt that a recent change in the style of examination was not communicated well with them. When we raised this issue with the assessment leads, they explained that they had changed the style of the examination and did not inform the students. However, the content of the blocks and corresponding examinations did not change and neither did the teaching style. The exam was more clinical in nature which perhaps made the students more nervous. As we stated in requirement one, we urge the school to communicate with the students more effectively especially when they are making changes to assessments.

83 During our meeting with students, they commented that there is a problem with consistency in the blocks. Currently, students commented that with block assessments, one LEP takes the lead in writing each one. Therefore, students state if for example, an examination is written by University Hospitals of Leicester and one are on a placement in Kettering then this can be difficult because the experience is not in the place the examination has been written. For example in Kettering, there is no vascular teaching so examination questions on this specialty can be difficult for those placed there.

Reasonable adjustments in the assessment and delivery of curricula (R5.12)

84 We found that the school offer excellent support for all students including disabled learners and those requiring reasonable adjustments. For example, at the beginning of the course, all phase one students complete a screening examination for dyslexia. This screening assessment score goes to the accessibility team to check whether a student requires further testing or not. If a student is deemed to require further testing, the accessibility team do so. Based on the results of these tests, the accessibility team put a plan in place to make reasonable adjustments for the student. This includes adjustments to assessment and the delivery of the curriculum. For students in phase two of the course, all summative assessments are run by the medical school which ensures any reasonable adjustments are implemented. Teachers at the school also report to block co-ordinators in LEPs if learners require reasonable adjustments to ensure these are implemented in a timely manner. All of the students we met were happy with the support they receive in regard to reasonable adjustments and felt the system worked well.

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Dear Kevin

Review of Leicester Medical School 2016

On behalf of the School I would like to thank the GMC visit team for a very positive experience. Preparing for the visit was very useful for the School, as we were able to reflect on our achievements, identify our strengths and look for additional opportunities to develop.

We are delighted that the visit team commended our quality management framework and collection and analysis of data. We are also pleased to note the wide range of areas identified by the team as working well within the School. We are taking steps to address the three cited requirements and look forward to reporting back on these areas in the 2017 MSAR.

The School would like to thank the visit team for their guidance throughout the process and their fair and constructive feedback.

Yours sincerely

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