General
Medical
Council

Review of Sheffield Medical School

This visit is part of a regional review and uses a risk-based approach. For more information on this approach please see the General Medical Council website.

Review at a glance

About the School

Programme	Bachelor of Medicine and Surgery (MBChB)
University	The University of Sheffield
Years of course	Five years (with an intercalated degree option which extends the programme by one year) Six year course for entrants of a non-science background or lack of chemistry A level
Programme structure	The curriculum is divided into four phases: Phase 1 takes place over one year and covers a series of modules and Student Selected Components. Students spend a significant part of this phase working outside the campus: at the clinical skills units at the Northern General Hospital and the Royal Hallamshire Hospital or within a community setting including general practice and social service locations. Phase 1 includes two weeks of intensive clinical experience. Phase 2a begins with a research project. The primary focus is on the clinical medical sciences delivered in an integrated, system based approach and includes early years placements in primary care. This leads into Phase 2b which starts with a three-week introduction to basic clinical skills, based at the bedside with the assistance of patients. Students also attend four 3-week clinical placements, working in hospitals in Sheffield and the

	surrounding districts.
	Phase 3 lasts two years and is clinically based. The primary care element involves community placements centred on general practice. The secondary care element covers mainly hospital work in sub-specialty subjects.
	Phase 4 is based primarily around clinical attachments supported by lectures and other teaching sessions.
	A post-finals Student Assistantship completes Phase 4. This is a 6 week clinical attachment matched to the students' future F1 posts or to a similar job should they be leaving the area.
Number of students	1341 (according to 2014 MSAR data)
Number of LEPs	10 Trusts, multiple GP placements
Local LETB	Health Education Yorkshire and the Humber
Last GMC visit	Quality Assurance of Basic Medical Education (QABME) visit 2007
Outstanding actions from last visit	None

About the visit

Visit dates	17 & 18 November 2014
Sites visited	Sheffield Medical School – University of Sheffield
	Barnsley Hospital NHS Foundation Trust (15 October

	2014) Sheffield Teaching Hospitals NHS Foundation Trust (16 October 2014)
Areas of exploration identified prior to the visit. **Please see Appendix 2 for details of our findings in these areas**	Barnsley Hospital NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust, quality management, student support, assessment, curriculum, patient and public involvement, student assistantships, placements, teaching and learning resources.
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns identified?	No
Has further regulatory action been requested via enhanced monitoring?	No

Summary

1 We visited Sheffield Medical School as part of our regional review of undergraduate and postgraduate medical education and training in Yorkshire and the Humber. The regional review also included visits to Leeds and Hull York Medical Schools, and seven local education providers (LEPs). During the visit to Sheffield Medical School we met with the senior management team at the school and the teams responsible for quality

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and curriculum management, student support and assessment, as well as students from all years. We also met with representatives from Chesterfield Royal Hospital NHS Foundation Trust, which although comes under the Health Education East Midlands umbrella, hosts a large number of Sheffield students.

2   Established in 1828, Sheffield Medical School has a long tradition of delivering medical education. More recently there is evidence of investment in, and development of, the medical school faculty in the form of innovation leads and additional administrative staff having been appointed.

3   Overall, the quality of education at the medical school was found to be high. We found a cohesive, supportive and happy group of students who are proud to be members of the University of Sheffield and have a clear understanding of the values of the organisation. In particular, students demonstrated an understanding of the wider aspects of health in society, health inequalities and professional values. There is good support for students, and assessment methods and communication to students regarding assessment were found to be working well.

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 that should be shared with others and/or developed further.

Number	Paragraph in *Tomorrow's Doctors* (2009)	Areas of good practice for the School
1	TD 103, 105	The 'Patients as Educators' programme is a well-developed, supported, and valued approach to patient and public involvement.

2	TD 104	Opportunities for students to interact with people from a range of social, cultural, and ethnic backgrounds.

Good practice 1: The 'Patients as Educators' programme is a well- developed, supported, and valued approach to patient and public involvement.

4　During the course of the visit we heard a presentation detailing the School's Patients as Educators Programme. This programme, which is funded by the medical school, includes a number of initiatives aimed at helping students to develop their understanding of patient experiences whilst at the same time enabling them to develop their clinical skills.

5　We heard that on a practical level the scheme, which consists of 750 patients and 100 simulated patients, provides students with the opportunity to develop history taking and physical examination skills, procedural and communication skills and participate in simulated ward scenarios. In addition to this we also heard that patients participate in lectures, providing students with the opportunity to hear first-hand about their own personal experiences. The students we met with were highly appreciative of this.

6　The visit team were also pleased to hear that the School seeks public and patient input to the development of both the curriculum and assessment systems. We heard that in order to prepare for their role, all patients participating in the initiative are required to undertake full training and that this includes training in patient safety issues and equality and diversity.

7　This initiative is already extended faculty wide to dentistry and is planned to be extended to nursing, and will be offered to other healthcare professional groups in Sheffield and the Royal Colleges.

Good practice 2: Opportunities for students to interact with people from a range of social, cultural, and ethnic backgrounds.

8   Discussion with clinical teachers during the visit indicated that students have opportunities to work with people from a range of social, cultural, and ethnic backgrounds throughout the programme.

9   We heard evidence of this being incorporated into the curriculum from the early years of the programme, for example through role play activities. Through these sessions, students are able to practice interacting with a diverse range of patients and consider their own behaviour when they are talking to different patients. It was noted that these sessions allow any potential equality and diversity issues to be identified and appropriately discussed and addressed with students. We were also given an example of sexual health placements, where students will see a very diverse group of patients.

10   A particularly innovative example we heard over the course of the visit was the involvement of interpreters in communication skills training. Students were given an opportunity to practice taking the history of a patient through an interpreter. This experience was recognised as extremely beneficial to students, and it is highly valued by both students and trainers.

11   Student exposure to people from a wide range of social, cultural, and ethnic backgrounds was identified as an area working well within the medical school. The manner in which this has been achieved, such as through the use of interpreters was recognised as innovative, and there are benefits of this good practice being shared with other medical schools in the future.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in *Tomorrow's Doctors* (2009)	Requirements for the School
1	TD 39	The quality management strategy in place at the medical school must be reviewed to ensure that the quality management processes, associated structure and reporting mechanisms are clearly outlined.
2	TD 41 TD 153	The school must formalise relationships with local education providers and the Local Education and Training Board in the sharing of information relating to patient safety concerns, and quality management of the training environment.

Requirement 1: The quality management strategy in place at the medical school must be reviewed.

12 The documentation provided prior to the visit included a quality management strategy (document 3.1) which illustrated different aspects of the evidence base that feeds into the quality management process in place at Sheffield Medical School. Examples of evidence were information from the GMC, such as through the medical school annual return (MSAR) and GMC visits, student evaluations and university level quality assurance. However, from discussions held over the course of the visit, or from the documentation, it was not clear how these various evidence sources are linked or how issues are acted upon through a consistent quality management system.

13 Standard 39 of *Tomorrow's Doctors (2009)* requires that medical schools have a clear framework or plan for how quality management and quality control is organised, including who is responsible for this. Whilst throughout the visit we heard examples of mechanisms in place to quality manage the curriculum and teaching, including scrutiny of the teaching being delivered, obtaining student evaluations, and peer observation, it was not clear what the process was for initiating changes that need to be made as a result. In discussion with the quality management team during the visit, we heard that a "traffic light system" is currently being instigated, as a means of rating concerns. However, it appeared that this was not a formalised process at the time of the visit. It also was not clear who would be responsible for making these judgements, or who was leading on overall quality at the medical school.

14 Discussion with the senior and education management team at the beginning of the visit acknowledged that quality management processes could be improved, and that they want to address transparency, better communication and collaborative working with Trusts and the LETB (see requirement 2). The documentation provided prior to the visit did not describe in detail how quality data was used and reviewed consistently, either internally to improve processes, or externally to encourage collaborative working. The quality management structure, and processes for linking evidence bases must therefore be reviewed to ensure that there is a clear and consistent quality management strategy in place at the medical school.

Requirement 2: The school must formalise relationships with local education providers and the Local Education and Training Board.

15 We heard that the school has good working relationships with both the LETB and the local education providers (LEPs) with which it is associated.

16 Specifically, we heard that the school works closely with Directors of Teaching based within each Trust and that, in the main, these individuals form the link between the school and the Trust Medical Director and Chief Executive. However, we also heard that in some hospitals communication between the school and Trust is not as effective as it could be, and that the processes of collaboration between the medical school, Trusts and the LETB require formalising. This is particularly notable at a time

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of significant threats to educational quality through service reconfiguration and change.

17   The school confirmed that they are well supported by the LETB and that they share an open dialogue. However, we heard that information is sometimes conveyed through informal meetings and at a personal level. We heard an example of this in discussion with the education management team, that information gathered by the LETB during quality management visits to Trusts is fed back to the school informally rather than via an agreed process. We also heard that patient safety concerns raised by students on clinical placement are managed by the school and Trust, and that the school relies on the Trust to report the issue to the LETB.

18   As undergraduate and postgraduate medical education is often provided within the same training environment such as a GP practice or, in the case of secondary care a hospital ward or department, it is possible that issues with the training environment or patient safety issues that are impacting negatively on doctors in training will also impact on students placed within a Trust. It is therefore important that a system is developed whereby concerns can be formally discussed and recorded between the medical school, LETB, and relevant Trust. This will ensure that risks to student learning and safety whilst on placement can be identified and appropriately addressed by the medical school. The school should therefore work towards establishing consistent and more formal links with LEPs and the LETB.

Recommendations

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

Number	Paragraph in *Tomorrow's Doctors* (2009)	Recommendations for the School
1	TD 60	The school should consider using equality and diversity data to inform all aspects of the programme.
2	TD 81	In response to student feedback, the school should consider reviewing the teaching of pharmacology and prescribing and how it is communicated to students.

Recommendation 1: The school should consider using equality and diversity data to inform all aspects of the programme.

19 In discussion with the senior management team and in the fitness to practise and student support meeting, we heard that the medical school routinely collects equality and diversity (E&D) data to inform the admissions process, for example data regarding the ethnicity and gender of applicants. We also heard of an ongoing initiative that the school is engaged in through 'Athena SWAN', a national scheme that recognises commitment to advancing women's careers in STEMM (science, technology, engineering, maths and medicine) in higher education and research. We were told that the school have received a silver award in recognition of their increasing levels of good practice in recruiting, retaining and promoting women within medicine and they are working towards a gold award currently.

20 Whilst the examples of the use of E&D data we heard were positive, it appeared that they were largely in relation to the admissions process at the medical school. We did hear an example of the use of equality and diversity data within assessment, but it was not clear if this was monitored on a regular basis by the medical school. Examples of how the medical school uses equality and diversity data to inform other aspects of the programme, such as the progression of students or the career paths of doctors after they have graduated were less clear.

21 Monitoring data regarding equality and diversity in relation to the progression of students or the career paths of doctors after they have graduated should be considered by the medical school to ensure that the impact of equality and diversity on these aspects of the programme are fully understood by the medical school. This will ensure that appropriate actions can be taken to limit any impact that equality and diversity has on the progression of students throughout the programme.

Recommendation 2: In response to student feedback, the school should consider reviewing the teaching of pharmacology and prescribing.

22 We heard from students throughout the course of the visit that exposure to teaching in pharmacology is variable between placements. Regarding prescribing teaching within the curriculum, there was also uncertainty amongst some of the students we met as to when prescribing teaching will take place during the five year programme. These comments support those gathered in the GMC pre-visit survey in which a number of students stated, when asked what they would most like to change about the course, that they would like more comprehensive pharmacology teaching and for this to be conducted earlier in the programme.

23 During our meeting with curriculum staff we heard that much of the pharmacology and prescribing training is focussed towards the end of the five year programme. We heard that students undertake a specific prescribing module in Phase 4 of the programme and that further teaching is also undertaken as part of the student assistantship. In documentation provided ahead of the visit, we read that during the student assistantship students are required to complete a number of prescribing activities which are then checked by the ward based pharmacist. Survey results

provided by the School show students feel more confident drafting prescriptions following their student assistantship than beforehand.

24 As some students are concerned at the apparent lack of pharmacology and prescribing teaching during the early stages of the programme, the school may wish to consider seeking further student feedback in order to gain a better understand of their concerns. In addition, it may be appropriate to provide further guidance to students such that they are aware of the focussed training offered later in the programme.

Acknowledgement

We would like to thank Sheffield Medical School and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.

Appendix 1: Visit Team

Visit team

Team leader	Prof Simon Carley
Visitor	Dr Richard Tubman
Visitor	Dr Roisin Finn
Visitor	Prof John Bligh
Visitor	Dr Marion Lynch
Visitor	Mr Tony Whyte
Visitor	Prof Steve Heys
GMC staff	Robin Benstead, Quality Assurance Programme Manager Greg Liang, Quality Assurance Programme Manager Roz Barron, Education Quality Analyst

Appendix 2: Visit action plan

Prior to the visit and following a review of the documentation provided by Sheffield Medical School, the visiting team produced the following action plan detailing areas to be explored during the visit. The action plan has now been populated with our findings from the visit.

The document register (in appendix 3) gives more detail on the documents we reviewed.

Paragraph in *Tomorrow's Doctors* (2009)	Areas to be explored during the visit	Documents reviewed	People interviewed	Our findings
Domain 1: Patient safety				
28e Systems and procedures will inform students, and those delivering medical education, of their responsibility to raise concerns if they identify risks to patient safety,	Explore student awareness of patient safety and student responsibilities for reporting concerns	Doc 14a appendices - all Doc 3.3 Placement Evaluation survey Doc 3.4.2 TT	Students, curriculum team, Fitness to practise and student support, QM team	The students we met told us that they undergo mandatory training on patient safety and that this is also taught during clinical skills. They were all aware of the functionality on Minerva for reporting issues. We also heard that students are encouraged to

and provide ways to do this.		Monitoring visit Procedure		share their experiences of patient treatment during patient safety training sessions, and students receive feedback from patients.
31 Although medical students may not be directly observed or supervised during all contact with the public – whether in hospitals, in general practice or in the community – there must be a general oversight of students on placement to ensure patient safety.	Explore student supervision on placement	Doc 14a appendices – all Doc 13.1.1 Learning Development Agreement	Curriculum team Fitness to practise and student support QM team Students	75% of those students who responded to the GMC pre-visit survey agreed that they receive supervision or instruction before conducting clinical procedures. On the visit, all of the students we met with confirmed that they have a clinical supervisor, however, we did hear reports that there could be up to ten students allocated to one supervisor. Students on the visit also indicated that they would feel comfortable refusing to undertake a procedure in which they were not fully trained, so they would only work within their competency.

Domain 2: Quality assurance, review and evaluation				
39 The medical school will have a clear framework or plan for how it organises quality management and quality control, including who is responsible for this.	Explore the school's strategy for quality management	Doc 1.1 Organogram Doc 11.1 Doc 3.1 Quality Management Strategy Outline Document Doc 3.2 Student Evaluation Strategy 2013-2015 Doc 2.1 Organisational Risk Register Doc 14a.ii.1 Fitness to Practise Docs 4.1.1 - 4.5.2	Senior management team, QM team, school management team, students	Following a review of documentation and through discussions held over the course of the visit, it was not clear that there was a formalised, detailed quality management strategy. Please see requirement 1.
41 The medical school will have agreements with providers of each clinical or vocational	Explore the school's quality management of placements	Doc 3.4.2 TT Monitoring visit Procedure Doc 3.4.3 TT	Education management team, senior management team, QM	Documentation provided prior to the visits indicated that there are collaborative agreements in place with the Trusts who are delivering placements. In discussion with the

		Questionnaire to trusts Doc 3.4.4 TT visit - Trust Financial information Doc 13.2 Collaborative Agreement	team	education management team we heard that quality management visits are carried out to Trusts, and that these visits take into account the results of the National Training Survey (NTS). The school indicated that they have a very positive relationship with local education providers (LEPs), but that more work needs to be done to address transparency within the quality management processes and promote better communication and collaborative working. Please see requirement 2.
43a Quality data will include evaluations by students and data from medical school teachers and other education providers about placements, resources and assessment outcomes.	Explore student feedback on placements	Doc 3.3 – Placement evaluation survey	Students, assessment team, QM team	Students we met with on the visit indicated that they are asked to provide feedback at the end of each placement. Some students would welcome the opportunity to give feedback to the medical school before the end of the placement, so that improvements can be made that would impact upon their experience,

| | | | | rather than only for future cohorts. In discussion with the QM team we heard that it had been recognised that placement questionnaires were not being utilised to their full advantage, and in response to this, a new feedback form has been created and had just been implemented from 2014/15 academic year.

It was clear that student feedback is highly valued by the medical school. The relationship between the medical school and the student body, the Medical Society was recognised as strong, and it has contributed to ensuring that students are integrated into medical school processes. |
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| **Domain 3: Equality, diversity and opportunity** | | | | |
| **57** The medical school | Explore widening | Admissions and | Senior management | We heard examples of how the school |

will have policies which are aimed at ensuring that all applicants and students are treated fairly and with equality of opportunity, regardless of their diverse backgrounds.	participation	Selections policy document	team, Academic team	encourages widening participation through the Sheffield's Outreach and Access to Medicine Scheme. This was recognised as an area working well for the medical school.
58 Staff will receive training on equality and diversity to ensure they are aware of their responsibilities and the issues that need to be taken into account when undertaking their roles in the medical school.	Explore equality and diversity training in place for staff at the medical school	Doc 5.1 Equality and Diversity Policy for students Doc 5.2 PPD theme map 2014	Curriculum team, fitness to practise and student support, patients as educators team	In discussion with curriculum staff we heard that equality and diversity training is delivered annually to admissions staff via an e-learning package. The fitness to practise and student support staff we met with also indicated that refresher courses are provided every three years for equality and diversity. We heard from the 'patients as educators' group that they are also provided with E&D training by the medical school.
60 The medical school will routinely collect and	Explore how the	Doc 5.1 Equality and	Senior and education	Whilst we heard that the medical school

analyse data about equality and diversity issues to ensure that policies are being implemented and any concerns are identified.	medical school uses equality and diversity data	Diversity Policy for students Doc 5.2 PPD theme map 2014	management team, QM team, assessment team	routinely collects and analyses data about equality and diversity in regards to the admissions process, examples of how the medical school uses equality and diversity data to inform other aspects of the programme, such as the progression of students or the career paths of doctors after they have graduated were less clear. Please see recommendation 1.

Domain 5: Design and delivery of the curriculum, including assessment

81 The curriculum must be designed, delivered and assessed to ensure that graduates demonstrate all the 'outcomes for graduates' specified in *Tomorrow's Doctors*.	Explore the teaching and assessment of outcomes (including curriculum maps)	Docs 9.4 appendices - Blueprints Doc 12.1	Assessment staff, curriculum staff, students	We heard that there have been three assessment reviews over the past 12 years. Students we met with told us that they are given information regarding the structure and type of exam they are going to receive, including question types and format. We heard that they are prepared for assessments through lectures, past papers,

				weekly/fortnightly formative assessments, model essays (for SSCs), advice and an FAQ document. The exam blueprint is in the assessment policy documents on Minerva, along with information on marking, appeals etc. However, we also heard from some students that they sometimes do not know what they are going to be asked, are unsure of what materials will be covered and of the style of questions to expect. The teaching staff we spoke to told us that they try to ensure every cohort is assessed at least once on everything.
84 The curriculum will include practical experience of working with patients throughout all years, increasing in duration and	Explore student assistantships and preparedness for practice	Doc 8.5 Guidance for F1 doctors on assistantships Doc 14a.i.8 - Student	Curriculum staff, Year 5 students, supervisors	In general, the students we met with felt that the curriculum well prepares them for their foundation year. We heard about positive contributions to the medical school from the academic foundation doctors in medical

responsibility so that graduates are prepared for their responsibilities as provisionally registered doctors. It will provide enough structured clinical placements to enable students to demonstrate the 'outcomes for graduates' across a range of clinical specialties, including at least one Student Assistantship period.		Assistantship Handbook		education that they contribute to teaching, course development and feedback on preparation for practice. We were also pleased to see the development of primary care placements and early years' exposure to primary care in the curriculum, and we heard positive feedback from students regarding this. This is a recent initiative and it may be beneficial for the medical school to explore other opportunities for delivery of the curriculum in the community setting. Students undergo a 6-week student assistantship, which includes a specific prescribing module. We heard that there is a mutual benefit to clinical teams working with those on student assistantships. We also heard that this phase 4 placement is a clinical shadowing of F1 doctors in training and students are matched to their first foundation

				where possible.
97 SSC learning outcomes must be mapped to outcomes in *Tomorrow's Doctors*, and contained within the assessment blueprint for the programme, thus helping to make SSCs transparently relevant and clarify how SSCs contribute to the programme.	Explore Student Selected Components (SSCs) within the programme.		Students, curriculum team, assessment team	The students we met with were extremely positive about the SSC components of the programme, indicating that they are structured but they can choose what they want to do. They also indicated that they are provided with a lot of information about them beforehand, and that a broad range of skills are taught through the SSCs. Student Selected Components (SSCs) within the programme are well organised, well received, and cover a range of opportunities, which are highly valued by students and trainers. This was identified as an area working well for the medical school.

103 The curriculum must include early and continuing contact with patients. 105 The involvement of patients in teaching must be consistent with Good Medical Practice and other guidance on consent published by the GMC.	Explore patient and public involvement in the programme	Doc 14a appendices – all	QM Meeting, all students	Patient and public involvement in the programme was identified as an area working well at the medical school. Please see good practice 1.
111 Students must receive regular information about their development and progress.	Explore the feedback that students receive on their development and progress	C1.1 Opportunities for Feedback Docs 9.3.1-6 Phase Assessment Documents Doc 3.1 Quality Management Strategy	Students, school management team, QM meeting	In discussion with academic teachers during the visit, we heard some examples of how students receive feedback on assessments throughout the programme. Students get feedback through weekly formative assessments, summative end of year feedback and detailed "traffic light" feedback, to name some examples. Students who fail are required to meet the phase director before retaking an exam. Students supported this, indicating that they receive personalised feedback on their

		Outline Document		performance throughout the programme. They also mentioned 'traffic light feedback'.
		C9.3 Clinical Skills e-log book handbook		In regards to feedback on performance within placement, in discussion with the clinical teachers we heard that students received weekly written feedback, but that service pressures can prevent students receiving regular feedback at times.
		Docs 9.3.1-6 Phase Assessment Documents		
		Doc 9.1 Assessment Policy		
		Docs 9.3.1-6 Phase Assessment Documents		
112 Medical schools must ensure that all graduates have achieved all the outcomes set out	Explore student understanding of professionalism	Doc 14a appendices - all	Curriculum staff, students, supervisors	Students we met are well taught in good medical practice. They are given lectures on case scenarios, and quizzes that require them to use the principles of medical ethics. We

in Tomorrow's Doctors.		Doc 8.2 SA TAB		were told that good medical practice is taught throughout the curriculum, starting with the very first lecture. We heard that later in the programme, students also receive lectures on personal and professional development, which is also assessed in exams.
112 Medical schools must ensure that all graduates have achieved all the outcomes set out in Tomorrow's Doctors	Explore prescribing and pharmacology teaching within the curriculum	Doc 7.1 Curriculum Map	Curriculum staff, students, supervisors	In the GMC survey conducted prior to the visit, students expressed concern about the lack of pharmacology and prescribing teaching. This was further echoed by comments heard during visits to the medical school. We did hear, however, that there is a specific prescribing module and there is also focus on this at the end of the course. Students also commented that they would like to spend more time on

				dissection.
				We heard that there has been a development in the curriculum, leading to greater primary care focus in phases 1 and 2 of the course.
				There is now primary care exposure beginning within the first two weeks of the first year and then throughout the first and second years. Students we spoke to feel very positive about having GP exposure so early on in the curriculum. We also heard that students are able to do an SSC in phase 3a, which they are very enthusiastic about.

113 Assessments must be designed and delivered to provide a valid and reliable judgement of a student's performance.	Explore assessment including models, range, and information provided to students regarding assessment.	9.2 Assessment mapping 9.4.1 – 9.4.6 Blueprints	Assessment team, students, senior and education management team	Assessments are well organised and are managed by a team of technically capable, reflective and well informed individuals. We found a clear strategy for development in the assessment process and the assessment team had a good understanding of the strengths and weaknesses of the current assessment process. We feel that assessment is a strength of the medical school. This supports the findings of the GMC Assessment Audit Report in early 2014.
114 Students must have guidance about what is expected of them in any examination or assessment.	Explore the information that is provided to students regarding assessment	Assessment 1314 12.1 Exam Dates 2014-15 10.3 SoM Examiners report June2013 12.2 Master Timetable	Assessment team, students, curriculum team	The students we met with demonstrated that they knew what was expected of them in all stages of the assessment process. They receive good information regarding the content, timing and structure of their assessments. Some examples we heard were a lecture they received regarding the types of exams they would be assessed through, and the structure of them. Discussion with the

		ALL YEARS Sept 2014		curriculum team also indicated that students receive a frequently asked questions document and model SSC essays to aide students in preparing for assessments. The documentation provided prior to the visit also detailed the assessment blueprints for the programme.
Domain 6: Support and development of students, teachers and the local faculty				
124 Students will have appropriate support for their academic and general welfare needs and will be given information about these support networks.	Explore the pastoral and academic support available for students	Doc 14a Minerva login and user help Doc 14a.ii.3 My Health and Wellbeing Doc 14a.ii.2 Contact and Support	Students, School management team, Support team	Over 88% of the respondents who replied to the GMC pre-visit survey agreed that they have access to the general welfare support that they need. The students we met on the visit agreed that the pastoral and academic support available to them is good. We heard that each student is assigned a personal academic tutor with whom they meet on a regular basis. Students were aware that if they required additional support from their academic tutor, they could arrange

| | | | | additional meetings. We also heard that the school has an Enhanced Support Programme for those experiencing difficulties. Students can be referred to the support programme, or they can refer themselves. This, and other forms of support identified were recognised as effective mechanisms to support students in difficulty, and to support them with health, performance and career concerns.

The medical society, MEDSOC, also plays a large role in supporting students. We were told that they provide revision lectures, peer support and a tutor system amongst other initiatives for students. |
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| **128** Everyone involved in educating medical students will be appropriately selected, trained, supported and | Explore the support and training available for staff and supervisors | Doc 8.4 SA Tutor Handbook | Educational and clinical teachers, school management team, senior management | Over the course of the visit, we discussed the training that was available for staff and supervisors who educate students. In discussion with the assessment team we heard that the school go out to deliver the |

appraised.			team	mandatory OSCE training, and also deliver refresher training every three years. Training on how to write questions is also offered. Whilst we heard that the latter is not mandatory, one of the clinical teachers we met with had completed this training. Completion of training is also monitored centrally by the medical school to ensure that only those who have received appropriate training are able to assess students.
				We were also pleased to see the investment in, and development of the medical school faculty as evidenced through the appointment of innovation leads and additional administrative support.

Domain 7: Management of teaching, learning and assessment				
127 Medical schools will have robust and fair procedures to deal with students who are causing concern on academic and/or non-academic grounds.	Explore fitness to practise processes and student understanding of them	Doc 14a.ii.1 - Fitness to practise procedures	Fitness to practise and student support, students	In the GMC pre-visit student survey, 70% of students agreed that they understood the School's FtP arrangements. The students we met with during the visit were aware that information regarding FtP is available to them via Minerva; however they did not have any personal experience of the process.
Domain 8: Educational resources and capacity				
159 The educational facilities and infrastructure must be appropriate to deliver the curriculum.	Explore educational resources and capacity	Doc 3.4.4 TT visit - Trust Financial information Doc 4.2.1 STHT staff notes 26/02/14	Senior and education management team	In documentation reviewed ahead of the visit we saw several references to capacity concerns at Sheffield Teaching Hospitals. Whilst reference was also made to this by the senior management team on the day of the visit, we did not hear any comments from the students or clinical teachers we met with to

		GMC pre-visit student survey		suggest that teaching is being adversely affected. The medical students we spoke to confirmed that the educational resources available to them are adequate.
Domain 9: Outcomes				
172 Quality management will involve the collection and use of information about the progression of students. It will also involve the collection and use of information about the subsequent progression of graduates in relation to the Foundation programme and postgraduate training,	Explore student progression	Doc 8.2 – SA TAB Doc 14a.ii.1 Fitness to practise procedures	Senior management	We heard that the school keeps a record of which Foundation school each student has been appointed to and we were told that there has been an increase in the retention of students within the region. The school does not seek feedback from employing bodies but instead relies on them to provide feedback as appropriate.

and in respect of any determinations by the GMC.				

Appendix 3: Document register

Document number	Document name	Description	Publication date and version	Source
Doc 1.1	Organogram	Chart of the committee structure and information flow of the Medical School management system.	Updated 2014	School Archive
Doc 2.1	Organisational Risk Register	The 2014 Risk Register is a Faculty document first submitted in the 2013 MSAR [Doc 16a].	Updated 2014 Previous version 2013.	Held in the Faculty Executive Board Archive.
Doc 3.1	Quality Management Strategy Outline Document	Charts indicating those aspects of Quality management that is reviewed by the School. NB QA for the assessment process previously submitted for Assessment Audit 2013	New 2014	Attached
Doc 3.2	Student Evaluation Strategy 2013-2015	An outline of the upgrade of the students' evaluations process. Introduction of GMC question set.	2014 Updated previous PiCES documents	Minerva (evaluations tab) https://www.minerva.shef.ac.uk/medfac/minerva/phase2/evaluation
Doc 3.3	Placement Evaluation survey	New Placement survey piloting this year principally in Phase 3a. sample survey	2014	Attached:
Doc 3.4.1	Required Trust	TT Explanatory	2013	TT team Archive

	Documents – TT visits	Document		
Doc 3.4.2	TT Monitoring visit Procedure	Procedural Outline for TT Visits	2013	TT team Archive
Doc 3.4.3	TT Questionnaire to trusts TD09	TT L&T Questionnaire	2013	TT team Archive
Doc 3.4.4	TT visit - Trust Financial information	TT visit - Trust Financial information	2013	TT team Archive
Doc 3.4.5	Standing agenda for TT visits 2014-15	Each TT visit is managed through the use of the standing agenda and includes a student meeting with an evaluation review.	2014 updated from 2013	TT team Archive
Doc 4.1.1	Barnsley TT Staff notes 12.11.13	Meeting notes for the November 2013 TT visit	2013	TT team Archive
Doc 4.1.2	Barnsley TT Student notes 12.11.13	Meeting notes for the November 2013 TT visit	2013	TT team Archive

Doc 4.1.3	Barnsley staff notes 8.3.13	Meeting notes of the March 2013 TT visit	2013	TT team Archive
Doc 4.1.4	Barnsley student notes 8.3.13	Meeting notes of the March 2013 TT visit	2013	TT team Archive
Doc 4.2.1	STHT Staff Report	Meeting notes of the February 2014 TT visit	2014	TT team Archive
Doc 4.2.2	STHT Student Report	Meeting notes of the February 2014 TT visit	2014	TT team Archive
Doc 4.2.3	STHT student notes 5.3.13	Meeting notes of the March 2013 TT visit	2013	TT team Archive
Doc 4.2.4	STHT staff notes 5.3.13	Meeting notes of the March 2013 TT visit	2013	TT team Archive
Doc 4.3.1	Grimsby notes 7.2.13 -staff	Meeting notes of the February 2013 TT visit	2013	TT team Archive
Doc 4.3.2	Grimsby notes 7.2.13 - students	Meeting notes of the February 2013 TT visit	2013	TT team Archive
Doc 4.3.3	Grimsby notes 7.11.13 - Staff	Meeting notes for the November 2013 TT visit	2013	TT team Archive
Doc 4.3.4	Grimsby notes 7.11.13	Meeting notes for the November 2013 TT visit	2013	TT team Archive

	- Students			
Doc 4.4.1	Scunthorpe notes 7.2.13 - staff	Meeting notes of the February 2013 TT visit	2013	TT team Archive
Doc4.4.2	Scunthorpe notes 7.2.13 - students	Meeting notes of the February 2013 TT visit	2013	TT team Archive
Doc4.4.3	Scunthorpe notes 7.11.13 - Staff	Meeting notes for the November 2013 TT visit	2013	TT team Archive
Doc4.4.4	Scunthorpe notes 7.11.13 - Students	Meeting notes for the November 2013 TT visit	2013	TT team Archive
Doc 4.5.1	Chesterfield notes 11.11.13 - staff	Meeting notes for the November 2013 TT visit	2013	TT team Archive
Doc 4.5.2	Chesterfield notes 11.11.13 - students	Meeting notes for the November 2013 TT visit	2013	TT team Archive
Doc 5.1	Equality and Diversity Policy for students	The University student Equality and Diversity Policy (http://www.sheffield.ac.uk/ssid/equality-and-diversity/policy)	2012	Minerva Policies and Processes: https://www.minerva.shef.ac.uk/medfac/minerva/phase1

		This policy has additional Medical School requirements.	2014	
Doc 5.2	PPD theme map 2014	The PPD Theme covers all aspects of professional development and includes learning on Equality and Diversity.	2014 update	Attached: and under PPD: Longitudinal plans https://www.minerva.shef.ac.uk/medfac/minerva/ppd
Doc 6.1	Pre-Med Evaluation Report 2013-14	The evaluation of the pre-medicine Clinical Skills Strand	2014	Minerva – Pre-Med phase, evaluations: https://www.minerva.shef.ac.uk/medfac/minerva/phasefdn
Doc 6.2	FAIRness	FAIRness and clinical teaching P.Chan, 2013, Vol. 35, No. 9, Pages 779-781. *	2013	Attached: http://informahealthcare.com/doi/abs/10.3109/0142159X.2013.799639
Doc 6.3	ILA near-peer data	ILAs are well embedded in the curriculum; however, senior medical students and foundation doctors have taken on roles as facilitators. Evaluation of the ILA tutorial with	2014	Attached: Evaluation Archive

		respect to facilitator status is attached.		
Doc 6.4	Street Med poster presentation	Conclusions from the F2 research Project	2012	AMEE 2012
Doc 6.5	SMART pilot - publication	Publication from partner institution covering the pilot programme	2011	Nurse Education Today (2011) 31:88-93
Doc 7.1	Curriculum Map	Overview of curriculum. The new early years' GP placement is included in the Introductory Clinical Competence strand.	2013-14 updated	Attached: https://www.minerva.shef.ac.uk/medfac/minerva/Staff/
Doc 7.2	Curriculum Map	Electronic version of full curriculum	2013-14 Updated	https://www.minerva.shef.ac.uk/medfac/minerva/Staff/
Doc 8.1	Student Assistantship (SA) -Student Handbook	Student Assistantship - Student Handbook	2014 updated annually	https://www.minerva.shef.ac.uk/medfac/minerva/phase4/student_assist
Doc 8.2	SA TAB	Team Assessment of Behaviour proforma	2013	https://www.minerva.shef.ac.uk/medfac/minerva/phase4/student_assist
Doc 8.3	Clinical	Clinical Induction	2012	https://www.minerva.shef.ac.uk/medf

	Induction	Interactive and formative module		ac/minerva/clinical_induction/launch
Doc 8.4	SA Tutor Handbook	SA Tutor Handbook 2012-15	2012	https://www.minerva.shef.ac.uk/medfac/minerva/phase4/student_assist
Doc 8.5	Guidance for F1 doctors	Guidance for F1 doctors mentoring on Assistantships	2012-15	https://www.minerva.shef.ac.uk/medfac/minerva/phase4/student_assist
Doc 8.6	2013 SA Survey	Summary graphs of the 2013 and 2014 SA survey	2013-14	Evaluation Archive
Doc 9.1	Assessment Policy	Overarching Assessment Policy for the MBChB	2013-14 Updated Previous versions submitted via MSAR 2013	https://www.minerva.shef.ac.uk/medfac/minerva/Staff/ MSAR 2013
Doc 9.2	Assessment mapping	Assessment charts		https://www.minerva.shef.ac.uk/medfac/minerva/Staff/
Docs 9.3.1-6	Phase Assessment Documents	Assessment guidance for each phase of the course. Covers end of phase, PbA, SSC and course work	2013-14 updated annually	Minerva by phase. Submitted for Assessment Audit 2013 as Documents 17a-17e.

Docs 9.4	Blueprints by Phase	Working documents for planning end of phase assessments	2013-14	School Archive
Doc 9.4.1	Phase 1 blueprint 2013	Working documents for planning end of phase assessments	2013-14	School Archive
Doc 9.4.2	Phase 1a blueprint 2013	Working documents for planning end of phase assessments	2013-14	School Archive
Doc 9.4.3	Phase 1b blueprint 2013	Working documents for planning end of phase assessments	2013-14	School Archive
Doc 9.4.4	Phase 2 blueprint 2013	Working documents for planning end of phase assessments	2013-14	School Archive
Doc 9.4.5	Phase 3a blueprint 2013	Working documents for planning end of phase assessments	2013-14	School Archive
Doc 9.4.6	Phase 3b and 4 blueprint 2013	Working documents for planning end of phase assessments	2013-14	School Archive
Doc 10.1	Technical report Finals 2012	Technical Report for 2012 Finals (OSCE & SAQ)	2012	School Archive
Doc 10.2	Technical report Finals	Technical Report for 2013 Finals (OSCE &	2013	School Archive

	2013	SAQ)		
Doc 11.1	Annual Evaluation Report 2013	Overarching evaluation report for 2013	2014	School Archive
Doc 12.1	Calendar 2014-2015	Placements, exams and Exam Boards	2014-2015	Attached Student data on Minerva by Phase
Doc 13.1.1	Learning Development Agreement	Learning Development Agreement and Schedules A-H (PDFs available)	2014	HEYH web pages: http://yh.hee.nhs.uk/what-we-do/education-training/learning-and-develpoment-agreement-lda/
Doc 13.1.2	Example of Schedule A LDA Barnsley 13 - 14	Schedule A- details of the LDA activity at Barnsley District General Hospital Foundation Trust.	2013-14	TT team archive
Doc 13.2	Collaborative Agreement	Signed letter	July 2014	Faculty Archive
Doc 14a	Minerva login and user help	Username and password for access to the staff and student pages of the School's virtual learning environment – MINERVA.		https://www.minerva.shef.ac.uk/

		Document contains a guide to the access and links to the material requested in item 14; handbooks, student support, assessment and feedback guidance.		
Doc 14a.i.1		MBChB Handbook	2013-14	https://www.minerva.shef.ac.uk/medfac/minerva/phase1/guides
Doc 14a.i.2		Pre-Med College Handbook	2013-14	https://www.minerva.shef.ac.uk/medfac/minerva/phasefdn/guides
Doc 14a.i.3		Phase 1 Handbook	2013-14	https://www.minerva.shef.ac.uk/medfac/minerva/phase1/guides
Doc 14a.i.4		Phase 2 Handbook	2014	https://www.minerva.shef.ac.uk/medfac/minerva/phase2/guides
Doc 14a.i.5		Phase 3a Handbook	2014	https://www.minerva.shef.ac.uk/medfac/minerva/phase3a/guides/
Doc 14a.i.6		Phase 3b Handbook	2014	https://www.minerva.shef.ac.uk/medf

				ac/minerva/phase3 b/guides
Doc 14a.i.7		Phase 4 Handbook	2014	https://www.miner va.shef.ac.uk/medf ac/minerva/phase4 /guides/
Doc 14a.i.8		Student Assistantship Handbook	2014	https://www.miner va.shef.ac.uk/medf ac/minerva/phase4 /student_assist
Doc 14a.ii.1	Fitness to Practise	Fitness to Practise procedures	2014	https://www.miner va.shef.ac.uk/medf ac/minerva/phase1
Doc 14a.ii.2	Contact and Support	Support and Guidance for students with academic, health related or personal difficulties.	2013-2014 updated	https://www.miner va.shef.ac.uk/medf ac/minerva/contact s/phase1).
Doc 14a.ii.3	My Health and Wellbeing	VLE site common problems that students may encounter through their own or their colleagues situations	2013-14	https://www.miner va.shef.ac.uk/medf ac/minerva/health _welfare
Doc 14a.iii	Phase Assessment Documents	Assessment guidance for each phase of the course. Covers end of phase, PbA, SSC and course work.	2013-14 updated annually	Minerva by phase. Submitted for Assessment Audit 2013 as Documents 17a-

		See Documents 17a-17e submitted for Assessment Audit 2013		17e.
C1.1	Opportunities for Feedback	Section in Minerva covering opportunities, mapping and types of feedback.	May 2014	https://www.minerva.shef.ac.uk/medfac/minerva/feedback
C.2.1	Phase 1 early years plan - first draft	A draft of the 'Early Years' clinical placement in General Practice	May 2014	Attached
C3.1	Approval of Trainers	Approval of Trainers document indicating pathways. (Awaiting CMC approval). On staff Minerva under *Staff Development tab / CPD.*	Draft July 2014	Attached https://www.minerva.shef.ac.uk/medfac/minerva/Staff/
C9.1	Phase 4 2014 clinical attachments at STH	Pilot 2014: Placement plan to expose students to normal working patterns	2014	Attached School archive (draft)
C9.2	Academic Lead IDCT	Academic Lead for Innovation and Development in Clinical Teaching	Jan2014	Attached: Staff Archive
C9.3	Clinical Skills e-log book	The Clinical Skills Site showing where		https://www.minerva.shef.ac.uk/medf

	handbook	students find the information on Clinical Skills teaching and assessment		ac/minerva/clinical_skills
C13.1	Feedback Mapping and Opportunities	Comprehensive feedback maps broken down by Phase	May 2014	https://www.minerva.shef.ac.uk/medfac/minerva/feedback
C13.2	Student Experience Action Plan	Annual staff document that summarises the questions that need addressing following NSS and other evaluative processes	2013-14	Attached: Staff Archive

Appendix 4: Abbreviations

E&D	equality and diversity
F1	foundation year 1
GMC	General Medical Council
GP	general practice/practitioner
IPL	inter-professional learning
LEP	local education provider
LETB	Local Education Training Board
MB ChB	Bachelor of Medicine and Surgery
MSAR	Medical School Annual Return
NHS	National Health Service
NSS	National Student Survey
PMQ	primary medical qualification
QABME	Quality Assurance of Basic Medical Education
QAA	Quality Assurance Agency
SHA	strategic health authority
SIFT	service increment for teaching

SLA   service level agreement

SOAMS   Sheffield's Outreach and Access to Medicine Scheme

SPA   supporting professional activities

SSC   Student Selected Component

WP   Widening Participation

*See glossary (in appendix 4) for definition.

Appendix 5: Glossary

Athena SWAN	A charter developed by the Equality Challenge Unit to encourage and recognise commitment to advancing women's careers in science, technology, engineering, maths and medicine (STEMM)
Phase 1	First nine months of MBChB programme – Introduction to clinical competency
Phase 2	18 months of MBChB programme – Basic clinical competencies
Phase 3a	12 months of MBChB programme – Extended clinical competencies
Phase 3b	12 months of MBChB programme – Extended clinical competencies
Phase 4	Final 6 months of MBChB programme – Advanced clinical competencies
STEMM	See Athena Swan above