

Check to St Andrews School of Medicine

Check	St Andrews School of Medicine
Date	16 September 2014
Programme	BSc (Hons)
Team Leader	Professor Stewart Petersen
Visitors	Dr Ahad Wahid
GMC staff	Samara Zinzan Rachel Daniels Martin Hart
Purpose of the check	<p>In 2013-14 the GMC undertook an audit to provide an overview of undergraduate assessment practice across all UK medical schools. The aim of the audit was to identify good assessment practice and check that each school's overall assessment system met the standards detailed in Tomorrow's Doctors (2009).</p> <p>This was a paper based exercise which involved analysing data collected between 2009 and 2013 as part of our monitoring processes to form an evidence base, which was then expanded by further information requested from schools. A separate report on the findings of this audit is due to be published in Autumn 2014.</p> <p>Following this assessment audit, we identified five schools for a check focussing purely on assessment in order to triangulate the paper based evidence. St Andrews School of Medicine was identified as a site for a check based on their submission to the audit, and as they had not been visited by the GMC since the 2007-2008 academic year. We will next be visiting them in 2017 as part of the Scotland review.</p>
Summary	St Andrews School of Medicine (the School) delivers a three-year programme, with students then completing their clinical studies at

	<p>a different medical school.</p> <p>The School is very mindful that its students will be moving on to complete their studies elsewhere and appears to have effective partnerships with those schools for quality management and transfer of information.</p>
Concerns	None
Good Practice	<ol style="list-style-type: none"> 1. Although there are challenges in devising and running a course that fits in with other medical schools as well as fitting in with St Andrews University, this is being managed well at the School. We heard about effective transfer of information and liaisons with partner schools. We heard that the School aims to use assessment tools that are used within the partner medical schools and has introduced Mini Clinical Evaluation Exercise (mini-CEX) to fit in with this. (TD116)
Recommendations	<ol style="list-style-type: none"> 1. The School is blueprinting Objective Structured Clinical Examinations (OSCEs) directly to <i>Tomorrow's Doctors</i> (2009) but this is not the case for written exams. We appreciate this is difficult for a school that does not issue a primary medical qualification (PMQ) and therefore does not work to the full outcomes of 'Tomorrow's Doctors', but the School should work with partner schools to establish appropriately staged outcomes for its written examinations that are related directly to <i>Tomorrow's Doctors</i> (2009). (TD112)
Findings	<ol style="list-style-type: none"> 1. The School has commissioned an online student diversity training course and will be ensuring diversity training is mandatory for all students. We look forward to hearing more about how this is working in the future. 2. The School's process for reasonable adjustments seems to be working well. If a student requires a reasonable adjustment they will meet with a disability advisor to discuss this and there may be a report to ensure the adjustment suggested is fair. If the student is unhappy they would meet again with the disability advisor. Students have a right to meet with the student association also to raise any concerns about unfair treatment. 3. We also heard that students can raise any mitigating circumstances through the university's 'S-coding process'. The students still have to pass modules, but it may mean that a low score is ignored so their class of degree awarded is based on other assessment and not including this one assessment for which the mitigating circumstances apply. A student can only

- go through the S-coding process once.
4. The overall outcomes for the course are defined in terms of The Quality Assurance Agency for Higher Education (QAA) programme specification outcomes and in a course overview booklet but not specifically in reference to *Tomorrow's Doctors* (2009) outcomes. This is due to students completing their medical degree in other medical schools where they obtain their primary medical qualification. The School would however benefit from additionally defining its overall outcomes for students at the end of the programme at St Andrews staged towards the outcomes defined in *Tomorrow's Doctors* (2009). We heard that there is an ongoing project with other medical schools in Scotland to develop this.
 5. Unprofessionalism is assessed well. The School has a 'yellow card' scheme, and if a student gets three yellow cards they will then have a meeting with a School representative to assess whether there are any underlying concerns. We heard how a portfolio is used for assessing professionalism, but not summatively. The School plans to look at the overall outcomes of the portfolio over the coming year.
 6. The School undertakes a curriculum review routinely and in line with partner schools to ensure they are aligned. We heard an example where significant changes had been made in a partner school and that the respective school ensured the students coming from St Andrews will receive the extra support when they start there, and don't expect St Andrews to make changes as a result of their changes. This was a good example of how St Andrews medical school and its partner schools work well together.
 7. We heard from assessment staff that students always feel that they don't get enough feedback and that this is reflected in the National Student Survey. However, the staff felt that the weakness is the lack of badging of the feedback.
 8. Feedback on OSCEs is immediate on individual assessment stations, as marking of these is online through tablets. We also heard that all OSCEs are video recorded and feedback is offered to those who have failed, so they can watch the recording and go through the feedback.
 9. The School has a transfer pack that goes to the partner schools, which includes a degree transcript, module grades, an absence record, and dissertation titles so that students can't do a student selected component (SSC) in the same area in the new school.

Monitoring

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

Response to findings

Name of person responding on behalf of checked organisation

Professor Simon Guild

Good Practice

Response to good practice

The School is pleased that these aspects of school processes and procedures are viewed as good practice. St Andrews has 6 clinical partner schools to which it sends its students and the success of these partnerships requires constant liaison as well as refinement of the undergraduate programme delivery, content and processes. This requires 6 separate liaison committees and annual review meetings as well as close liaison between the School's administrative and admissions teams.

Recommendations

Response to recommendations

The School have begun an analysis of its current teaching and assessment activities and their mapping to *Tomorrow's Doctors* (2009) outcomes. Currently, every teaching activity in our programme is mapped to the *Tomorrow's Doctors* (2009) outcomes and our mapping tool can provide reports on the *Tomorrow's Doctors* (2009) outcomes we currently achieve. A summary of these outcomes will be shared with our clinical partner medical schools to ensure curriculum harmonisation. As St Andrews students leave at a level equivalent to year 2 at our partner schools, we will assess and implement the outcomes that are appropriate to this level. We have already adopted this approach in our MSAR returns when assessing compliance to *Tomorrow's Doctors* (2009).

In terms of assessment we are in the processing of planning to electronically map and tag our teaching activities (called elements) to assessment items in our exam question banks. This will mirror the mapping and tagging that has been done linking teaching activities and *Tomorrow's Doctors* (2009) outcomes. This will allow us to blueprint our assessments to *Tomorrow's Doctors* (2009) outcomes via the central link of the teaching elements.