Visit Report on University of Nottingham School of Medicine

This visit is part of the East Midlands regional 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 Nottingham Medical School
Sites visited	Queen's Medical Centre Campus, Nottingham
Programmes	Bachelor of Medicine, Bachelor of Surgery (BMBS)
Date of visit	03 & 04 November 2016
Overview	We visited the University of Nottingham School of Medicine (the school) as part of our regional review of medical education and training in the East Midlands. Prior to the visit the school submitted evidence to demonstrate how they are meeting our standards and we conducted an online student survey. We then visited the school and three of its local education providers (LEPs). During these visits we met with students, senior management and quality teams, support staff and educators.

Nottingham Medical School accepted its first cohort of students in 1970. In 2013 the University of Nottingham undertook a major restructuring project and the School of Medicine was established. The school has three routes to study medicine as an undergraduate; the standard entry course, the graduate entry to medicine course and the medicine with a foundation year. Graduates from all three routes are awarded a Bachelor of Medicine Bachelor of Surgery degree. Students from the standard entry are also |

awarded a BMedSci degree upon completion of a research project in the third year.

The standard entry course (A100) is a five year full time programme. In the first two years, students are taught basic medical science in a series of modules. During these years, students also attend several visits to general practice sites and hospitals. Following the research project, in the third year, students enter the clinical phase one (CP1). There are currently 1145 students on this course.

The graduate entry programme (A101) is delivered in various trusts in the local area and is open to graduates of any discipline. For the first 18 months of the course, students are based at the Royal Derby Hospital centre. Students join the standard entry cohort in the clinical phase one. The total number of students on this programme is 348.

The school also runs a widening participation programme, which adds a foundation year of science teaching before entering the A100 programme. There are currently 25 students in this scheme.*

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

Number	Theme	Good practice
1	Theme three (R3.2)	During our visit we heard very positive accounts of support for the graduate entry (GEM) students including the peer marking initiative, where students mark both theirs and others' work, and the supportive and welcoming selection process. We heard examples of students acting as peer mentors and welcome the support and training these mentors receive. The school has also undertaken a commendable project to introduce resilience training for students. See paragraphs 54 & 55
2	Theme three (R3.5)	We heard very positive messages from students who started, or are currently, on the widening participation foundation programme ('year zero') and we commend the recent initiative to increase the numbers of students in this programme. The school has taken positive steps to put in place systems to track students' performance after joining the standard course. See paragraphs 58-60

Areas that are working well

We note areas that are working well 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 (R1.17)	The clinical teaching fellows and nurse educator roles are valuable to learners and we heard very positive accounts about them during the meetings with students and educators. See paragraph 11
2	Theme two (R2.5)	The school has recently appointed an equality and diversity lead and has developed an *Equality and Diversity Strategy* and is now

		analysing in more detail the equality and diversity data. See paragraph 26
3	Theme two (R2.8)	The school has put in place structures that ensure collective working across the school, such as the Medical Curriculum Committee deployed to encourage inter-departmental involvement in the curriculum review. See paragraphs 34-36

Requirements

We set requirements where we have found that our standards are not being met. Each requirement is targeted, and outlines which part of the standard is not being met, mapped to evidence we gathered during the course of the visit. We will monitor each organisation's response to requirements and will expect evidence that progress is being made.

Number	Theme	Requirements
1	Theme one (R1.2, R1.3)	The school must ensure there is systematic approach to picking up and addressing any potential patient safety concerns. See paragraph 4
2	Theme two (R2.6)	The school must develop further the recent initiative of allocating students to sites based on clear performance indicators at clinical provider units. See paragraph 32
3	Theme three (R3.3)	The school must ensure that feedback on behaviours is collected and included in the quality management of providers and that there are sufficient systems in place to address concerns about undermining and bullying. See paragraph 57

Recommendations

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

Number	Theme	Recommendations
1	Theme one (R1.5)	The school should look into the systems of responding to feedback from students. The model used in the graduate entry programme seems to be effective and could be developed for the whole course. See paragraphs 6 & 7
2	Theme two (R2.1)	The school would benefit from developing an overarching teaching and learning strategy and investing in team leadership development to empower the senior education team to deliver the improvements that the school has identified. See paragraph 16
3	Theme two (R2.18)	The school should ensure that it receives the necessary support from the university in implementing more robust fitness to practice procedures and measures to assess professionalism. See paragraphs 45 & 46
4	Theme three (R3.7)	The school should put in place an effective communication strategy to ensure that students are consistently informed about the changes to the assessments and the progression rules. See paragraphs 63-65
5	Theme five (R5.2)	The school should closely monitor the experiences of students during and after the BMedSci research project. See paragraphs 88-90

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   The school told us prior to the visit that they require each LEP to have an induction booklet for students informing them of the specific trust policy for raising patient safety concerns and whistleblowing. The school also has a whistleblowing policy which is included in the student handbook.

2   From October 2015 the school set up an email account to enable students to contact the dean of medical education directly. The school senior management team told us that the email account is used extensively by students. We heard an example of a bullying and undermining concern regarding a student on a placement that was picked up through this route. The school worked with the LEP and the issue has now been resolved.

3   The students we met during the visit at the school confirmed that they know how, and feel confident, to raise concerns during their time on placements or at the school. During the course of the review we also visited three LEPs: Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust and United Lincolnshire Hospitals NHS Trust. On these visits we met with students on clinical placements and they reported an open culture with regard to raising patient safety concerns.

Dealing with concerns (R1.2); Learning from mistakes (R1.3)

4   The school told us that patient safety is a longitudinal theme throughout their curriculum. The school senior management told us during the visit that they are diligent towards patient safety concerns and aim to deal with them promptly. We heard of an example whereby the school had identified that students had not had an

enhanced health check before undertaking exposure prone procedures (EPP) on their placements. The school reacted promptly to resolving this issue and offered EPP screening to all students who were on or about to start a placement and introduced an EPP policy. The EPP screening is voluntary and students can opt out of it. If this happens, students will only be classified as having standard health clearance and will not be allowed to undertake any exposure prone procedures. Although we heard this was a good example of reacting to a patient safety issue, the school must put in place robust reporting mechanisms and checks to ensure that concerns are picked up systematically and in a proactive rather than reactive manner.

Requirement 1: The school must ensure there is systematic approach to picking up and addressing any potential patient safety concerns.

Seeking and responding to feedback (R1.5)

5   The school senior management told us that they collect feedback from students at the end of each module and upon completion of each placement. The feedback collected from students is analysed by students themselves and is presented to the course management committee where students are also represented.

6   The school has recently appointed an outreach coordinator who can act as an interface between students and undergraduate coordinators in placements. The school has organised informal meetings with students to update them on any key issues and provide them with the opportunity to raise any concerns proactively. However, most groups of students we met said they are unsure how their feedback is used by the school and are unable to recognise changes made based on their feedback. An exception to this are the students in the graduate entry programme who told us that they can clearly see online how their feedback has been utilised by the school to make changes to their course.

7   The school recognises that bringing together collective intelligence and responding to feedback is an area that needs strengthening. Currently, the school and LEPs collect end of placement feedback separately which means students are providing two pieces of feedback for each placement. The response rate to the school survey is relatively low due to the frequent instances of feedback that students need to provide. The school quality management team would like to work with the LEPs to combine the end of placement survey which would reduce the feedback fatigue for students.

Recommendation 1: The school should look into the systems of responding to feedback from students. The model used in the graduate entry programme seems to be effective and could be developed for the whole course.

Educational and clinical governance (R1.6); Appropriate capacity for clinical supervision (R1.7); Multiprofessional teamwork and learning (R1.17)

8   The school told us in advance of the visit that all students are given an early clinical placement and professional behaviour handbook in year one. This document provides guidance on future placements and the roles and responsibilities of students undertaking them. Students also attend ethics and professionalism seminars and undertake inter-professional learning tasks in the first semester to contextualise the role of a medical student within a multi-professional team. The school has also made available student-produced videos describing available facilities in all LEPs.

9   In the meeting dealing with curriculum, we heard that interprofessional learning at the school starts in the first 6 weeks and continues in subsequent semesters and years. Students therefore have ample opportunities to attend seminars which will help them understand what it means to work in a multiprofessional environment. The school has put in place a system of clinical teaching fellows and nurse educators who facilitate teaching and provide support for students during placements.

10   The school has in place formal agreements with LEPs that are involved in delivering clinical placements. Educational Provider Partnership Agreements, (EPPA) are signed annually and outline the expectations and key principles that the school expects LEPs to deliver, such as the expected amount of teaching led by consultants, the provision of lockers for students, or the required level of supervision of students.

11   The majority of students who responded to the pre-visit online survey reported that the course offers them good opportunities to work with other health and social care professionals. They praised the teaching they received from clinical teaching fellows.

Area working well 1: The clinical teaching fellows and nurse educator roles are valuable to learners and we heard very positive accounts about them during the meetings with students and educators.

Adequate time and resources for assessment (R1.18)

12   At the time of the visit each LEP was responsible for delivering objective structured clinical examinations (OSCEs) and the school has identified variation in marking between the different sites. The school management team told us that they are now undertaking a project to bring all assessments in-house at Derby Royal Hospital and train their examiners.

Capacity, resources and facilities (R1.19)

13   The school senior management told us during the visit that the school has recently swapped the spaces allocated to the library and the clinical skills centre. There was some distress amongst students during the period of transition, but they now seem happy with the new library and clinical skills facilities. The school senior management

team described the clinical skills centre as adequate, but not excellent mostly due to reduced space.

14 We met with year one and two students who are happy with the facilities at the school. They said that the school has made iPads available for use within the library and that wi-fi, library and clinical skills centre are satisfactory.

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)

15   As mentioned above, the University of Nottingham went through a restructuring project in 2013 and the School of Medicine was established. The school now has full ownership of the BMBS course. This change has empowered the school to drive improvement and change. At the time of the visit the school had been through a substantive change process and many of the changes were bedding down. The developments over the past two years included improving the student engagement and the national student survey (NSS) scores.

16   The school management team told us that they have developed a range of strategies dealing with different aspects of change implementation; including a new assessment strategy. The visiting team felt that there was still no clear overarching teaching and learning strategy to coordinate the direction of travel in a structured and controlled manner.

   Recommendation 2: The school would benefit from developing an overarching teaching and learning strategy and investing in team leadership development to empower the senior education team to deliver the improvements that the school has identified.

17   During the visit we heard that the school has been active in managing its resources in education and research and have invested in the creation of new posts in the school quality management and administration. The school's main priority is the provision of high quality medical education and they now have control over the distribution of funds to ensure this.

18   The school complies with the *University Quality Manual* which is the overarching quality assurance framework that governs all the medical courses. The school goes through an annual monitoring review and the outcomes of this process are fed back to the Standards and Quality Committee and then incorporated into an overarching

report prepared for all schools which is submitted to the university. Students are involved in analysing and preparing a report based on student feedback data.

19 In 2016 the school changed its committee structure and introduced the directors' tier as a new layer of management. Previously the dean of medical education and a quality manager were the leads for quality management. In the new structure, which has been in place since August 2016, each Committee is chaired by a Director who is responsible for overseeing that committee's area of work.

20 The school has also made changes to the existing committees, such as changing the Medical Sciences Teaching Group (MSTG) into the Early Years Committee with responsibility for the quality management of the pre-clinical years. The majority of this committee's members come from a non-clinical background, although there are some clinicians involved too. In the new structure the final year lead chairs the Quality Management Committee and the Curriculum Committee has the oversight for the delivery of the curriculum for all years. LEPs and the Medicine Board have members in most committees and Health Education England working across the East Midlands (HEE EM) is represented on some committees.

21 The school has ensured that quality management is given higher priority in the new structure by establishing the Quality and Governance Committee which oversees the signing of education contracts with LEPs and HEE EM and student allocation to placements. The school has appointed an assistant clinical sub dean for each LEP and they bring any issues from individual LEPs to the Quality and Governance Committee.

22 The school organises annual quality visits and asks each LEP to submit an action log for the year to oversee compliance with the school's requirements. The annual visit reports are presented to the Quality and Governance Committee. The school also attends joint monthly quality management meetings with HEEM, LEPs and Leicester Medical School.

Evaluating and reviewing curricula and assessment (R2.4)

23 The school has recently reviewed their assessment and curricula and are currently in the process of implementing changes. The main aim in introducing these changes has been to reduce the burden of examinations for students and simplify progression rules. The school is also bringing all OSCEs into a single site assessment centre in Derby Royal Hospital.

24 A new early years course (years one and two) will commence in 2017/18 academic year. An important feature is that students will only have two summative written exams and two summative OSCEs at each year end (currently students take 42 summative assessments in the first two years).

25 From June 2016 the school has increased the time students spend in community based placements in the penultimate year. The school started a new penultimate year

in July 2016 and students in this year will similarly take two summative and two OSCEs at the end of the 2016/17 academic year. The school expects these changes will lighten the burden of examinations for students and simplify progression rules. Changes in assessments are covered in more detail under R5.6 and R5.7 of this report.

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

26   The school has recognised that they could do more with regards to collecting and analysing equality and diversity (E&D) data. To this end, the school has appointed an E&D lead to advance the recently developed E&D strategy. The E&D lead has established links with the central university to make full use of their resources and data. A Clinical Associate Professor in Medical Education has recently produced a detailed analysis for the final year examinations and is working on supporting the trainer recognition agenda.

Area working well 2: The school has recently appointed an equality and diversity Lead and has developed an *Equality and Diversity Strategy* and is now analysing in more detail the equality and diversity data.

27   Currently the school does not have any access to preadmission equality and diversity data. Post admission, the school relies on the central university monitoring of protected characteristics. All members of staff working on quality management have completed protected characteristics training. In our quality management meeting we heard about a recent project which is looking into analysing assessment data to support students dealing with mental health issues.

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

28   The school quality management team explained that they have put in place a system of associate clinical sub-deans and undergraduate coordinators to oversee the quality management of the clinical placements and support students. As mentioned above the school has formal agreements, EPPAs, with all LEPs to outline all the requirements and standards these sites need to meet regarding student placements.

29   The school undertakes regular annual quality management visits and LEPs are asked to produce a report which includes information on staffing levels and time allocated for undergraduate teaching or student feedback. At the end of each visit the school sets in place an action plan with requirements and recommendations. If there are issues being reported concerning a particular LEP, the school organises an ad-hoc visit.

30   However, during the visit the school senior management team told us that the school's current quality management systems do not enable them to ensure that all the requirements in the EPPAs or post-visit action logs are being met. One example of this is the establishment of a teaching quality group in each LEP which is a

requirement in all EPPA agreements. However, only the Derby Teaching Hospitals NHS Trust has put this structure in place.

31   The school is currently working closely with HEE EM to ensure that LEPs comply with the standards for student placements. The school has agreed to undertake joint annual quality management visits with HEE EM and is working on strengthening the regular channels of communications. The school is also working on improving the mechanisms of collecting data from the LEPs, including, but not limited to, learner feedback.

32   Currently the student allocations to sites are done based on historical arrangements and LEP size and do not reflect the quality of placements and student experience and feedback. The school is working on putting in place measurable key performance indicators (KPIs) to ensure that the allocation of students and distribution of the undergraduate tariff funding is done based on the quality of placements.

      Requirement 2: The school must develop further the recent initiative of allocating students to sites based on clear performance indicators at the clinical provider units.

33   During our meetings with students we asked them about the support they were receiving when on placements and heard words of praise about the support of the clinical teaching fellows and their teaching. However, students are not always aware of the existence of an undergraduate coordinator and associate clinical sub-dean at the location of their placement.

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

34   The school senior management team told us that they communicate with the LEPs mainly through the associate clinical sub-deans and the undergraduate coordinators network. In the operational, course management and attachment committees there are site and module leads who facilitate the sharing of information from the schools to LEPs. As described above under R2.1, LEPs also have their representatives in the different school committees.

35   Recently, the school has started attending undergraduate quality meetings at HEE EM which are a useful forum for sharing intelligence and information about undergraduate placements. In the future, the school intends to present all the reports from the LEPs to the Quality and Governance Committee in the school where all the LEPs are represented so they will all be aware not only of governance issues, but also issues about individual LEPs.

36   The new committee structure has enabled the school to facilitate information sharing across the different departments. The Medical Curriculum Committee (MCC) is ideally placed to ensure consistency in the practices of the committees overseeing individual years and areas. It is also a good forum to discuss collective issues and share good practices across the school.

Area working well 3: The school has put in place positive structures that ensure collective working across the school, such as the Medical Curriculum Committee deployed to encourage inter-departmental involvement in the curriculum review.

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

37   Following analysis of the pre-visit documentation and meetings during our visit we did not identify any issue with job plans and resources allocated to school staff.

38   The school told us that they monitor resources allocated to undergraduate education and time in job plans through annual quality management visits and lists of undergraduate teachers for each LEP. The school quality management team told us that they have the tools to collect information on how job planning for undergraduate teaching is allocated in each LEP. The quality management team told us that the school has worked productively with LEPs to introduce allocated time in job plans for undergraduate supervisors. There is now almost complete compliance.

39   Any issues, such as teachers not turning up for teaching sessions in local LEPs, is brought up at the attachment committee which is attended by the associate clinical sub-deans and LEP representatives. The associate clinical sub-deans discuss any issues with the medical directors at the individual LEPs and put in place an action plan which is submitted to the school.

Managing concerns about a learner (R2.16)

40   The school has in place *request for intervention* and *request for support* forms about students and made these available on its website and on Moodle (the school's intranet). Anyone may complete these forms and return them to the Medical Education Centre at the school. The requests for intervention forms are triaged by the director for professionalism and the request for support forms by the director of pastoral support. If any of these forms identifies any patient safety concern due to a student's actions, the dean of medical education is contacted and conducts a risk assessment and determines a plan of action.

Sharing information of learners between organisations (R2.17)

41   During our visit we discussed the sharing with LEPs of information about learners. The school quality management team acknowledged that they need to improve communications regarding the transfer of information (TOI) about students. The school has not had any formal TOI agreements with LEPs, but is in the process of piloting these.

42   During our visits to the LEPs we heard about the lack of information about students in advance of placements and the LEPs' inability to provide adequate support as a result. In the course of our visit to the school, we heard that the main barrier to TOI have been the university rules on confidentiality. Students have to agree in advance

that the school can share information about them with third parties. The school would also like to improve on the quality of information they collect from LEPs on the issues and problems that students experience on placements.

43   The transfer of information for graduates moving to foundation training is more robust and formalised. The information about students is passed on to the foundation school where the students are being transferred to. The school has established good working relationships with foundation years staff in the region and this helps enables good communications about graduates.

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

44   From August 2016 the school has established a new committee, the Professionalism and Academic Competences Committee (PACC), to deal with issues relating to attitude, conduct and professionalism. PACC monitors concerns which are lower than the fitness to practise threshold and, in cases where cumulative patterns are identified, makes referrals to FtP procedures. The school fitness to practise processes are governed by a Faculty of Medicine and Health Sciences cross-school policy. The school itself has a standardised operating procedure and a fitness to practise lead who oversees the process of referring students to the Faculty FtP Committee.

45   During the visit we heard that the university FtP central processes are supportive to the school and generally work well. However, we heard, there have been some cases where central university procedures do not take into account the specific requirements of being a medical student. We heard of examples where students who had not met the required professionalism standards were allowed by the university to continue with their course. The school recognises that the assessment of professionalism is an area that needs strengthening.

46   The school acknowledges that it is a challenge balancing the GMC requirements for graduates with the university requirements for graduation. The process of appeals against termination and FtP processes for medical students could benefit from the presence of a healthcare professional on the panel so that students are judged by professionals who understand the duties and requirements of becoming a doctor.

Recommendation 3: The school should ensure that it receives the necessary support from the university in implementing more robust fitness to practice procedures and measures to assess professionalism.

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

47   We scrutinised the school's admission process through the documentation submitted prior to the visit and are satisfied that it is open, fair and transparent. The graduate entry students particularly commented on the selection process and described everyone involved in it as approachable and thought the feedback on performance

during the process was very useful. The school has lay representatives involved in the selection process.

48 The school has a widening participation programme (A108) with students successfully completing a foundation year before joining the medical degree course. The course has recently increased the number of students entering medicine through this route from ten to 25 students.

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)

49   The medical students we met during the visit told us that they are aware of the principles of good medical practice. Professionalism is taught throughout the course and features on the student log book.

50   We conducted an online student survey in advance of our visit to the school. The majority of the students who responded to the survey strongly agreed that their course teaches them about the professionalism and standards expected of them as a doctor.

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

51   In the various meetings with school management and students we heard about the robust pastoral support scheme that is put in place at the school. All students are assigned a personal tutor when they start the course. The students we met during the visit said that during the first and second year they have mandatory scheduled meetings with their personal tutor. In the subsequent years, meetings are advisory and students can arrange them if they need to. According to students the majority of personal tutors are supportive and if they have issues reaching them, there is a network of senior tutors that students can contact.

52   The school has also a student support centre where students can go if they need pastoral support and counselling. The student outreach coordinator is responsible for liaising with students who are on placements and ensuring that they feel supported. During their time in placements students can also access support through the network of undergraduate coordinators, associate clinical sub-deans and clinical teaching fellows. The students we met at the LEPs were not always in touch or aware of the existence of the associate clinical sub-deans and undergraduate coordinators, but often have established close relationships with clinical teaching fellows. Students rated the support and teaching they are receiving from the teaching fellows as excellent.

53   In addition to the above, the students themselves have established through the medical society a 'family scheme support'. Students in year one are linked with students in higher years who become their 'parents' and can offer guidance and support. As the year one students, 'children', progress through the course, they become 'parents' for year one students. These academic year students have

improved on the children-parent matching by doing a survey and asking about the interests of those entering the course. Students also have peer mentors who can be same year, or more senior students. The peer mentoring scheme is a school initiative and mentors receive one afternoon of training before entering it.

54 Graduate entry students spoke highly of the pastoral support they receive at the school. They praised the graduate entry course tutor and his efforts to support students throughout the whole duration of the course. They don't have the above 'family scheme' support, but can access peer support. A very positive initiative which students appreciate is peer marking where students are allowed to mark and comment on their own work and that of three other anonymised papers. This project enables students to understand how marking works.

55 The school management team told us that they have liaised with the professional support unit at HEE EM and are working on introducing resilience training sessions for final year students to attend before moving to foundation training.

Good practice 1: During our visit we heard very positive accounts of support for the graduate entry (GEM) students including the peer marking initiative, where students mark both theirs and others' work, and the supportive and welcoming selection process. We heard examples of students acting as peer mentors and welcome the support and training these mentors receive. The school has also undertaken a commendable project to introduce resilience training for students.

Undermining and bullying (R3.3)

56 The students we met during the visit at the medical school and LEPs did not report systematic issues with bullying and undermining. They are generally enjoying their placements and feel supported. However, in the meeting with year three and four students we heard about a number of examples where students had felt bullied within their placements. The students had made efforts to initially raise these issues locally, but felt they were not taken seriously so they had to escalate these issues to the medical school.

57 The students we met felt that the school has been supportive in resolving bullying and undermining issues. However, as discussed under educational governance section above, the school needs to improve on the system of setting KPIs about its placements so that meaningful feedback on bullying and undermining issues is collected and included in the school's quality management processes. We also heard reports of unacceptable behaviour at one LEP. We provided details of this to the school during the visit and the school quality management team are investigating.

Requirement 3: The school must ensure that feedback on behaviours is collected and included in the quality management of providers and that there are sufficient systems in place to address concerns about undermining and bullying.

Supporting transition (R3.5)

58 The students entering the programme through the widening participation scheme spoke highly of the support they have been receiving during the transition from the foundation year to the medical course. The students have only one tutor during the year zero who guides them and ensures consistent teaching. The students praised the foundation year tutor and said that the concepts and teaching throughout the foundation year has been immensely useful for the medicine course.

59 The academic tutors we met told us that the foundation year used to run concurrently with other BSc programmes, but now it runs separately. The school organised focus groups with students to collect feedback and identify improvements. Some of the implemented changes regarded exams which now follow the same format as the standard entry to medicine programme. The school have also appointed a tutor who was aware of the MBBS programme specifications. Teaching throughout the foundation year includes clinical skills training.

60 The school has been ensuring that the students from the widening participation programme are supported when they start the standard entry to medicine course. The school has also been collecting data about these students performance once they started the medicine course. The information is analysed and used to identify areas of support and teaching that may need to be added to foundation year. The tracking of this group of students and monitoring of their performance is a good initiative.

Good practice 2: We heard very positive messages from students who started, or are currently, on the widening participation foundation programme ('year zero') and we commend the recent initiative to increase the numbers of students in this programme. The school has taken positive steps to put in place systems to track students' performance after joining the standard course.

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

61 The students we met were satisfied with the general information about their course which they can access through the university' online learning environment (Moodle) or the student handbook. Year one students said that timetables are consistent and if there are any changes they receive an email notifying them.

62 However, the year two students we met told us that the system to access timetables on Moodle has recently changed and they preferred the old system. Students said that previously they could access timetables online through a single log in, whereas now they have to go through several clicks on Moodle to find the timetable for a particular module or week. The students think that the new system is not user-friendly. The same group of students said that the seminars are not included on their timetables. When we enquired with the school management team about the changes to the timetable system, we were told that these changes are due to the implementation of a new university-wide system.

63 The school management team told us that they have a communication strategy to inform students about the current changes to their assessments. The school has made available sample videos for the final year students which contain useful information for students and educators. The school has also given information on how exam stations are set up, how standard setting is done and provided examples of stations being blueprinted. There are also FAQs available for students to access. The school has plans to release the same information for CP1 and CP2 students.

64 The feedback we received from students during the visit is that communication about the changes happening at the school is variable. Students in year one and two told us that the information they receive about assessments is not always clear and straightforward. Students have to go through future timetables, where available, to find out about the type and time of assessments.

65 Year three and four students also said that they don't feel fully informed about the changes to assessments for the 2016/17 academic year. They would prefer lectures and seminar sessions where they are informed of all the details as opposed to emails which they have been receiving. Students also said they would like to be better informed about their clinical placements and don't know the rules of pass and fail for their clinical attachments.

Recommendation 4: The school should put in place an effective communication strategy to ensure that students are consistently informed about the changes to the assessments and the progression rules.

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

66 The students we met during our visit said that they would like to receive more detailed feedback about their performance and assessments. There is feedback for students who fail or were borderline, but not for those who pass. Year one and two students told us that for those who pass the exam, there is no personalised feedback, but some generic feedback is available on Moodle for all students.

67 Students in the clinical years also highlighted that the school needs to improve on feedback regarding assessments. They mentioned the variation in marking between different examiners in the OSCEs and said that it would be helpful if the school could provide them with some feedback regarding these discrepancies. This group of students also said that community based projects are marked in a subjective manner and feedback would be most useful.

68 The school assessment team told us they are aware that students would like more feedback. They said that students receive written feedback for the formative examinations and the changes introduced to their assessments will enable them to provide more detailed feedback for the summative exams too. For the BMedSci project there are is a formative assessment for each module and students will receive written feedback.

69   The school assessment team said that currently summative examinations have multi-format questions which are linked to learning objectives and outcomes for graduates. Students who pass receive generic feedback on these areas. Those who fail will discuss the outcome with their tutors during a one-to-one session.

70   Students recognised they are briefed on the learning objectives and structure of the assessment for each module and they are able to link these to the questions in the exam. However, they said would like to have more personalised feedback regarding their performance during the course and on the exam itself.

Support for learners in difficulties (R3.14)

71   As mentioned above in paragraph 40, anyone can raise a concern about a student's behaviour or conduct by filling in a request for intervention form. The director of professionalism triages the form and if necessary passes it on to PACC. The student who is being referred is informed of the process and the content of the form, but is not allowed to see the form itself to protect the confidentiality of the person who initiated the referral. A report with all the information is passed on to PACC.

72   From July 2016 the school has introduced a new procedure for the referrals to PACC whereby the student is informed of the referral to PACC prior to the report being submitted. The student is also allowed to contribute to the collation of the report and can agree a remediation strategy with the school. The new process aims to make the referral procedure for minor concerns a supportive rather than a punitive process. Students can appeal against PACC decisions or the agreed plan of action. The school makes active efforts to stress that the above process is primarily a support mechanism rather than a punitive system.

73   The school did recently commissioned an external review by the Veterinary School and are currently working putting in place a strategy to implement the review's recommendations. The school is also making efforts to involve educators and improve the support offered to students who go through FtP processes.

Career support and advice (R3.16)

74   The school quality management team told us during the visit about the investments in the last three years to support students' careers advice services. Students contact the careers advice services mainly to discuss the specialty they would like to choose or to discuss taking time out of their medical degree. The school organises a regular careers showcase, a careers fairs and an annual careers conference.

75   The school has looked at attrition data and has identified that the majority of students who drop out of the course do so for personal or family reasons. Students who are failing to progress are invited to attend the student support panel. There they have an opportunity to discuss their issues and if they choose to interrupt their

studies they are offered to stay in contact for a year with their personal tutor in case they decide to return to the programme.

76 Students are offered support and advice on what they can do if they decide not to follow the medicine course. This could be as early as the first semester of year one where they are offered other academic options they can follow within the university. Students exiting the programme after three years can take other modules from other schools and graduate with a BSci degree.

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)

77 The academic trainers said they do have a robust appraisal process in place and they have to provide evidence of teaching and, once a year, also collect evaluation from students regarding their teaching. The student evaluation of teaching is a requirement when being considered for a promotion.

78 Induction and training for clinical educators is done via eLearning packages from HEE EM and the university. We also heard during the meeting with clinical teachers that in some cases they are supervised and mentored in their roles by the other more senior colleagues at the LEP. Each LEP is primarily responsible for their training and appraisal, although the school oversees this through the EPPA agreements.

79 The EPPAs outline the requirements of the school with regard to the appointment of associate clinical sub-deans, clinical and educational supervisors and the job descriptions for these roles.

Time in job plans (R4.2)

80 The academic teachers that we met said they do receive the time allocated in their job plans, but spoke of a heavy workload due to the large number of students. They said they would like to teach smaller groups of students which would enable them to engage more with students and offer more personalised support and feedback.

81 The individual LEPs allocate SPAs for the clinical educators and the school told us that this is variable from one LEP to another.

Accessible resources for educators (R4.3)

82 The academic tutors said that the clinical skills area is tight and the reduction in space has been mandated by the university. The existing space does not always cater for all the interprofessional teaching and simulation sessions that they would like to do.

83 The clinical teachers are able to access funding to support the completion of the Master of Medical Education course at the school. The school offers the MedWise training course to all those involved with undergraduate medical education. The course is offered in cooperation with HEE EM.

Working with other educators (R4.5)

84   The academic tutors that we met during the visit said they can access ample peer support and joint training on different aspects of education. Tutors can attend a weekly Thursday afternoon club where they can meet with tutors from other campuses and discuss and share ideas. They also have a scheme of peer review where they can assess each other's work. The clinical teachers said there are good opportunities for undergraduate educators from different LEPs to connect with each other.

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)

85   Prior to the visit the school submitted documentary evidence to demonstrate that the entire curriculum is mapped to the GMC outcomes for graduates.

Informing curricular development (R5.2)

86   The school quality management team told us that students and employers are involved in the planned curricula changes. Students are represented on most committees, apart from the assessment and examination boards, and they have a voice in discussing and informing curricular changes. The school has established the Learning Community Forum which meets six times a year and provides an interface between students and faculty members. This forum has a subgroup, the Student Assessment Advisory Group, which focuses specifically on discussing exams.

87   We heard during the presentation and various meetings with the school management that they believe their course structure where students are able to obtain two degrees within a five year course is a strength. They believe the BMedSci is a stimulating course offering the opportunity to engage in research.

88   In the meetings with students both at the medical school and the LEPs, we heard mixed views about BMedSci. Some students appreciated the opportunity of being awarded two degrees and the breadth of research. However, students also reported that the research projects were not always thoughtfully planned in terms of subject and allocated time. Students said that they like research and appreciate the additional degree on their CV, however, the current course structure can put them under immense pressure and stress.

89   The clinical teachers we met during the visit to the medical school also said that they have notices how stressed and sometimes demoralised some students feel due to the pressures of the course and additional BMedSci requirements. Some students said that if they had a choice they would not choose to take the BMedSci degree. Some students feel that this additional part of the programme takes valuable time away from their medical degree.

90   The school management team said they are currently looking into the transition from BMedSci into the clinical phases. They would like to reduce some of the didactic teaching and empower students to become responsible for their own teaching.

Recommendation 5: The school should closely monitor the experiences of students during and after the BMedSci research project.

Undergraduate curricular design (R5.3); Undergraduate clinical placements (R5.4)

91   In the standard entry to medicine course (A100) the first five semesters are taught exclusively at the school's campus in Nottingham. During these semesters students attend an integrated course which uses whole body dissection to teach anatomy. The first three semesters for the graduate entry course (A101) are taught at the school's campus at Royal Derby Hospital. The course is a problem-based learning programme based on weekly histories. All students spend several days in clinical practice during each semester.

92   Clinical phase one of the course starts in semester six for the standard entry students and in semester four for the graduate entry programme. The clinical placement start with 17 weeks in junior medicine and surgery whilst concurrently students complete an online therapeutics course and a community follow up project.

93   Clinical phase two takes place in the penultimate year and it consists of four rotations of ten weeks in different specialties such as child health, psychiatry, obstetrics and gynaecology, health care of later life, community based medicine, 'specials' (dermatology, ophthalmology, otolaryngology) and a student selected module.

94   Clinical phase three is the final year and comprises four rotations of eight weeks in medicine, surgery, critical illness, general practice and musculoskeletal diseases and disability. Students also complete a transition to practice module which includes a patient safety conference, careers showcase medical assistantship and an elective period. During the critical illness module in the final year all students attend a mandatory training day in the Trent Simulation suite.

95   In the final year all students attend a medical assistantship (MAST). During MAST students are given a logbook and specific guidance on what is expected of them as a junior doctors. During MAST all students must undertake a minimum number of workplace based assessments, on call duties, reflective notes and prescription charts. Students cannot graduate if they don't pass this attachment.

96   The students we met said they are happy with the course structure. They like the strict structure of the first year and the opportunity to take responsibility and do more self-directed learning in the subsequent years. Students also appreciated the early contact with patients through their visits to general practices from early on in the course.

97 The school strictly monitors the attendance of students during their time at the school, but acknowledges the challenges of monitoring attendance during placements. The undergraduate coordinators are responsible for monitoring attendance at the LEPs, but the school management team said that there is variance between different placements. Students have three sign offs and a logbook with mandatory requirements for each placement. Attendance is part of the professionalism module for each placement.

98 The students we met said that the quality of teaching is variable across different LEPs and not all consultants or educators have the same level of awareness about their curriculum. The school is aware of the challenges regarding teaching in placements and is aiming to address these through the introduction of KPIs and allocation of students based on quality.

Fair, reliable and valid assessments (R5.6); Mapping assessments against curricula (R5.7)

99 As discussed earlier in this report the school is currently implementing some changes to assessment framework with the aim of simplifying the process and lightening the burden for students. So far, students have to pass 42 summative assessments in the first two years. They can carry a number of exams from one year to another, however students cannot start the final year before passing all exams.

100 The new examination system will require that students pass two written and two summative OSCEs at the end of year one, two and penultimate year. The school has also looked at rules of progression. If students fail their first attempt of the end of year exam, they have five weeks to resit the examination or they can choose to repeat the year. If the student fails the resit, they have to repeat the year and they can resit the exam again. Students can have two resit attempts at the summative exams under University of Nottingham regulations. A student must retake the clinical placements as remediation prior to a second or final resit. A student may choose to retake the attachments prior to the first resit, with the agreement of the exam board, though they will not be allowed to have more than one repeat of any attachment.

101 All summative clinical assessments will be examined as an OSCE and will take place in June for year three, in May for penultimate year, and in February for the final year students. All OSCEs have been organised by the LEPs and the school management team said that they have identified variation on the duration, content and marking of exams. In order to standardise its exams, the school will organise all OSCEs in-house. The variation in marking by different examiners in OSCEs is something the year three and four students raised as well.

102 During the meeting with the school senior management we were told that the school takes any issues relating to the reliability of its assessments seriously. We heard of a concern which was raised about six students across different sites who passed the examination after moderation was applied to their marks. We were assured that all

the school's governance systems were followed during the moderation process and there were no patient safety concerns relating to the students in question.

103 All OSCEs will move from a pure system of marking to a hybrid domain marking. OSCEs are made up of eight domains which are consistent across the three clinical phases and include areas such as communication skills, time management and clinical reasoning. To aid the standardisation of marking the school will provide checklists for each procedure that need to be carried out during the examination. The school believes that moving to a hybrid domain marking will enable them to assess students on a higher level of expertise and provide more detailed feedback to students. The school intends to use tablets for marking in the future.

104 The school will use the borderline method for its new OSCEs. For each written assessment the school uses the modified Angoff method. The visiting team are satisfied that the standard setting methods used by the school are reliable and that assessments are mapped appropriately to the curriculum.

Examiners and assessors (R5.8)

105 The school management team told us that examiner training is one of the reasons for the current variation in marking for OSCEs. So far, each site has used its own examiners and assessors and has provided its own training, which has mostly comprised of a 10 minute presentation.

106 As discussed above the school is bringing all clinical assessments in-house. In addition the school is working on providing extensive training for all examiners. Each LEP will have to nominate a number of examiners who will go through a half day training session which will explain the new format of the exam, the new marking scheme and will contain example videos about borderline candidates. Examiners will also be trained on how to use the electronic tablets.

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07 April 2017

Dear Kevin

Re: Regional review of medical education and training in the East Midlands 2016

It was a pleasure to welcome you and your colleagues to the University of Nottingham, School of Medicine on 3rd and 4th November 2016. Thank you to all concerned for making it such a constructive and developmental experience for our School.

We were very pleased that you recognised the excellent work taking place across the School, and we have passed on your positive feedback to those areas of work where you highlighted especially good practice.

We are now particularly pleased to be able to report that in February our first centralised staging of our year 5 OSCEs as described to you during your visit went extremely well and fully vindicated our Medical School's commitment to make this improvement happen.

We are not complacent however. Indeed, many of the observations contained within your report were in complete alignment with the School's own estimation of the work still to be done. However, as the visiting team saw for themselves, our School is in a particularly exciting phase of development at present and your suggestions for additional areas of focus have either already been addressed in the time that has passed since your visit or are now built into our ongoing plans for continuous improvement.

We are proud of our students and have great confidence in the doctors that they become, so thank you once again for the thoughtful manner in which the visiting team approached its review and helped us gain even more momentum in our endeavor to provide the highest standard of medical education at the University of Nottingham, School of Medicine. It really was most appreciated.

Yours sincerely

Professor Gillian Doody
Dean of Medical Education
University of Nottingham School of Medicine