General Medical Council

Regulating doctors
Ensuring good medical practice

Undergraduate Quality Assurance Visit

Report on Warwick Medical School

2011 / 12

Contents

Executive summary

1. The 2011 visit occurred during a time of change for Warwick Medical School (the School). There have been significant changes in senior management personnel in the past 18 months, including the appointment of the current dean in May 2010. The School's management structure also changed in August 2011, and the post of Head of MB ChB remains unfilled following these management changes.

2. The School is currently undertaking a major curriculum review, which is due to be implemented from October 2013.

3. Overall, we found that the School appeared to have good learning resources. We met with enthusiastic staff committed to driving forward an agenda of change in a time of uncertainty within the NHS. We were also impressed by the students we met with at the School and on the site visits.

Quality management

4. We found that the School's systems for change and risk management were underdeveloped. However we found the School to be responsive to student evaluation and to improving the student experience, although we were concerned that this does not happen in a systematic way.

5. The School could improve the quality management of current processes, such as monitoring staff training, fitness to practise and student selection, by defining quality standards and regularly monitoring and evaluating its processes against those standards.

Relationship with stakeholders

6. The School identified its relationship with its students as a challenge, particularly the student perception that they are not treated as adults, and is working to improve this. We found that improved communication between the School and students would help address these challenges, such as improving the nature and timeliness of feedback given to students; the guidance given around assessment; the administration of the programme, such as student assistantships and the allocation of clinical placements; and, for some students, lack of clarity about the purpose of the curriculum review. We note that the School is working to address these issues.

7. The School is also working to improve the quality of its partnerships with local education providers (LEPs). We encourage the School to strengthen communication and to formalise its relationships with its LEPs through the review of its service level agreements (SLAs) which will assist other developments, such as the curriculum review and student assistantships. We also encourage the School to seek to identify examples of good practice locally and to share this across its LEPs.

8. The School has a good relationship with its local foundation school, Coventry and Warwickshire, and has mechanisms to transfer information between the two

organisations. However, as 60% of its graduates undertake the foundation programme outside the region, the School acknowledges the need to be involved in national discussions around the transfer of information process.

Visits to LEPs

9. The School delivers teaching across four acute trusts, two mental health trusts and more than 40 general practices. We received very positive feedback from students about their clinical experience and were impressed by the student to consultant ratio, which provides good supervision and support. We were very impressed by the commitment and enthusiasm of the clinical teachers we met at the two LEPs visited: George Eliot Hospital NHS Trust (GEH) and University Hospitals Coventry and Warwickshire (UHCW) NHS Trust.

George Eliot Hospital

10. GEH is a district general hospital providing health services including medical, surgical and maternity care for a population of approximately 250,000 from Nuneaton, Warwickshire and the surrounding areas. The trust secured external funding for a £5.5m Training and Education Centre which opened in October 2006.

11. We received a very positive impression of the delivery of undergraduate education at GEH. The new education centre facilities are good and students were positive about the teaching and local administration of the placements. We were impressed by the staff we met and found the clinical teachers to be very committed to the delivery of undergraduate teaching. The senior management team identified education and training as an integral part of hospital activity and are committed to supporting education in consultants' job plans.

12. We heard about a number of local initiatives such as a GEH-developed log book, designed to ensure students have seen specific diseases, which the School should consider sharing with other LEPs.

University Hospital Coventry

13. University Hospitals Coventry and Warwickshire NHS Trust is one of the largest acute teaching hospitals in the UK, comprising University Hospital in Coventry and the Hospital of St Cross in Rugby. We visited University Hospital Coventry, a hospital serving about one million people in the West Midlands with a full range of acute services. A new building with excellent facilities was completed under a PFI contract in 2006 to replace the former Walsgrave Hospital and the Coventry and Warwickshire Hospital.

14. Student experience at UHCW was positive and the purpose built clinical science building offers a full range of facilities for education and training, including a well equipped library and IT facilities. Clinical teachers were enthusiastic and committed. The senior management team were engaged with education and training and had a good working relationship with the School. We note that the trust is working towards the allocation of specific time in job plans for education.

Key findings

Good practice

1.	*Tomorrow's Doctors (TD)26*	The School's ratio of two students to two consultants on clinical placements, which provides good supervision and support to students (see paragraph 5).
2.	*TD155*	The valued involvement and careful integration of lay members into working groups and committees in the School (paragraph 63-64).
3,	*TD125*	The School's management and provision of timely, readily available, student-focused careers advice (see paragraph 52).
4.	*TD17*	The School's response to student evaluation of teaching and assessment of prescribing and the resulting improvements (see paragraph 69).

Requirements

1.	*TD40, 42*	The School must have clear implementation plans for the Quality Management Strategy that include how the programmes are systematically monitored and evaluated against specified standards of quality, how risks are identified, and when action will be taken (see paragraph 7 and 21).
2.	*TD42*	The School must provide a project plan for the curriculum review as part of its next annual return. These plans must also describe how the School will manage the quality of the existing and new curriculum as parallel programmes (see paragraph 33).
3.	*TD41*	The School must ensure that its agreements with LEPs are detailed and explicit so that the School can monitor the delivery of its curriculum by LEPs in a consistent, effective and formal way (see paragraph 12).
4.	*TD44*	The School must have processes in place to monitor the quality of the administration of the MB ChB programme to ensure that it meets the required standards (see paragraph 17).
5.	*TD60*	The School must analyse its equality and diversity data and identify and consider any implications for different areas of the programme such as the curriculum, assessments and student selection (see paragraph 25).
6.	*TD40, 65, 66, 86, 88*	The School must have clear criteria in place for assessing students' performance on clinical placements and processes in place to ensure that clinical assessors comply with these criteria (see paragraph 44).
7	*TD88, 128-129*	The School must monitor the training of clinical teachers and actively ensure that teachers' training is up-to-date (paragraph 55).

Recommendations

1.	*TD43b, 43c*	The School should develop formal systems to collect feedback from patients about the performance of students and feedback from employers about the preparedness of its graduates (see paragraph 18-40).
2.	*TD109, 123*	The School should ensure that the responsibilities and requirements of the student assistantship are clearly communicated to LEPs and students in a timely manner (see paragraph 37).
3.	*TD87*	The School should ensure that its students are given adequate advance notice of specific exam dates within the scheduled period (see paragraph 47).
4.	*TD85*	The School should define what feedback students can expect and communicate this to students and staff to ensure that it is delivered consistently (see paragraph 46-69).
5.	*TD 169, 172*	The School should put in place clear processes for tracking graduate progression and outcomes to enhance the quality of its programme (see paragraph 71).

15. The School's right of reply and initial action plan against the requirements and recommendations are appended to this report. The School will provide an update on progress against these requirements and recommendations in their next scheduled Medical School Annual Return (MSAR) to the GMC in 2012.

Visit overview

School	Warwick Medical School
Dates of visit	9 -10 November 2011
Programmes investigated	MB ChB
Areas for exploration	Supervision, quality management, patient and public involvement, equality and diversity, student selection, the current curriculum and curriculum review, assessment, student support, School management and graduate outcomes.

Risk based visiting

16. The Quality Improvement Framework (QIF) recognises that quality management (QM) within schools and deaneries has matured and that quality control (QC) within LEPs requires further development. Previous visits have investigated all standards in all schools. This is no longer proportionate and we have committed to focusing our visits on areas of risk and areas that are new in the 2009 version of Tomorrow's Doctors. We are also committed to sharing good practice encountered through visits.

Concerns raised during the visit

17. We have a policy which sets out the process for responding to serious patient safety or educational concerns that may be raised during a scheduled quality assurance visit. Concerns raised via this process will require immediate action and if necessary will then be referred to our response to concerns process: http://www.gmc-uk.org/education/process.asp.

Were any Patient Safety concerns identified during the visit?	
Yes ☐ *(include paragraph reference/s)*	No ☒
Were any significant educational concerns identified?	
Yes ☐ *(include paragraph reference/s)*	No ☒
Has further regulatory action been requested via the responses to concerns element of the QIF?	
Yes ☐	No ☒

The report

1. This is a report on the quality assurance programme for Warwick Medical School (the School) for 2011/12.

2. Leicester Warwick Medical School, a graduate-only medical school, was established in 1999 with the first cohort of Warwick based students beginning in 2000 and graduating in 2004. Warwick Medical School gained independent degree-awarding status with effect from 2007.

3. The four year MB ChB (Bachelor of Medicine and Surgery) programme is designed for graduates in biological, health, natural or physical sciences. There are on average 180 students per year. The programme is structured across two phases: Phase I (16 months) is based mainly at the Warwick campus and includes clinical skills and core modules. The majority of Phase II (30 months) is based on clinical attachments.

4. The School was last reviewed during the 2006 QABME (Quality Assurance of Basic Medical Education) cycle, with a follow up visit in 2007. The 2006 report focused on the management of Warwick's decoupling from Leicester Medical School and the 2007 report focused on assessment. The School has reported all actions in relation to requirements and recommendations as complete.

Domain 1: Patient safety

26. The safety of patients and their care must not be put at risk by students' duties, access to patients and supervision on placements or by the performance, health or conduct of any individual student.

27. To ensure the future safety and care of patients, students who do not meet the outcomes set out in Tomorrow's Doctors *or are otherwise not fit to practise must not be allowed to graduate with a medical degree.*

Clinical supervision

5. The School's ratio of two students to two consultants on clinical placements was identified as beneficial to the student experience in the GMC pre-visit student survey. We found this to be consistently delivered at the two local education providers (LEPs) visited, and students reported that this was also the case at other LEPs. We consider having two consultants jointly supervising two students is a positive aspect of the programme, with students reporting that this ratio and the eight week placement duration enabled them to work closely with the consultants and within their competence.

6. We commend the School's ratio of two students to two consultants on clinical placements, which provides good supervision and support to students, as an area of good practice.

Domain 2: Quality assurance, review and evaluation

38. The quality of medical education programmes will be monitored, reviewed and evaluated in a systematic way.

Quality management

7. We found that the School's Quality Management Strategy (dated July 2011) provides a framework for how it monitors, reviews and evaluates its programme. Whilst there was evidence of monitoring taking place, we were unable to find evidence of current explicit quality standards against which the School measures its performance. The School self-identified quality management as a developing area, and it was also raised through the GMC pre-visit student survey. We observed this to have implications in the following areas:

a. Agreements with LEPs (see paragraph 13)

b. Administration of the programme (see paragraph 17)

c. Identification of risk in management plans (see paragraph 21)

d. Monitoring of equality and diversity data (see paragraph 25)

e. Management of the curriculum review (see paragraph 30)

f. Monitoring of clinical teacher training (see paragraph 55).

8. We understood that the system is dependent on exception reporting and heavily reliant on student evaluation. We acknowledge that the School identified this as a challenge. The School has demonstrated its responsiveness to evaluation and has identified improvements as a result, for example in the reliability of assessments and improvements made to pharmacology teaching and assessment (see paragraphs 41 and 69).

9. The School must have clear implementation plans for the Quality Management Strategy that include how the programmes are systematically monitored and evaluated against specified standards of quality, how risks are identified, and when action will be taken.

10. We encourage the School to consider how improvements in quality management could also benefit other processes, such as fitness to practise.

Agreements with local education providers

11. The School is working to increase its communication and interactions with its LEPs. There is an associate clinical director at each trust who is the lead for undergraduate teaching and the School has advised that it is reviewing this role. The School acknowledges that financial pressures within the NHS require it to work closely within NHS partners in order to manage the impact on teaching of the competing pressures on consultants' time.

12. We are concerned about the form, operational detail and review procedures of the School's agreements with LEPs and the monitoring of the teaching and facilities on placements (see paragraph 7). There is lack of clarity about how Service Increment for Teaching (SIFT) contributes to supporting professional activities (SPAs) and teaching in consultant contracts. Provider trusts do not yet provide accounts to show how exactly SIFT supports education.

13. The School has existing SLAs in place with the LEPs. Historically, SIFT has been managed by the SHA but lack of specificity in the SLAs has caused challenges for the School in fulfilling its monitoring function. We understand that the School is seeking to address this and is currently undertaking scoping work with LEPs.

14. The School reported that there is a joint SIFT committee with LEPs, the SHA and the School, but that there is the risk of potential conflicts of interest with this arrangement.

15. The School must ensure that its agreements with LEPs are detailed and explicit so that the School can monitor the delivery of its curriculum by LEPs in a consistent, effective and formal way.

Evaluation

16. The School collects evaluation data from students, medical school teachers and other education providers. Student evaluation is collected in a variety of ways, including evaluation questionnaires at the end of modules and clinical placements, and face-to-face sessions. Students felt that the School is proactive in seeking student evaluation and has demonstrated its responsiveness to it. For example the School introduced an obstetrics and gynaecology (O&G) lead in response to variability of student experience in O&G teaching, and made changes to clinical pharmacology in response to National Student Survey (NSS) results (see paragraph 69).

17. The School has effective processes in place to collect student evaluation of teaching. However, currently there do not appear to be formalised methods in place for students to evaluate the administrative functions within the School. Students raised the administration of the programme as an area of concern. The School reported that this was also raised in the 2011 NSS and that it is currently meeting with student representatives to address this issue. The School must have processes in place to monitor the quality of the administration of the MB ChB programme to ensure that it meets required standards.

18. The School does not capture feedback data from patients about student performance. We acknowledge that this is a challenging area nationally and note that there are informal mechanisms for doing so, for example by using patients in teaching and assessment and via LEPs which seek patient feedback. We also note that the School reported in its annual return that it is considering this as part of the curriculum review.

19. The School also does not capture feedback data from employers about its graduates. There appears to be a good feedback loop from the local Foundation

School regarding graduates about whom the School has shared low level concerns (paragraph 54). This could be built upon to provide more general feedback about the overall strengths and weaknesses of graduates in order to inform the development of the curriculum.

20. The School should develop formal systems to collect feedback from patients about the performance of students and feedback from employers about the preparedness of its graduates.

Identification and management of risks and concerns

21. The School management plans do not deal explicitly with risk management. We are concerned that the current system is reliant on student evaluation and exception reporting (see paragraph 8). The School must review its management plans to ensure that it is able to identify, manage and mitigate areas of potential risk, such as those surrounding the parallel running of the two curricula and the current vacancy in the post of Head of MB ChB (see paragraphs 33 and 61).

22. Teachers felt that more timely student evaluation would be beneficial. The School's ability to identify and respond to concerns about individual consultants is compromised by the time taken to collate the evidence. The low student to consultant ratio (see paragraph 5) requires that, in order to ensure an adequate level of student anonymity, multiple block evaluations have to be collated before analysis can take place. We recognise that the School is aware of this issue and has progressively reduced this delay, but we would encourage it to continue this work to ensure it is able to identify and manage risks quickly and effectively. Used effectively, timely feedback from students can encourage good teachers and lead to improvements in delivery.

Domain 3: Equality, diversity and opportunity

56. Undergraduate medical education must be fair and based on principles of equality.

23. We were pleased to see that the School's process for identifying and assessing those needing reasonable adjustments is independent of the School itself, with decisions made by NHS Occupational Health. Most of the students we met were open and positive in their discussion of disability, and reported that those needing reasonable adjustments had received good support.

24. We were satisfied with the School's provision of equality and diversity (E&D) training. Members of the academic staff are required by the University to complete online E&D training. Clinical teachers reported that they completed E&D training in the trusts. The School monitors completion of the online training module and has access to this data which is held in the trusts. Those involved in student selection also attend additional E&D training and must update this every three years.

25. The School's 2010/11 enhanced annual return states that the School collects E&D data about students but does not analyse it, and this was confirmed in our discussions with the School. The School must analyse its E&D data and identify and

consider any implications for different areas of the programme such as the curriculum, assessments and student selection.

Domain 4: Student selection

71. Processes for student selection will be open, objective and fair.

26. The School uses an assessment centre for student selection with an initial screening based on first degree class, UKCAT score and personal statement. The assessment centre was designed by an external company in order to assess seven competencies determined to be consistent with the attributes required by effective medical practitioners. Each candidate completes three tasks: a written assignment, a group-based practical exercise, and a one-to-one interview. The team of assessors includes people with a range of expertise and knowledge such as doctors, academics, lay representatives and final year medical students. Assessors receive training for the role, including specific E&D training.

27. The School has evaluated its selection process through analysis of applicant questionnaires for 2007-9 which confirmed that the assessment centre process does not systematically favour particular types of applicants. Students were satisfied with their experience of the process.

28. We found the School's student selection processes to be open, objective and fair. Students identified the selection process as a strength of the School and particularly appreciated the involvement of senior students to chaperone applicants through the process.

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*.*

Curriculum design and structure

29. A review of the School's annual reports did not identify any risks in the current curriculum and this was supported through our discussion with the School and students about the teaching of a sample of 'outcomes for graduates' (see paragraph 67).

30. The School is currently undertaking a major curriculum review, which is due to be implemented from 2013. The primary objective of the curriculum review is to move towards a spiral curriculum using case based learning. The review will also consider splitting the programme into four separate years rather than two phases. We acknowledge that there is a case for curriculum review, but would have liked to see clearer objectives with explicit evidence to support the rationale for change.

31. The School is seeking to improve and integrate students' learning through the curriculum review. Clinical teachers feel the current Phase I is dominated by basic science teaching and that there should be more clinical application in this early

learning phase. We were pleased to see that the concept of a case-based learning model was widely understood in the School and LEPs, though we note that there was some confusion amongst the faculty and student body about the distinction between case based learning and problem based learning. We consider that the School could better communicate this to students and faculty. We were pleased that learning outcomes are being mapped against the 'outcomes for graduates' in *Tomorrow's Doctors*.

32. The School provided us with a high level summary of their plans for the curriculum review. However, we are concerned that there is not a clear project plan against which to measure progress and success (see paragraph 7). Clinical teachers were aware of the curriculum review, but not of what it entailed. They had had an opportunity to become involved in the review but the invitation only reached them at short notice. Student representatives are involved but we were unclear about their responsibilities or how they communicate about this with their student colleagues.

33. We reviewed the course structure (dated July 2011) but it was unclear from the documentation provided to us and from discussion with the School how the existing systems for the curriculum and its delivery will work in parallel with the new curriculum and its delivery from 2013 to 2016. We were concerned about the resources and capacity within the School to maintain two curricula during the migration process. We would have found it useful to see a version of the parallel course structure demonstrating the impact of the proposed curriculum changes in the transitional years. The School must provide a project plan for the curriculum review as part of its next annual return. These plans must also describe how the school will manage the quality of the existing and new curriculum as parallel programmes.

Clinical placements and experience

34. On the whole students were very positive about their clinical placements and the experience they gained from them. We were impressed by the enthusiasm and dedication of the staff at the LEPs we visited.

35. Whilst students praised the quality of the learning experience they received in their clinical placements, there were consistent complaints about the administration (see paragraph 17). Some students were placed in the same clinical sub-specialities in both their junior and senior rotations. In addition, educational supervisors' annual leave can impact on placements. Students said that finding alternative arrangements for teaching was sometimes undertaken by the clinical co-ordinator at the LEP but sometimes it was left to them.

36. Due to the limitations imposed by the student to consultant ratio and the eight week blocks (see paragraph 5), some students did not have exposure to some clinical disciplines, such as cardiology. Clinical teachers and the School responded that students would be exposed to multiple body systems within any given specialty placement, and that students are able to attach themselves to other consultants within blocks in order to experience other specialties. However, students had concerns that attendance at teaching by a consultant other than their designated consultant could result in their receiving poor marks for attendance from their designated consultant. We encourage the School to review the administrative

arrangements for clinical placements, but overall we are satisfied that students do have access to the full range of specialties specified in *Tomorrow's Doctors*.

37. The School has introduced a pre-graduation student assistantship in this academic year, which all final year students will complete. This is a two week clinical placement, designed to increase the preparedness of medical students to practise as an F1. The team were informed that it is similar to the existing Advanced Clinical Practice module, which is run after the final examination but before graduation. The LEPs and students who had been involved in the first run of this student assistantship were supportive of it in principle but reported that the implementation could have been better organised and communicated further in advance.

38. The two week assistantship is included within the eight week general clinical block, and some students reported that it would have been more beneficial as a stand-alone activity, as it impacted on their ability to complete the other tasks required of them during that block.

39. The School should ensure that the responsibilities and requirements of the student assistantship are communicated to both LEPs and students in a clear and timely fashion.

Assessment

40. We found that the School has in place an assessment strategy and systems, as outlined in the codes of practice for assessment, to set appropriate standards for assessments designed to determine whether students have achieved the curriculum outcomes and 'outcomes for graduates'. The School is using components of the Leicester Assessment Package. Assessment tools used by the School include short answer questions, multiple choice questions, extended matching questions, Objective Structured Clinical Examinations (OSCEs), and a long case assessment. Written examinations are standard set using either the Angoff or Ebel method.

41. We are pleased that the School has recently appointed an assessment coordinator and is now able to collect reliability data, blueprint assessments against learning outcomes, and analyse student performance data. This will be used to review the efficacy of the existing assessment methods.

42. Based on the School's policies as outlined in their Phase I exam materials, we are content that the written assessments and marking scheme in Phase I are fit for purpose and we are pleased to note the School's continuing efforts to review them.

43. The School's training for examiners, which is mandatory, received positive feedback from clinical teachers who were examiners, and we found that the School monitors this effectively. Some students felt that there were inconsistencies in exam marking and that examiners were subjective. We will observe the School's final examinations and examination board in May/June 2012 and report on these separately.

44. We were concerned about reported inconsistencies in consultant marking at the end of each clinical placement block. Students were particularly concerned about

this as it is a summative assessment. Clinical teachers also reported an awareness of discrepancies in the way students are graded. The School also advised that end–of-block assessments no longer contribute to foundation quartiles, but discussions with students suggest that this is not understood and we suggest the School clarifies the changes it has made.

45. The School must have clear standards and criteria for assessing students' performance on clinical placements and have processes in place to ensure that clinical assessors comply with these criteria (see paragraph 7).

Guidance and feedback to students

46. We found that students do not always receive timely and accurate guidance about assessments. This issue was raised in the NSS and the GMC pre-visit student survey and was reiterated through our discussion with students. While some students were aware of the information and guidance that is accessible online, students were regularly critical of the administration of the programme with regards to communication about assessment and organisation of placements (see paragraph 35). Examples given included module and Phase II handbooks arriving several weeks late. Students reported that the code of practice around exams is informative.

47. Students reported that their specific examination dates are not allocated until a month or less before the exam. Students expressed dissatisfaction with this and highlighted the difficulty this presented for international students who need to make advance travel arrangements. The School advised that this persistent problem is due to the current Warwick University room booking systems. The School is working with the University to address this, and should ensure that its students are given adequate advance notice of specific exam dates within the scheduled period

48. We found that there are good systems in place for providing general feedback to students, such as statistical breakdowns of results, but that students wanted more detailed feedback on their performance. Feedback has also been raised as an issue in the NSS, and we have reviewed the School's action plan in response to NSS results. The School advised that students who fail or who are borderline are automatically offered detailed feedback, but we heard from borderline students who had not found this to be sufficient. They were also critical of an occasion when results were publicly posted only to be withdrawn, altered and re-issued. Feedback to students on their clinical performance from other health professionals is also desirable.

49. The School is aware of these issues and is working on ways to increase the amount of face-to-face feedback provided. We acknowledge that students may not always recognise feedback as such, particularly on clinical placements and we encourage the School to continue to improve its signposting of feedback to students. The School should also define what feedback students can expect and communicate this to students and staff to ensure that it is delivered consistently.

Domain 6: Support and development of students, teachers and local faculty

122. Students must receive both academic and general guidance and support, including when they are not progressing well or otherwise causing concern. Everyone teaching or supporting students must themselves be supported, trained and appraised.

Student support

50. The School identified their relationship with the student body as a challenge. The School and local education providers reported that Warwick's graduate entry students are characterised by being mature, self-directed learners. In Phase I, students reported feeling that they were being very closely monitored and didn't have the opportunity to work to their own learning style. The example of being required to sign in to all learning activities, including lectures, was consistently raised by students. As result of student evaluation, the School has now eliminated sign-in for lectures, but maintains it for group work. Students also reported a distinct change when they moved into Phase II. They reported feeling detached from the School and having a much closer affiliation with the LEPs. The School is working to address this, and is seeking to increase engagement through events such as a Dean's breakfast but students showed little awareness of this.

51. We found that the School has good individual student support processes delivered through the personal tutor system. All students in Phase I have a personal tutor allocated to their group (8-10 students, with a single tutor having responsibility for up to 20 tutees). In Phase II they have clinical educational supervisors. The School is considering whether to have the tutor roles continue for the duration of the whole programme. While students were aware that they could find information about School processes or job roles, the majority reported that their personal tutor would be their first point of contact for any query. Students reported some variability in their interactions with tutors. Some students advised that their tutors were not proactive in making contact; while others didn't feel as comfortable approaching their tutor as they did another member of staff. The School advised that it would support students and tutors to resolve any difficulties if this was an issue. Students reported the 'Mums and Dads' system in the first year, where second year students 'buddy' the first years, can be similarly variable. However, on the whole, students felt well supported.

Careers advice

52. Students identified the School's provision of careers advice as a positive aspect of the programme in the GMC pre-visit survey. We found the School's careers advice to be very good. We note that careers advice is timely, readily available, student focused and of a high standard. Students were very positive about the careers adviser, the advice given, the range of information provided and the methods of delivery, such as evening lectures, careers fairs, and specialty speed dating. Appointments are readily available on campus, and now are also being offered at the hospitals. We were also pleased to see clear supporting documentation about how this is being risk assessed, implemented and monitored and consider that the School would benefit from using this as a model for other

processes. We commend the School's management and provision of timely, readily available, student-focused careers advice as an area of good practice.

Student fitness to practise

53. The School's current fitness to practise process was not identified as an area of risk in the review of our evidence base. Students and teachers were aware of processes and routes for raising concerns.

54. We found that the School had good processes in place to facilitate the transfer of information (TOI) about students on entry to the local Coventry and Warwickshire Foundation School, and were pleased that the School reviews and inspects TOI forms to verify student declarations. We were also pleased to note that the School maintains contact with local foundation schools about the few students over whom there have been low level concerns and who are deliberately placed at the local foundation school. The Phase II coordinator attends regular meetings at the Foundation School to receive an update about the progress of these and other graduates. However, as 60% of its graduates leave the region to undertake the foundation programme, the School acknowledges the need to be involved in national discussions around the transfer of information process.

Support for educators

55. We found the training provided for all teaching staff to be clear and accessible. However, whilst student evaluation is used as part of an annual review, we found this is to be primarily a staff development tool. We would encourage the School and its LEPs to consider how best to use student evaluation in their performance management processes. We were also concerned that educational development does not clearly feature in the NHS appraisal of clinical teachers, nor was it clear who is monitoring the process. The School requires all new clinical teachers to participate in a half-day induction and some more experienced clinical teachers have also attended this induction. Whilst the School holds records on the number of teachers who have attended training, we did not see evidence of how this data is monitored and acted upon in the absence of quality standards (see paragraph 7). Data provided on GP tutor development indicates that a high majority of GPs have not undertaken mandatory refresher training.

56. The School identified that ensuring the training and appraisal of clinical teachers is a challenge. Both the School and the LEPs reported opportunities for enthusiastic teachers to participate in further training in education, but we did not find evidence of how such participation is encouraged across the programme.

57. We spoke to clinical teachers who had developed innovations in teaching that are working well locally, such as a log book at GEH designed to ensure students have seen specific diseases. We encourage the School to disseminate such local innovations more widely.

58. The School must monitor the training of clinical teachers and actively ensure that teachers' training is up-to-date (see paragraph 7).

Domain 7: Management of teaching, learning and assessment

150. Education must be planned and managed using processes which show who is responsible for each process or stage.

Management and governance

59. The main School management body is the Senior Management Group. The group meets fortnightly and its membership comprises the Dean, two Pro Deans, five Heads of Divisions, the Head of Educational Development and Research, the School Secretary and the Heads of Finance, HR and Business Development.

60. Strategic decisions about the course are made by the Undergraduate Studies Committee, chaired by the Pro Dean Education, which is accountable to the Board of the Faculty of Medicine, chaired by the Dean of the Medical School. University academic approvals are considered by the Board of Undergraduate Studies which reports to the Academic Quality and Standards Committee of Senate. Senate in turn reports to Council. Examination decisions are made by the Phase I and Phase II Boards of Examiners, chaired by the Pro Dean Education. Operational decisions are made by the Phase I and Phase II Management Committees, chaired by the respective Phase Coordinators, and the MB ChB Assessment Group, chaired by the Deputy Director of the MB ChB.

61. The MB ChB programme is led by a full time Head of the MB ChB, though this role is currently vacant and the responsibilities of the role have been shared among other senior staff.

62. There have been significant changes in senior management personnel in the past 18 months, including the appointment of the current dean in May 2010. The School's management structure changed in August 2011, and the role of Head of MB ChB remains unfilled following these management changes..

Patient and public involvement

63. We were impressed by the lay involvement in School committees. The School recruits lay representatives to committees from a University-wide pool of patients, the public and carers, through a scheme called the Universities / User Teaching and Research Action Partnership (UNTRAP). The School has also held events for all members of UNTRAP in order to further identify the qualities they are seeking to instil in doctors. Lay representatives are involved in the Medical Faculty Advisory Board, the Undergraduate Studies Committee, and the Curriculum Review Group. The Fitness to Practise Committee and Academic Progress Group are both chaired by a lay person.

64. The lay representatives we interviewed reported that they felt their involvement in these committees and groups was valued by the School, and that the School was receptive to their suggestions. They were enthusiastic and positive about their role within the School. We commend the valued involvement and careful integration of lay members into working groups and committees in the School as an area of good practice.

65. The lay representatives had suggestions about how their role could be further enhanced. Some felt that they would benefit from a handover period when taking on a new responsibility and that additional formal training would better equip them to carry out their responsibilities. They said that the introduction of a performance appraisal would provide them with informative feedback. Additionally, they felt that a greater degree of direct interaction with students would improve this process further.

Domain 8: Educational resources and capacity

159. The educational facilities and infrastructure must be appropriate to deliver the curriculum.

66. We note that the School is well resourced with regard to educational resources. Our evidence base did not identify any risks in this area and students and teachers did not report any issues.

Domain 9: Outcomes

168. The outcomes for graduates of undergraduate medical education in the UK are set out in Tomorrow's Doctors*. All medical students will demonstrate these outcomes before graduating from medical school.*

169. The medical schools must track the impact of the outcomes for graduates and the standards for delivery as set out in Tomorrow's Doctors *against the knowledge, skills and behaviour of students and graduates.*

67. We reviewed the School's recent annual returns and spoke to the School, LEPs and students about how a sample of outcomes in *Tomorrow's Doctors* are delivered and assessed. We sampled a range of outcomes across *Outcomes 1 – The doctor as a scholar and a scientist, Outcome 2 – The doctor as a practitioner,* and *Outcomes 3 – The doctor as a professional*. These included: basic sciences (TD8), population health (TD11), communication (TD15), prescribing (TD17), ethical and legal behaviour (TD20), and multi-professionalism (TD22).

68. We found that the current curriculum provides appropriate coverage of these outcomes and that the plans for the new curriculum suggest that it will be designed explicitly to map across outcomes.

69. We were impressed by the prescribing teaching and assessment (TD17), with clinical pharmacology introduced early in Phase I, weekly 2-3 hour sessions on clinical therapeutics and the practical aspects of prescribing in final year along with the formal prescribing examination. We note that this is an example of the School having responded to student evaluation and improved to a point that students are now enthusiastic about prescribing teaching. We commend the School's response to student evaluation of the teaching and assessment of prescribing and resulting improvements as an area of good practice.

70. Formal inter-professional learning (IPL) takes place in Phase I and II as an on-line module in conjunction with the Faculty of Health and Social Care at Coventry University. No formal face-to-face IPL takes place but the students indicated that they acquire some understanding of the role of other health professionals through

informal contacts in clinical placements. We encourage the School to explore ways of formalising inter-professional contact within clinical settings, paying particular attention to its phasing within the course.

Reviewing outcomes for graduates

71. Clinicians in the LEPs we visited felt that, by comparison with graduates they had supervised from other medical schools, Warwick graduates were well prepared for practice.

72. We note that the last formal study of outcomes was in 2008. We acknowledge that tracking graduate outcomes is a challenging area nationally but also note that the School has identified preparedness as an area for improvement, citing low scores in the national survey of trainee doctors and its ranking in Professor Goldacre's recent national study on preparedness.

73. The School should put in place clear processes for tracking graduate progression and outcomes to enhance the quality of its programme.

Acknowledgement

74. The GMC would like to thank the School and all those we met during the visits for their co-operation and willingness to share their learning and experiences.

Annex 1: Context

The GMC's role in medical education

1. The General Medical Council (GMC) protects the public by ensuring proper standards in the practice of medicine. We do this by setting and regulating professional standards for qualified doctors' practice and also for undergraduate and postgraduate medical education and training. Our powers in this area are determined by the Medical Act 1983 and subsequent amendments to the act.

2. The GMC sets and monitors standards in medical education. The standards and outcomes for undergraduate medical education are contained in *Tomorrow's Doctors* while the standards for postgraduate medical education are set out in the publication *The Trainee Doctor.* The GMC visits medical schools and deaneries to share good practice, review management of concerns and investigate any other areas of risk indicated by the information held by the GMC.

3. When the evidence collected indicates that specific standards are not being met we will set requirements with deadlines in the visit report so that schools and deaneries can adjust their programmes to ensure they meet all of our standards. We may also make recommendations when schools or deaneries are meeting the standards but there are opportunities to improve the way medical education is managed or delivered. The visit reports will highlight good practice identified in the review.

4. The Quality Improvement Framework (QIF) sets out how the GMC will quality assure medical education and training in the UK from 2011-2012, and how we will work with other organisations working in this area such as medical schools and postgraduate deaneries. Visits will be targeted towards areas of risk identified through the GMC's evidence base and coordinated across all stages of medical education and training within a region of the UK.

Annex 2: Sources of evidence

Visit team	
Team Leader	Professor Sam Leinster
Deputy Team Leader	Professor Trevor Beedham
Visitor	Professor David Blaney
Visitor	Ms Angela Carragher
Visitor	Professor David Croisdale-Appleby (lay representative)
Visitor	Ms Parina Thakerar (student visitor)
GMC Staff	Sarah Adams
GMC Staff	Louise Wheaton

Quality assurance activity

Meetings with:

- Members of the School responsible for:
  - School management
  - quality management
  - curriculum development
  - assessment
  - student support
  - Fitness to Practise (FtP)
- Lay committee representatives
- Teachers and tutors
- Students from Years 1 to 4
- LEP senior management teams at UHCW and GEH
- Undergraduate education management teams at UHCW and GEH
- Clinical teachers at UHCW and GEH
- Foundation doctors (Warwick graduates) at UHCW
- Foundation educational supervisors (of Warwick graduates) at UHCW.

Evidence base

- GMC evidence base (previous QABME reports, 2009/10 and 2010/11 Enhanced Annual Returns, GMC pre-visit Warwick student survey, GMC trainee survey data by PMQ, UKFPO data by PMQ, QAA report, student complaints, National Student Survey results)
- Warwick introductory report, contextual document and supporting documentation covering:
  - Management structures and organograms
  - Quality management strategy
  - Trust monitoring visit reports
  - Tutor handbook
  - Plans for curriculum review
  - Student assistantships
  - Assessment strategy
  - Codes of practice for assessment
  - LEP plans
  - Statistical examination reports
  - The School Calendar
  - External examiners' reports

- Committee agendas and meeting notes
- Faculty development
- Careers strategy and documentation
- Selection centre documentation
- Standard setting

Annex 3: Glossary

E&D	Equality and diversity
F1	Foundation Year 1
GEH	George Eliot Hospital NHS Trust
GMC	General Medical Council
GP	General Practice/Practitioner
IPL	Inter-professional learning
LEP	Local education provider
MB ChB	Bachelor of Medicine and Surgery
NHS	National Health Service
NSS	National Student Survey
O&G	Obstetrics and gynaecology
OSCE	Objective Structured Clinical Examination
PFI	Private finance initiative
Phase I	First 16 months of the Warwick MB ChB programme
Phase II	Second 30 months of the Warwick MB ChB programme
PMQ	Primary Medical Qualification
QABME	Quality Assurance of Basic Medical Education
QIF	Quality Improvement Framework
QAA	Quality Assurance Agency
SHA	Strategic Health Authority
SIFT	Service Increment for Teaching
SLA	Service level agreement
SPA	Supporting Professional Activities
TD	*Tomorrow's Doctors*
TOI	Transfer of information
UHCW	University Hospitals Coventry and Warwickshire NHS Trust
UKCAT	UK Clinical Aptitude Test
UKFPO	UK Foundation Programme Office
UNTRAP	Universities/User Teaching and Research Action Partnership

GMC UNDERGRADUATE QUALITY ASSURANCE VISIT

WARWICK MEDICAL SCHOOL

2011-12

Response to report

We welcome the report on the School following the Quality Assurance Visit of November 2011 and accept the examples of good practice, requirements and recommendations in full.

Please find attached a detailed action plan in response to each of the key findings made.

Professor Neil Johnson
Pro Dean Education
Warwick Medical School
24feb12

General Medical Council

Regulating doctors
Ensuring good medical practice

Action Plan for Warwick Medical School

Requirements

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
1.	Next scheduled report to the GMC	The School must have clear implementation plans for the Quality Management Strategy that include how the programmes are systematically monitored and evaluated against specified standards of quality, how risks are identified, and when action will be taken (TD40, 42)	The School has identified those areas where the quality management strategy has been effectively implemented in respect of setting ad monitoring of standards and actions to be taken if standards not met (Admissions, Internal Examiner training). Discussions have been started with representatives from the local deanery and the other two medical schools in the area (Keele and Birmingham) on how similar quality indicators can be established for all LEPs in our area.	Aim – to implement revised processes that will ensure robust management of the quality of all key aspects of the course. Key steps: • Development of a detailed operations manual. o The manual will define: ▪ The monitoring processes including the education monitoring visits at the LEPs. ▪ The standards by which quality will be judged (standards will be set for each component of the MB ChB and in respect of both the staff participating in the activity and the student evaluation of the activity). Where possible similar quality indicators will be used across all three medical schools within the West Midlands. The metrics to be used for LEPs will draw on the work on quality indicators for undergraduate placements conducted in Scotland and currently being conducted in England by the MSC and GMC. ▪ Triggers for action across the five components of effective medical education: admissions, teaching and learning, assessment, student support and faculty development. ▪ The reporting line for issues (through the management and governance processes of the School) confirming • Where decisions are made. • What action can be taken at which stage. o The manual will include processes and procedures within both the School and the LEPs, including the associated	By September 2012 (approvals completed by July 2012)	**Head of Educational Development and Research** supported by Assistant Registrar (with input from Senior Assistant Registrar on administration (see requirement 4) and Teaching and Learning Specialist (see requirement 7))

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
				administrative processes (see also requirement 4). o Existing examples of effective quality monitoring will be used to inform the development of the operations manual. • Identification and securing of any additional resources required for the implementation of the proposed processes. • Implementation of the processes described in the operations manual using a detailed implementation plan developed in consultation with the leads for each aspect of the curriculum and LEPs. • Provision of information on how quality is assured for staff and students on the website and related handbooks. • Incorporation of the relevant elements of the process into the revised Service Level Agreement with LEPs (see also requirement 3). It should be noted that, as the revisions to the curriculum are finalised, the operations manual will be revised to take account of changes that will be necessary for the roll out of the new curriculum.		

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
2.	Next scheduled report to the GMC	The School must provide a project plan for the curriculum review as part of its next annual return. These plans must also describe how the School will manage the quality of the existing and new curriculum as parallel programmes (TD42)	The School has mapped out the specific activities in respect of teaching, learning and assessment across the cohorts who are learning within the new and old curricula for the academic years 2013-14, 2014-15, 2015-16 and 2016-2017. Key areas so far identified as requiring detailed attention are: • Overlapping summative assessment points in the current and refreshed curricula. • Overlapping teaching commitments for academic staff when both curricula are running in parallel. • Students moving from the current curriculum to the refreshed curriculum as a result of repeating a year or re-entering the course after a period of	Aim – to develop a detailed project plan both for the implementation of the new curriculum and for the management of issues arising from running two curricula in parallel. Key steps: • Development of a detailed implementation plan for the refreshed curriculum. Plan to include: o Timelines for academic approvals of proposed approaches to teaching and learning and to assessment. o Timelines for associated changes to regulations. o Timelines for revisions to the quality management processes (see requirement 1). • Completion of identification of issues arising from running two curricula in parallel: o Learning and teaching – in particular identifying if and when the same content expertise is required in both curricula. o Assessment – in particular identifying if and when there is clash in terms of specific requirements (e.g. development of questions, standard setting, running of clinical assessments, examination board times, timing of Academic Progress Group) o Student support – in particular identifying the anticipated pinch points. o Faculty development (drawing on the faculty development strategy – see requirement 7 – noting that the faculty development currently being conducted is relevant for the refreshed curriculum). o Admissions • Development of a risk register for each component of the new curriculum (admissions, learning and teaching, assessment, student support, faculty development) • Development of a risk register for the implementation plan and risks associated with	By Sept 2012	**Head of Educational Development and Research** supported by Curriculum Review Project Manager

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
			temporary withdrawal.	running two curricula in parallel. • Development of plan for managing risks identified. • Publication of information on the implementation plan on appropriate web pages on intranet. The Curriculum Review Working Group will have responsibility for: • The implementation plan and its related risk register • Oversight of the risk registers for each component with the responsibility for monitoring how the sub groups are managing the risks they have identified. The Curriculum Review Working Group will also develop an evaluation plan for the refreshed curriculum, addressing both learning and teaching and the operation of the revised course. The evaluation of year 1 of the refreshed curriculum will be mapped out by the summer of 2013. This plan and its outcomes will inform the evaluation planning for years two to four of the revised course.		

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
3.	Next scheduled report to the GMC	The School must ensure that its agreements with LEPs are detailed and explicit so that the School can monitor the delivery of its curriculum by LEPs in a consistent, effective and formal way (TD41)	A review of the role and relationship of the lead for undergraduate medical education at the LEPs has been completed. The outcomes will inform one component of the revised Service Level Agreements (SLAs). Discussions are under way with LEP representatives on the quality management process and the outcomes of these discussions will be used to inform the SLAs. Discussions on other elements of potential content have also begun with LEP and School representatives.	Aim – to implement revised Service Level Agreements (SLAs) that build on the strengths of the existing ones, deal with shortcomings identified by the School, LEPs and by the GMC, and support improvements in quality (see also response to requirement 1). Key steps: • Draw up initial list of key content areas o In discussion with LEP colleagues o In discussion with key members of the School (those leading on administration, learning and teaching, student support, assessment, faculty development and selection) o Using key findings from the GMC review (e.g. paragraph 75) and University Institutional Review (e.g. Honorary Contracts) • Seek examples of SLAs from other Schools • Draft revised version – note draft to: o Include proposed revisions in Trust Lead contact and title o Cross-reference to quality management process for LEPs (see requirement 1) – to include minimum and target standards. o Include proposals for use of SIFT. o Make accountabilities explicit • Seek feedback on the draft from within the School and University (including University contracts team) and from LEPs. • Consider implications for balance of SIFT allocations. • Finalise draft • Seek formal approval (School Management Group and SIFT Committee). • Implement as part of introduction of new curriculum.	Introduce with new curriclulum 2013	**Pro Dean Education** supported by Senior Assistant Registrar

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
4.	Next scheduled report to the GMC	The School must have processes in place to monitor the quality of the administration of the MB ChB programme to ensure that it meets the required standards (TD44)	Existing feedback processes have been reviewed. This has established that information on the quality of administration is sought in an appropriate form in the existing feedback form but that insufficient use is made of this information.	Aim – to build upon current process documents and registers, identifying in advance specific triggers for action to be taken, and to implement an effective process for monitoring and acting on feedback received. This work will be linked to the other work on quality management described in item 1 above. Key steps: • Review of Phase 2 process documents to be completed by March 2012 (Phase 2 Administrator to monitor). • Review of Phase 1 process documents to be completed by April 2012 (Phase 1 Administrator to monitor). • Review of Examination process document – through the continuous updating process that is already established. • Review of current feedback process to: o Encourage students to make use of the existing opportunity to provide feedback. o Establish a process for analysing the information provided by students, and for reporting and responding effectively to the feedback provided.	Document review by April 2012. Review of feedback process by July 2012 with plan for introduction of revised process from Sept 2012 (academic year 2012-13).	**Senior Assistant Registrar** supported by Assistant Registrar

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
5.	Next scheduled report to the GMC	The School must analyse its equality and diversity data and identify and consider any implications for different areas of the programme such as the curriculum, assessments and student selection (TD60)	The School has undertaken a detailed analysis of the impact of gender, age, social class and ethnicity on the outcomes of its selection centre process. This has demonstrated no evidence of bias in the process.	Aim – to develop a set of equality and diversity measures that will be analysed on a regular basis to consider if there are implications for key processes within the MBChB programme. This will build on the work already done in relation to the Selection Centre process. Key steps: • Confirm key data to be collected – as a minimum it will include gender, ethnicity, age, disability. • Identify key points in the education process where these factors may be an important influence – this is likely to include: o Applications and selection. o Approaches to learning and teaching and the associated faculty development. o Assessment. o Student support and progress: ▪ Tutor/supervisor system. ▪ Academic progress group. ▪ Fitness to Practise Committee. • Undertake analyses in these areas: o Prospectively (i.e. could our systems/processes be judged to be likely to have bias (e.g. Committee membership)) o Comparative with other departments within the University o Retrospectively (i.e. is there any evidence that our systems/processes are biased) • Use a 'service improvement cycle' (plan-do-study-act) to identify potential actions, analyse impact of actions taken, and identify if other data should be analysed. • Report findings regularly to relevant Management Groups, Undergraduate Studies Committee (and thereby through to Faculty Board) and also to the School's Welfare and Communications Group (which considers faculty-wide equality issues).	Initial analysis by Sept 2012	**Head of MBChB** (Pro Dean Education until appointment made) supported by Senior Assistant Registrar and Assistant Registrar

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
6.	Next scheduled report to the GMC	The School must have clear criteria in place for assessing students' performance on clinical placements and processes in place to ensure that clinical assessors comply with these criteria (TD40, 65, 66, 86, 88)	The School has reviewed the existing assessments on clinical placements. Assessments on 'specialist' blocks (GP, Psychiatry, Child Health and Obstetrics and Gynaecology) and on clinical placements in Phase 1 of the course are considered satisfactory. Action plan therefore concentrates on assessment in the others clinical placements. Consultants involved in assessment on clinical placements have recently been reminded of the criteria used for clinical assessments and the grade descriptors.	Aim – to revise our approach to the assessment of students on clinical placements as part of the curriculum review supported by interim changes consistent with the long-term vision. Key steps: • The role of block assessments in the overarching assessment scheme to be reviewed, in conjunction with LEPs, as part of the curriculum review. This step to be completed by July 2012. This will include: o Agreement on suitable methods to be used. o Agreement on how these will feed into major summative assessments. o A review of the grade descriptors for Attendance and Attitude, including the possibility of unsatisfactory grades generating a "Concern" to be considered by the Phase 2 Co-ordinator or feeding into the proposed Professionalism Progress Group. • Interim arrangements consistent with the future direction to be agreed and implemented. These arrangements will include: o The mechanism of data collection to be used to inform these judgements – including the extent to which portfolio completion and formative feedback should feed into the assessment of overall performance in the block. o Clarification of the responsibility for (in particular the leadership of) the implementation of these changes. • Placement-based assessment, and the criteria used, to form a core element of induction and on-going training programmes for clinical teachers (see also requirement 7). • Consultant adherence to the assessment requirements to be monitored via the online end of block feedback and through the meetings between students and their clinical educational supervisors.	By Oct 2012 ready for Phase II Mar 2013	**Phase 2 Coordinator** supported by Deputy Director MBChB

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
				• Information to be provided to students on the arrangements (see also recommendation 4). • Revised SLAs (see also requirement 3) to include: o The process for placement assessments. o The leadership of placement assessments. o The administrative support for placement assessments.		

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
7.	Next scheduled report to the GMC	The School must monitor the training of clinical teachers and actively ensure that teachers' training is up-to-date (TD88, 128-129)	Working with LEP representatives the School has drafted a revised strategy for faculty development based on GMC guidance '*Developing Teachers and Trainers in Undergraduate Medical Education'*.	Aim – to implement a robust process for monitoring the training of clinical teachers. The criteria used for monitoring will reflect the agreed strategy for the training of clinical teachers. Key steps: • Complete the work with LEP and primary care representatives on the strategy for training of clinical teachers to be implemented locally. • Linked to this, agree and set quality standards for teachers' training as part of WMS Quality Management Strategy (see requirement 1). • Develop, with LEP representatives, systems that record clinical teachers and their training for teaching roles in a format that allows reporting of agreed information to the School on a regular basis. (Note – equivalent records are will be held by the School for GP teachers). • Provide regular reports to the Phase 2 Management Group (and through that to the Undergraduate Studies Committee) on attendance with plans for action where standards not being met. • Include the above in the SLA (see requirement 3).	By Dec 2012	**Teaching and Learning Specialist** working with LEP representatives

Recommendations

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
1.	Next scheduled report to the GMC	The School should develop formal systems to collect feedback from patients about the performance of students and feedback from employers about the preparedness of its graduates (TD43b, 43c)	Employer feedback – during 2011the system for seeking feedback from the local Foundation Programme about the performance of our graduates was formalised.	Aim – to establish systems for the collection and effective use of feedback from patients about current students and employers about former students. Key steps: • Patient feedback o Discussions to be held with LEP representatives about the possibility of extending the current systems for obtaining patient feedback on quality of care in the LEPs (for example the 'Impressions Survey' used at UHCW) to enable the collection of feedback on students on a regular basis. ▪ If this is possible feedback will initially be sought in those areas where patients most commonly encounter students (e.g. out-patient clinics). ▪ If this is not possible alternative methods for seeking feedback from patients will be sought; experience gained in other Schools will be used to inform the approach to be used. o Discussions to be held with LEP representatives about the feasibility of adopting an 'exception reporting' system ('raising concerns' or 'making commendations') open to patients, clinical staff, carers and administrative staff. o The approach used to be initially piloted and modifications made before full implementation. • Employer feedback o Continue to seek feedback from the local Foundation School as part of the regular meetings held between senior representatives of the School and the Foundation School.	Proposals by Mar 2013	**Phase 2 Coordinator**

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
				o To consider, using a Significant Event Review process: ▪ "Exception Reports" that are to be provided by the GMC on doctors in the first or second year of post graduation training required to attend a Fitness to Practice hearing. ▪ Other information provided through further developments of the 'transfer of information' process. o Consider the feasibility of introducing a regular request for feedback on former students from a random sample of NHS employers known to have employed Warwick graduates.		

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
2.	Next scheduled report to the GMC	The School should ensure that the responsibilities and requirements of the student assistantship are clearly communicated to LEPs and students in a timely manner (TD109, 123)	Further feedback has been sought from students and LEPs as the later stages of the pilot have been rolled out. Students who will undertake assistantships in 2012-13 have already received two introductory sessions explaining the purpose of the Assistantships.	Aim – to implement robust communication arrangements for the student assistantships. Key steps: • Students to have access to the Assistantship Handbook and Portfolio of Evidence via the School Website at least six weeks prior to their student assistantship. This will include an example of a completed portfolio. • Consultant supervisors to be provided with an information pack 6 weeks prior to the start of the assistantship. This will include an example of a completed portfolio form. Consultant supervisors will be invited to raise questions or concerns on the information provided. • Foundation Doctors involved in the assistantships to be provided with information on their role prior to the start of the assistantship. • LEP Education Leads to be briefed at the regular NHS Liaison Meetings and encouraged to reinforce the information with the relevant consultant supervisors. • Feedback on these arrangements to be sought from students and consultant supervisors. • If feedback demonstrates that the arrangements are still sub-optimal the Medical school will consider establishing a role of 'Lead for Assistantships'. Currently the Assistantship comprises a two-week block in the Final Year. Within the new curriculum there will be two Assistantships (one prior to and one after Final Professional Examination) each of approximately 6 weeks duration. The communication arrangements will be modified as the new assistantship arrangements are implemented.	By May 2012	**Phase 2 Coordinator**

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
3.	Next scheduled report to the GMC	The School should ensure that its students are given adequate advance notice of specific exam dates within the scheduled period (TD87)	Action was taken early in the 2011-12 academic year to ensure that key examination dates were provided to students with as much notice as possible. Whilst some of this information has to be provided initially on a 'provisional' basis it is made clear to students that significant changes to these dates are unlikely. Recent feedback confirms that, with one minor exception, students are receiving these dates and that they are satisfied with these arrangements.	The School will continue to seek feedback on these arrangements to ensure that they continue to be satisfactory.	Already in place.	**Assistant Registrar**

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
4.	Next scheduled report to the GMC	The School should define what feedback students can expect and communicate this to students and staff to ensure that it is delivered consistently (TD85)	The School has reviewed the feedback offered to students. This review indicates that the problem lies primarily with: • How students are made aware of the feedback available; and • Students' perceptions of what constitutes feedback. The action plan is therefore targeted principally at addressing these two issues.	Aim – to communicate more effectively to staff and students the opportunities for feedback available to students and ways of maximising the effectiveness of that feedback. Key steps: • Review of the methods used for communicating information of this type to students and staff supporting students. This will include a review of the siting on the School's website of information on feedback. • Provision of a short summary of the feedback opportunities available to students, including the provision of information on the timeline during which feedback on an assessments will be made available. • Provision of one-page information sheet to students and relevant staff outlining what will happen in a feedback meeting, in terms of information, guidance and "feedback rules" with the aim of supporting students (and staff) to get the most out of feedback sessions. As part of the continuing development of the course plans are in hand for a range of further improvements in the feedback to students. These are: • Provision of individual marked papers and group feedback following recently introduced early year 1 formative assessment. • Offer of face-to-face feedback (in addition to group feedback) for all students after summative assessments (i.e. not just to those judged 'unsatisfactory' or 'borderline satisfactory'). • Implementation of standard format for feedback in these sessions. • Embedding of regular feedback on clinical encounters during clinical placements. • Further development of clinical placement block feedback form (see also requirement 6)	By Dec 2012	**Deputy Director MBChB** supported by Phase 1 and Phase 2 Coordinators

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
5.	Next scheduled report to the GMC	The School should put in place clear processes for tracking graduate progression and outcomes to enhance the quality of its programme (TD169, 172)	Discussions have been arranged with Warwick Business School who have a very strong system of student follow-up. Likelihood of need for additional resource to support this development has been fed into relevant resource allocation discussions.	Aim – to use information about former students to inform the development of the course, using a combination of progress tracking for all students and exception monitoring for students who run into difficulties. Key steps: • Based on outcomes of discussions with Warwick Business School job description and person specification to be written for an Alumni Relations Officer and formal case made for this position to be resourced. • Drawing on the work conducted by Michael Goldacre, Chris McManus and previously by the School, detailed discussions to be held on: o The most useful information to be captured (balancing validity with feasibility). o The most appropriate way of doing this. • Preparatory work: o Confirm position on ethical committee approval to run such a continuous data collection exercise. o Final year students to be asked to provide an e-mail contact address to be used post-graduation and for consent to use this to keep in touch and follow them up. • Incorporate within the process: o "Exception Reports" that are to be provided by the GMC on doctors in the first or second year of post graduation training required to attend a Fitness to Practice hearing. o Information provided to School through further developments of the 'transfer of information' process.	Pilot in Sept 2012	**Head of Educational Development and Research** supported by Director of Marketing

Good practice

Report Ref	Due Date	Description	Details of dissemination	Any further developments planned to enhance the area of good practice	Timeline for action (month/ year)	Medical school lead
1.	Next scheduled report to the GMC	The School's ratio of two students to two consultants on clinical placements, which provides good supervision and support to students (TD26)	This will be disseminated through a combination of personal discussions with staff at other medical schools and presentations at relevant meetings.	Plans for the placement-based elements of the new curriculum are currently being developed. The lessons learnt from the current supervisor:student ratio will be used to inform those developments.	Discussions to be completed by January 2013, with any resulting changes to be implemented as part of the revised curriculum from September 2013.	Head of Educational Development and Research supported by Phase 2 Coordinator.
2.	Next scheduled report to the GMC	The valued involvement and careful integration of lay members into working groups and committees in the School (TD155)	Subject to securing external funding, there are plans to undertake a formal evaluation of the involvement of lay members. This is already disseminated through presentations at relevant meetings.	Discussions are to be held on how best to provide feedback to lay members on their performance. A formal analysis of the value brought by lay members is being considered.	Discussions to be completed by January 2013, with any resulting changes to be implemented subsequent to that.	Pro Dean Education
3.	Next scheduled report to the GMC	The School's management and provision of timely, readily available, student-focused careers advice (TD125)	This is already disseminated through presentations at relevant meetings.	Three developments are currently being planned: • Work is underway to help students prepare for the Situational Judgement Tests that are being introduced to the UKFPO application process. • There is a plan to develop support for students who wish to undertake residency programmes in Canada. • A forum for students interested in Clinical Academic Careers is being set up.	The support for SJTs will be in place by Sept 2012. The other developments are planned for introduction by early 2013.	Careers Advisor

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4.	Next scheduled report to the GMC	The School's response to student evaluation of teaching and assessment of prescribing and the resulting improvements (TD17)	This is already disseminated through discussions with staff at other medical schools as part of the planning for the national prescribing assessment.	Based on student feedback some further minor modifications to the format of the teaching are planned.	Ongoing.	Lead for Senior Academic Half Day