Promoting professionalism
Submitted by the University of East Anglia

We are introducing a new distinction classification in the FTP module for one of our student cohorts. We intend this classification to continue with this cohort through further years of the course, but requirements each year will be year specific.

Changes to the FTP module

Previously the FTP module has had a pass/fail element only. From 2016/17 a new distinction classification will be introduced for year 2 (2015/16 cohort). We intend that this classification will continue with this cohort through further years of the course but requirements each year will be year specific.

The new process

For year 2 in 2016/17, all students will be expected to submit their annual review form by a given deadline.

Eligibility

Year 2 students will be considered by a sub-group of the Professionalism committee who:

- receive one or more 'excellent' PBL tutor reports and
- one or more 'excellent' Primary Care tutor reports, who have also passed the portfolio.

The committee sub-group will review these students' annual review forms, their attendance record, and the tutor reports.

A Distinction in this element of study will be awarded to those judged against the criteria below to have:

- reflected on their previous year
- set appropriate goals
- performed well throughout the year

This can contribute to gaining a Year Merit (requiring either an OSCE, or written distinction at the end of year 2, and a distinction in one other element).

Criteria for distinction

- At least one excellent PBL report in that academic year.
- At least one excellent GP report in that academic year.
- High IPL Score on peer assessment.
- Pass in the portfolio assessment.
- Citation from the student - submitted as part of their annual record to their adviser (provides an opportunity for students to demonstrate any additional roles/responsibilities/extra-curricular activities).
- Unauthorised absences of less than three and low overall Bradford score of <50.

No distinction will be awarded if any of the following exist:

- Any Unsatisfactory or Needs Improvement PBL or GP Report in that academic year.
- Concern form outcome which results in monitoring, warning or referral to formal processes e.g. FTP meeting with a proven disciplinary issue.
- Issued with any formal warnings in that academic year.
- Any issues which contradict the MB BS professionalism learning outcomes.
- Students with the above issues in the previous academic year will not be penalized, allowing them an opportunity to reverse any previous FTP concerns by achieving a distinction in the following year.
- Late submission of the annual review.

If the above criteria were applied in 2015-6, three year 2 students to date (based on rotation 1) would qualify for a distinction.

Promoting professionalism
Submitted by Newcastle University

Our professionalism monitoring is a summative assessment process for gathering and acting upon data to support a student's compliance with key requirements of the MBBS programme and the professional values expected of a medical student.

Keeping a record of professional behaviour

Professional attitudes and behaviour is recorded continuously throughout the course and a student is deemed acceptable or unacceptable at the end of each year on the basis of this record.

Examples of monitoring categories

This list gives examples of some of the key requirements/interactions we will monitor each year. Points with relative weighting by category are then applied where there is an incidence of non-compliance.

Key requirements/interactions	Weighting
Attendance:	
All seminar, practical and small group sessions	
Anatomy DR sessions	
Clinical skills sessions	3
Clinical experience visits	
Appraisal session	
Occasional sessions specified as compulsory on your timetable	
Procedural:	
Compliance with requirements to carry your University Smartcard	1-3*
Compliance with DBS screening requirements	

Key requirements/interactions	Weighting
Compliance with dress code requirements	
Adherence to assignment submission deadlines	
Adherence to assignment word counts	
Adherence to assignment guidelines (e.g. consent, anonymity)	
Completion of course evaluation questionnaires	
Disciplinary:	
No adverse outcome from Assessment Irregularity Procedure	
No adverse outcome from University Disciplinary Procedure	1-10*
No adverse outcome from Fitness to Practise Procedure	
No professionalism warnings issues by the Medical School	
Attitudes and behaviours:	
Engagement within teaching sessions	
	1-10*
Attitudes and behaviour towards patients, peers and staff	
Engagement with group work	

weight applied to each incident of non-compliance is dependent upon the seriousness/severity of the issue (determined by the Professional Behaviour Review group)

Review points

There are at least three census points within the academic year at which professionalism records are reviewed.

Where the number of recorded flags breaches a threshold deemed acceptable for each monitoring period (determined by the Professional Behaviour Review group), students are required to meet with a curriculum officer or Base Unit tutor to discuss the areas of concern and to form a remediation plan.

Feedback to students - traffic light system

Students receive formative feedback about their professionalism status at the end of each monitoring period. This feedback is in the form of a traffic light system indicating how close a student is to being called to meet a curriculum officer:

- 'Green' - on track to pass the Professional Behaviour domain without the requirement to meet a curriculum officer.
- 'Amber' - in danger of failing should their pattern of behaviour continue. They will be required to attend an individual or group session on professionalism.
- 'Red' - required to meet a curriculum officer to discuss their professionalism record and draw up a remediation plan.

Any student ending the year with a 'red' status will be deemed unacceptable in relation to their professional behaviour monitoring record and will fail the year.

Thresholds for professionalism monitoring

Acceptable thresholds for professionalism monitoring are slightly higher in earlier years and reduce in later years, recognising that professionalism develops across the five years of studies.

Those students identified as hitting triggers through this process have correlated closely with students who are referred to fitness to practise or other disciplinary procedures. They are known to academic, clinical, technical and administrative staff as in need of development in relation to professionalism.

Promoting professionalism
Submitted by Plymouth University Peninsula

In 2014, we addressed poor attendance at plenary and workshop sessions by making them compulsory, with random registers. After responding to student feedback about the quality of these sessions, attendance improved dramatically.

The issue - poor attendance at sessions

In 2014 we were concerned about poor attendance at our Year 1 and 2 plenary and workshop sessions. Attendance was recommended, but not compulsory. Sometimes, particularly for non-biomedical lectures, attendance was as low as 10 students (out of a possible 86). This was discouraging for providers, who put a lot of work into planning their sessions and sometimes invited patients to attend, who then felt undervalued.

Some students justified their non-attendance by reporting that they watched the streamed version at a different time. However our data showed that streamed sessions were only watched by a limited number of students, and often only in part. Other students reported that they missed plenaries and workshops because of their perceived poor quality.

The way forward - make sessions compulsory

We discussed attendance at our Programme Committee. Lay representatives expressed shock that students might miss taught sessions, especially as they might not have opportunities for further formal learning on the topic.

We decided that attendance at plenaries and workshops would be made compulsory. Registers were already held in all workshops but in order to minimise the administrative workload, we decided to only monitor attendance at 10-12 random plenary sessions each year. The process would be as follows:

- Students who were absent without reporting this in advance would be sent an email.
- If absent for a second time they would be required to meet with their Academic Tutor.
- Those missing a third session would receive a negative, formative 'on the spot professionalism judgment' requiring a meeting with a senior staff member.

A session was run for students to explain the decision, process and rationale. We shared evidence relating attendance to performance and the views of our lay representatives.

The result - increased attendance and improved feedback

Attendance increased to 97% in Year 1 and 90% in Year 2, with most absences reported. Despite some negative feedback, it became apparent that many students welcomed this change:

- 'Having compulsory plenaries is surprisingly beneficial- wish we'd had them from first year'
- 'I probably wouldn't have gone to them otherwise and I feel like I've learnt a lot more'.

Positive impact

Improved knowledge of Problem Based Learning

Problem Based Learning (PBL) is a core part of our programme and designed to help students integrate and extend their learning from other parts of the course. When plenary attendance was poor, tutors reported that they had to spend time in PBL sessions going over plenary content. Now most students attend plenaries, tutors report that they bring higher levels of knowledge to sessions, enabling the group to take their learning much further than in the past.

Feedback button

We have developed an 'evaluation button' on the students' digital learning environment and work hard to respond to student feedback and increase the quality of plenaries, including more relevant content and increased student interaction.

One drawback

The changes have been mostly successful and high attendance rates maintained. We believe, however, that compulsory attendance may have increased the number of students 'signing each other in'. We have addressed this at induction sessions and through emails to students, reminding them about the GMC's latest guidance 'you must engage fully with your medical course' and 'don't ask another student to sign in for you' and the implications of breaching this with respect to Fitness to Practise.

Promoting professionalism
Submitted by St George's, University of London

The Student Conduct and Compliance team worked together to improve student accessibility to procedural information, by reviewing webpages to ensure they are user-friendly, informative and visually appealing.

Identifying the need for change

The Student Conduct and Compliance team recognised that there was a need to improve accessibility of procedural information, including access to application forms as well as links to key internal and external guidance, for students and staff.

This led to a wider consultation process with various teams within the University to discuss key areas that the new/revised student procedures web page should include. The Student Conduct and Compliance team found that explanatory information was needed about each of the student procedures, and clear links to internal and external guidance.

Although the existing student procedures web page was available and easily accessible to students and staff at SGUL and contained links to the procedures and relevant application forms, it did not explain the student procedures in detail.

Planning the revised web resource

The team worked together to discuss the key aspects that the revised web pages should contain. They agreed that each of the student procedures required its own sub-web page where each procedure would be explained in more detail.

For instance, the 'Procedure for Consideration of Fitness to Study or Practise' web page explains the University's procedure for handling fitness to practise concerns and aligns this with the GMC's and MSC's guidance on [Professional behaviour and fitness to practise](#). The web page also provides important information such as procedural timescales and links to GMC guidance which students are encouraged to access and refer to.

Where relevant, the new web pages also link to programme pages to ensure that students know who to contact to discuss queries which are specific to their programme of study.

In order to create synergy, the revised student procedures main page links to a 'Useful Links' web page where students can find information about:

- relevant internal support structures such as links to the counselling service information on Study+ pages
- details about attendance requirements
- external guidance from registration bodies, for example the GMC, NMC and HCPC.

Feedback requested

Once the Student Conduct and Compliance team had finalised all the new content and web pages, they released a test version of the new web pages. Academic staff gave feedback which was very positive. All suggestions were incorporated.

Launch of revised web pages

The revised student procedures web pages went live on 1 September 2016.

They were designed to be informative, visually interesting and above all user friendly. The Student Conduct and Compliance main page presents links to key areas in a clear and simple manner. Each of the text bubbles on the page has embedded hyperlinks which give users access to information with a click of a button.

The web pages have been designed to ensure that it would be relatively simple to add or update links to internal and external guidance as soon as it becomes available in the sector.

Promoting professionalism
Submitted by the University of Edinburgh

In 2016-17 Edinburgh Medical School introduced the Thomas Percival award, for students who demonstrate attributes of professional excellence.

Setting up a professionalism award

We updated our fitness to practise guidance and monitoring concerns policy in light of the GMC's *Promoting excellence: standards for medical education and training*. We then noticed that there was plenty of information on how we handle concerns about professional conduct, engagement and attendance, but no celebration of excellence other than through academic attainment.

We decided to create an award which would reward students who can demonstrate the GMC's professional excellence attributes. We named the award after Thomas Percival who in 1803 wrote one of the first modern codes of Medical Ethics and was an Edinburgh alumni.

Annual award

Each year, Edinburgh Medical School awards one (or more) students who demonstrate striving for excellence in some of the following categories:

- developing healthy ways to cope with stress and challenges (resilience)
- dealing with doubt and uncertainty
- applying ethical and moral reasoning to work
- working effectively in a team, including being able to give constructive and honest feedback
- managing own learning and development
- responding to feedback
- prioritising time well and ensuring a good work-life balance
- promoting patient safety and able, where appropriate, to raise concerns
- working collaboratively with patients and other professionals
- dealing with and mitigating personal bias.

Although we help students develop these skills within the curriculum, we want our students to reflect on their experiences, to learn continually and apply their learning into practice. We felt that by offering a competitive prize, we would not only be

rewarding excellence but we would be promoting the standards we expect our students to strive towards.

Who can apply

All current MBChB students are eligible to apply. There must be no ongoing concerns raised about their professionalism (we would consider students who may have had a professionalism concern raised in the past but had remediated). The award winner receives a prize of £400 and the award is noted on their Higher Education Achievement Record.

Future plans

As this is the first time we have awarded the Thomas Percival prize, we do not know how many applications we will receive, but we have had a positive response from students regarding the introduction of the award. In time, we will evaluate the number of applications and the categories in which students are applying against (and which they are not), and will see if we can improve experience within the curriculum in order for students to have further opportunities to meet the standards.

Promoting professionalism
Submitted by the University of Nottingham

We have made a series of changes to the information available on the external facing website, to enhance information and transparency of professionalism for students and staff.

Professionalism web resource

The School of Medicine hosts an external facing professionalism section on the website, accessible to staff, students, prospective students and the public. It displays links to key GMC resources such as Achieving good medical practice, School of Medicine documents and routes for both concerns regarding professionalism and to commend excellence. The section and several of the documents have been written in collaboration with our full-time student outreach co-ordinator, a medical student taking a year out to work with the School.

By the website being prominent and externally facing, it reinforces that professionalism is a central priority to the School of Medicine at Nottingham.

The website and associated policies and regulations includes:

- description of professionalism
- 'myth busters'
- the 'support' and 'intervention' forms, together with guidance on filling in
- 'what happens to support and intervention forms' pathway
- act of professionalism - for entry to the UG and GEM course and reviewed when entering the clinical phase.
- medical student contract for all incoming medical students
- guidance for use on social media
- professional values, behaviour, health and entry into medicine
- whistle blowing policy.

Planned publicity

Reference to these links through improved communication with the students remains a priority. Further emails with links to this area of the website will be co-ordinated with:

- the imminent Excellence in Professionalism form launch

- changes in the sign-off of professionalism at the end of each clinical attachment.