Visit Report on Aston Medical School

This visit is part of the new schools quality assurance annual cycle.

Our visits check that organisations are complying with the standards and requirements as set out in Promoting Excellence: Standards for medical education and training.

Summary

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<thead>
<tr>
<th><strong>Education provider</strong></th>
<th>Aston Medical School</th>
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<tbody>
<tr>
<td><strong>Sites visited</strong></td>
<td>Aston University</td>
</tr>
<tr>
<td><strong>Programmes</strong></td>
<td>MBChB</td>
</tr>
<tr>
<td><strong>Date(s) of visit</strong></td>
<td>17 January 2019</td>
</tr>
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<td></td>
<td>11 June 2019</td>
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**Key Findings**

1. Over the 2018/19 academic year we visited Aston Medical School (the school) twice as part of our multi-year quality assurance review. The school recruited 69 students. The majority of the students are international medical students and 20 students were recruited via the Sir Doug Ellis Pathway to Healthcare Programme. Amongst the student body 20% are graduates.

2. During the visit, we met with the school’s senior management team and students, as well as representatives from Leicester Medical School, trusts and primary care placement providers.

3. In January the visit team identified the good quality of teaching and strong support of students which included a comprehensive well prepared tutor system. Students praised the family atmosphere they felt as part of the medical school. The widening participation ethos of the school is very evident in The Keith Bradshaw Introduction to Healthcare Programme which focusses
on children in Years 9 and 10 of secondary school and helps introduce them to a career in healthcare. In addition, the team were pleased to see the continuing strong relationship with Leicester Medical School. The team did have some concerns about the facilities as the initially proposed medical school building was put on hold. The alternative plans we heard in January were sufficient for the 2018 and 2019 intake but did not provide sufficient space for future years. Furthermore, there were concerns about the scalability of resources and staffing once student numbers increased.

4 In June we were pleased to hear that progress had been made on the areas highlighted to the school previously and found no new areas of concern. Although there are still concerns concerning the longevity of the plans for facilities, we were pleased to hear from the Chief Operating Officer that the university is committed to obtaining sufficient facilities for the medical school. Students and staff again reported the close nature of the school, and preparations for the next academic cycle, with additional students, are advanced.

5 We have been able to close one requirement during this cycle, and note the progress made to resolve the requirement and recommendations which remain open. We look forward to monitoring the school’s progress over the next academic year.

**Areas that are working well**

We note areas where we have found that not only our standards are met, but they are well embedded in the organisation.

<table>
<thead>
<tr>
<th>Number</th>
<th>Theme</th>
<th>Areas that are working well</th>
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<tbody>
<tr>
<td>1</td>
<td>Theme 3: Supporting Learners R3.2</td>
<td>We were pleased to meet a happy cohort of students who praised the ‘family atmosphere’ evident at Aston Medical School. Students commented that they feel well supported at the medical school. There is evidently a clear use of existing university processes for student support. The school have achieved a seamless integration of local, international and widening participation students in its first cohort. [57-58].</td>
</tr>
<tr>
<td>Number</td>
<td>Theme</td>
<td>Recommendation</td>
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| 2      | Theme 1: Learning environment and culture  
                Theme 5: Developing and implementing curricula and assessments  
                R1.5; R5.2 | Students and educators reported that they feel involved in the development of the course over the first year, and that Aston has shown itself to be responsive to feedback. 77-79. |
| 3      | Theme 2: Educational governance and leadership  
                Theme 5: Developing and implementing curricula and assessments  
                R2.1; R2.8; R5.1; R5.5 | We commend the continuing strong relationship with Leicester Medical School. 32-33. |
| 4      | Theme 1: Learning environment and culture  
                Theme 5: Developing and implementing curricula and assessments  
                R1.7; R5.3 | At Aston Medical School, the quality of teaching is good; we met a team of well-prepared teachers who provide students with good learning opportunities. 80-82. |
| 5      | Theme 2: Educational governance and leadership  
                Theme 3: Supporting Learners  
                R2.20; R3.2 | The widening participation measures used by Aston Medical School, including the Sir Doug Ellis Pathway to Healthcare and the Keith Bradshaw Introduction to Healthcare Programme give those from diverse backgrounds the opportunity to study medicine. 51. |

**Recommendations**

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

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<thead>
<tr>
<th>Number</th>
<th>Theme</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td>1</td>
<td>Theme 3: Supporting Learners</td>
<td>We encourage Aston Medical School to continue to develop 'Near peer group' support arrangements for their first cohort of students</td>
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R3.1; R3.2; R3.9 as they progress through the programme. 59-60.

**Update on open requirements and recommendations**

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<thead>
<tr>
<th>Open requirements</th>
<th>Update</th>
<th>Status</th>
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<tbody>
<tr>
<td>1 R1.19 - We are concerned that previous plans for teaching facilities have been changed so close to the start of the new programme. These plans must be finalised as soon as possible.</td>
<td>The school has taken steps to secure sufficient teaching facilities for Phase 1 of the programme, and plans are currently in development for Phase 2. This will remain under scrutiny in the next visit cycle. 19-24.</td>
<td>Partially met</td>
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<tr>
<td>2 R2.18 - Further clarity regarding medical representation on Fitness to Practise panels must be included within the school’s policy.</td>
<td>The school have responded. The university Fitness to Practise policy has been updated to state explicitly that when MBChB students are being investigated, at least one member of the panel must be a senior doctor, registered with the GMC with a licence to practise. 50.</td>
<td>Closed</td>
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<table>
<thead>
<tr>
<th>Open recommendations</th>
<th>Update</th>
<th>Status</th>
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<tr>
<td>1 R1.7 - The school has a very committed but relatively small core team, many of whom have taken on multiple roles. The school should consider how best to mitigate this in order to successfully deliver a full medical programme.</td>
<td>The school has recruited a number of staff but these have primarily been support staff for example an Exams and Assessment coordinator and a Liaison Librarian. However, there are clear plans to recruit more lecturers, teaching fellows, a consultant lead and several administrators. We will seek an update on recruitment during the next visit cycle. 8-9.</td>
<td>Partially met</td>
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<td></td>
<td>R1.19 - The school’s proposed programme will have a strong reliance on technology. The school should provide the necessary level of support to deliver this successfully.</td>
<td>There has been improvement in regards to the IT support provided by the university to the medical school. A Senior Learning Technologist has recently been employed at the school which has helped make improvements. During the next visit cycle we will seek an update on the school’s digital strategy and software platforms. 26.</td>
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<td>3</td>
<td>R1.21 - The school’s personal tutor model risks over-burdening individual tutors with too many students to provide effective support.</td>
<td>The tutor system is valued greatly by the students and is aided by the ‘family atmosphere’ that the students appreciate. More staff have been employed and are being employed to ensure that at least for the next few years, the increasing student number will not impact upon the quality of the tutor system. Generally there are concerns about the scalability of the tutor system especially when the number of students increases. We are assured that the school have recruited sufficient numbers for the 2019/20 academic year, but we will keep this recommendation under review throughout the coming quality assurance cycles. 29-30.</td>
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**Findings**

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on ‘exceptions’, e.g. where things are working particularly well or where there is a risk that standards may not be met.
Theme 1: Learning environment and culture

<table>
<thead>
<tr>
<th>Standards</th>
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<tbody>
<tr>
<td><strong>S1.1</strong> The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</td>
</tr>
<tr>
<td><strong>S1.2</strong> The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.</td>
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Raising concerns (R1.1); Learning from mistakes (R1.3); Concerns about quality of education and training (R2.7)

1. The school have a number of ways for students to raise a concern. The students we met were aware of how they could raise any concerns they have in regards to their fellow students and staff when they are out on placement. They told us that they were provided with a central email and phone number for the medical school which they could use if they had any concerns that they wanted to discuss. They could also speak to their personal tutors or a dedicated member of staff. The senior management team told us that students are not afraid to approach them, and Year 1 students told us that they feel there is no barrier to raising a concern and that all staff emphasise the need for feedback.

2. We heard from educators that the school uses a concerns subgroup to scrutinise more serious concerns, who decide the correct course of action. If the concern is of a low level, the subgroup will refer this back to the personal tutor. If more serious, the concerns group will decide the correct course of action, whether this be a formal discussion with the student or referral to fitness to practise procedures. The group would make the personal tutor aware of any concern raised, unless the concern is regarding the tutor themselves. Attendance reports are also used to inform the group and to track any emerging issues. Concerns come to this group through the central email, which is monitored by the Quality Manager and the Chair of the concerns subgroup.

3. During our meeting with Year 1 students in June we heard one instance where a student had reported concerns about a GP placement. This was discussed with their personal tutor, and was included in the general feedback to all placement providers, whilst ensuring that the practice in question was unable to be identified. Senior management told us that they will share student feedback on placements in their upcoming training session for GP educators, showing the school is creating a culture which investigates and learns from mistakes.

4. Senior managers commented that when a student raises a concern with them they make sure they contact the organisation where the student was placed to ensure that it is also recorded in their systems too. The team are satisfied that the school has
sufficient governance systems for raising and dealing with concerns, and that these are clearly demonstrated to students.

Supporting duty of candour (R1.4)

5 We heard from students in our meeting in June that they are as yet unaware what the duty of candour is. All students told us that professionalism and patient safety are well emphasised to them throughout the year, and that they had also covered these in their ethics sessions.

Seeking and responding to feedback (R1.5)

6 We were pleased to hear that feedback is actively encouraged from both staff and students. Students told us that all staff emphasise the need for feedback, and that they had been provided with a survey to give feedback on their placements by both the school and the placement provider. The assessment team told us that they had taken feedback from students on all formative and summative assessment questions and had changed the format of some of their short answer questions based on this feedback.

7 For educators, we heard that students provide feedback on their teachers at the end of each block, and that this information feeds into their appraisal. During our meeting with the curriculum team, we heard that educators who have been involved in the trial of ‘flipped classroom learning’ were in the process providing their feedback, as were students, which will feed into the school’s review of the trial and inform any subsequent actions.

Appropriate capacity for clinical supervision (R1.7); Appropriate level of clinical supervision (R1.8)

8 During our visit in January, the senior management team told us that they had implemented a recruitment plan to recruit adequate numbers of teaching and support staff for their students. We noted that the number of staff has started to increase although the majority were support staff. We highlighted the need for greater numbers of teaching staff in the coming months to meet the needs of the new intake and to ensure that the school maintain the capacity for educational and clinical supervision.

9 In June, we heard that the school have recruited additional Clinical Teaching Fellows (CTFs), a Senior Lecturer in Biomedical Sciences, a Senior Lecturer in Sociology, a consultant as Head of Aston Academy at Sandwell and West Birmingham Hospitals NHS Trust, as well as further support and administration staff. The school also told us that further clinical staffing will be appointed in the coming months. We are pleased with the recruitment that has been made and will keep this area under close review over future visit cycles.
Open recommendation 1: The school has a very committed but relatively small core team, many of whom have taken on multiple roles. The school should consider how best to mitigate this in order to successfully deliver a full medical programme.

During our meeting with Year 1 students in June we were told that their group work sessions are facilitated by a Clinical Teaching Fellow (CTF). This CTF moves between groups and facilitates learning by answering students’ questions. Students were concerned that sometimes the sessions have a high number of groups, making it difficult for the CTF to facilitate learning properly. In addition to this, students reported instances where sessions are not facilitated by CTFs but by another member of staff. Students also expressed concern that there is a disparity in their group work sessions, as sometimes the session is further facilitated by a lecturer who is an expert in that field but this is not always the case. We encourage the school to address these issues so that students are aware of the purpose of their group work sessions and the role of the facilitator, and so all students receive an equal learning experience.

We were pleased to hear that the school has arranged with placement providers for educators in charge of students to have no clinical commitments on the days the students are on placement. This allows them to focus on the student for the day rather than being stretched by their clinical commitments, giving them sufficient capacity for clinical supervision.

Appropriate responsibilities for patient care (R1.9)

We heard from Year 1 students that they were well briefed for placements and that they were aware of what they could and could not do. However, students also reported instances when their supervisors are unaware of what the school requires of the students while on placement, although this was not the case for all students. We encourage the school to address this so that all supervisors are aware of what students need to do on placement to achieve their learning objectives.

Induction (R1.13)

During our January visit, students told us that they found the induction week very useful; they were told all of the vital information they needed which included course and assessment information. Students commented that they appreciated having a small team of staff to deal with at the medical school, and they found them to be very helpful especially during induction. Senior managers told us that they ran sessions during induction week on identities and cultures in recognition of the international student cohort. The school also ran various social events to help enhance student relations and to mix students of different cultural backgrounds.
In June, we heard from the senior management team that plans are underway for the induction of the next cohort of students. They plan to engage the Year 2 students on this induction week and will create ‘academic families’ for students across the two years. The school told us they are committed to ensuring students are inducted as a university student and not just as a medical professional, and will make sure that students have time to participate in wider university induction activities. They will emphasise the importance of attendance and professionalism as a university student and not just a medical student to create a more integrated induction. This will also include a personal security talk on the students’ first day.

We also heard from senior management that they will further clarify what teaching sessions are compulsory and which are not as they have identified this as an area for improvement. We are satisfied with these plans for development to the induction and will seek feedback from students and educators in the next visit cycle.

Multiprofessional teamwork and learning (R1.17)

During our meeting with educators in June we heard that the work on multiprofessional learning has been well received by both students and staff. Students have sessions with pharmacy students in a ward setting, dealing with a scenario which was created to cover both specialties. We also heard of multiprofessional learning sessions with other specialties in the life and health sciences department, such as optometry and biomedical sciences, and that there are plans to add sessions with audiology students next year. We are pleased that the creation of the medical school has helped promote multiprofessional learning within the wider university, and will monitor this area across future visit cycles.

Adequate time and resources for assessment (R1.18)

We heard from the senior management team that during the second term they had experienced issues with running a trial formative assessment through the school’s virtual learning environment Blackboard. Because the paper was so large, this meant that there had been some difficulties with this loading correctly. The school have taken steps to address these issues; they ran paper based summative assessments and will retrial Blackboard in the next academic year. We are satisfied that this ensured there were no detrimental effects for students and will monitor this over future cycles.

Capacity, resources and facilities (R1.19)

We were concerned that previous plans for teaching and building facilities which were due to be in place prior to the start of the medical programme at Aston Medical School have been changed. Senior managers told us during the visit in January that there is an 8-10 year modelling plan for providing a sufficient building to house the medical school students. In the meantime, the university identified space for their
current students and were looking at adapting this further to meet their needs. For example, adapting the meeting rooms to make them more clinical based. As a short term solution, this was deemed to be appropriate and may be sufficient for Years 1 and 2. However, there were no clear plans to accommodate students in Years 3, 4 and 5.

19 We also heard in January that the medical school would have to bid for the building facilities they require alongside other university departments and schools. Therefore the provision of space would be conditional on the competing requirements of other departments and schools. As a consequence, there was an uncertainty about how quickly the building concerns would be solved or alleviated in light of other university priorities. The team felt that more committed plans needed to be put in place to provide sufficient space and teaching facilities for both the current cohort and future years.

20 For our visit in June we were provided with pre-visit documentation outlining the school’s plan for ensuring adequate facilities for future cohorts. The senior management team told us that it had been confirmed that the medical school will have its base on the ground floor of the main building of the Aston University campus. This facility will create work spaces and clinical skills rooms which will be able to accommodate 240 students. The clinical skills rooms will have more of a ward feeling. There will also be a 60 person capacity flexible teaching/IT/study room. The office staff will be moved to the new building in late July, with all teaching resources being moved at the start of September. As the induction for the next academic year is mid-September, the school have made contingency arrangements should the facilities not be delivered to schedule.

21 Senior managers told us of the developing plans to accommodate students from the later years of the programme. The school intends to use the tutorial space which will be free when earlier years are in lectures. The new clinical skills rooms will have fewer timetabled hours which could accommodate older students, as could the flexible teaching space. However, to facilitate this, the school are exploring the possibility of stating lectures on the half-hour to maximise the availability of the tutorial rooms for later years’ teaching. This is not currently Aston University practice.

22 The team were pleased to hear the commitment of the university’s Chief Operating Officer to prioritising the needs of the school in our meeting with the senior management team in June. It is now clear the university are committed to ensuring the space needed. The team welcome the changes that have been made and feel assured that there are sufficient facilities for the majority of students. As there are still questions around suitability of plans for later year students, the requirement relating to this standard will remain open and will be carefully monitored over future visit cycles.
Open Requirement 1: We are concerned that previous plans for teaching facilities have been changed so close to the start of the new programme. These plans must be finalised as soon as possible.

23 We heard from students that there is limited availability of some of core texts from the library, making access to these difficult. However students also reported that they had fed this back to library staff and believed this had been acted upon, and that the library will be better stocked for the next academic year.

24 At our visit in January we heard that there had been some concerns in regards to the level of support students and staff had received in the set up and management of their information technology resources. For example, prior to using iPads as a learning resource, the medical school were assured that the Wi-Fi facilities would support this strategy, but many issues were experienced. We were pleased to hear in June from the senior management team that the IT issues have been resolved. The team also welcomed the appointment of a Senior Learning Technologist, which the school report has helped improve the delivery of the curriculum, which is reliant on technology. We are pleased with the steps the school has taken to address this recommendation, and will seek an update on the school’s digital strategy, as well as a demonstration of their software platforms during the next visit cycle.

Open recommendation 2: The school’s proposed programme will have a strong reliance on technology. The school should provide the necessary level of support to deliver this successfully.

Accessible technology enhanced and simulation-based learning (R1.20)

25 Students told us that they were able to work with cadavers at Leicester Medical School. They really appreciated this opportunity to have a more practical experience of dissection and anatomy. Senior managers told us that they will continue this arrangement with Leicester Medical School due to the good feedback they received from their students.

26 We heard there is a simulated arm and ultrasound machine for practical teaching, but that students feel there are currently insufficient models to allow for equitable learning opportunities. Educators from the school told us that their resource bank is expanding constantly. The school has purchased a further three ultrasound machines to facilitate anatomy learning for the next academic year, as well as procuring more heart and respiratory models. We will monitor this area in line with the development of the new facilities.

27 Students also have access to a 3D anatomy app which they feel is good to help support what they are taught in lectures and secure their knowledge. Students told us that they use a power lab system for enhancing their practical skills. When they log on to the system, they are taught the theory first and then they do the practical,
such as doing an electrocardiogram (ECG) or a blood pressure reading. There are also e-books which students can access. The app ‘Top Hat’ has received complaints about its usability, but students also find it helpful because it holds a number of questions that they can use during revision. Furthermore, ‘Top Hat’ monitors student engagement metrics and the data derived so far has demonstrated that the students are engaging and using the app.

**Access to educational supervision (R1.21)**

28 During this cycle of visits we heard about the personal tutor system at the medical school. Personal tutors currently have up to 4 tutees. General practitioners (GP) are also personal tutors, on honorary contracts. A GP who is a personal tutor is expected to come to the medical school to meet students. The GPs we met during the visit commented that they have a great deal of contact with the school, and share their contact details and hours of working with Aston Medical School so that a realistic timetable of meetings can be arranged. Students reported that they feel they have adequate contact with their personal tutors, and noted that they can arrange ad hoc meetings as necessary.

29 At our visit in January we heard the current plan is for a tutor to retain the same students throughout the course, and therefore, a tutor may have up to a maximum of 20 tutees that they are supporting. The school recognised the team’s apprehension about this high ratio of students to tutors and stated that they would look at various options. In June we heard that new personal tutors had been appointed, and that each existing personal tutor would be taking on three new students. The school assured us that there would be sufficient provision for the next academic year. However, there are still concerns around the scalability of these plans, and as such the related recommendation will remain open.

**Open recommendation 3: The school’s personal tutor model risks over-burdening individual tutors with too many students to provide effective support.**

**Supporting improvement (R1.22)**

30 During our June meeting with the curriculum team we heard that the school intends to have student assistantships following the final exams in Year 5. These will be focussed on preparing for foundation year 1. This mirrors Leicester’s curriculum, however Leicester consider this as a student selected component (SSC) which Aston do not. We also heard of the development of an SSC on healthcare leadership. This will deal with how the NHS works in a wider sense, allowing students to identify strengths and weaknesses to inform quality management processes. This is due to commence when students are in Year 3 and as such we will revisit this area in future visit cycles.
Theme 2: Education governance and leadership

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<th>Standards</th>
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<tr>
<td><strong>S2.1</strong> The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.</td>
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<tr>
<td><strong>S2.2</strong> The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.</td>
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<tr>
<td><strong>S2.3</strong> The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.</td>
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Quality manage/control systems and processes (R2.1); Accountability for quality (R2.2)

31 We found that Aston Medical School are continuing to maintain a good working relationship with Leicester Medical School. Senior staff told us that they have regular meetings where they engage in an open dialogue about sharing the curriculum. Staff from Leicester Medical School told us they have learnt a lot from their Aston counterparts and stressed the ongoing relationship between the two schools is highly collaborative. Aston Medical School intend to work with Leicester Medical School to evaluate the differences in how students perform on the course in the different environments, feeding into their annual quality management processes.

32 Students have visited and used the facilities at Leicester Medical School which they found extremely valuable. We heard how the school use student ambassadors from Leicester to help set up sessions for their students. Block Leads at the school also work with staff in Leicester regarding the delivery of the course. Furthermore, the administration teams from both schools communicate regularly, which the school believes has helped them greatly understand the nuances of working with medical students.

Area working well 3: We commend the continuing strong relationship with Leicester Medical School

33 The system used when organising the placements of students is sound. Senior staff told us that they ensure there is a limited travelling time of up to an hour by public transport from the medical school. Furthermore in the first 2 years of their medical degree course, all students must be allocated in pairs. There are evidently safeguards put in place to accommodate the fact that the student cohort is mostly international students. They may have more particular needs in regards to supporting their transition not just on to a new course and new school but a new country. The aim is to arrange accommodation for the latter years of the course, and discussions are in place in regards to options for this.
Additionally, we were pleased to hear that the committee structure allows for quality management to be integrated across the school. Senior management and educators told us that the committees meet regularly and that there is staff crossover across committees, meaning information is shared easily across governance mechanisms.

*Considering impact on learners of policies, systems, processes (R2.3)*

We heard from the senior management team at our June meeting that they are pleased with engagement from both staff and students in the Staff and Student Consultative Committee (SSCC). The school also highlighted to us the awards that medical school students have been awarded by the wider university, which they feel shows a high level of engagement between students and staff.

Furthermore we heard that the SSCC has been instrumental in identifying areas that students feel are working well on the course and areas that they feel could be developed. The school see this as a rich opportunity to problem solve together and find solutions that benefit both staff and students. We will monitor the SSCC and its outputs over future visit cycles, but are pleased to see the school are actively considering their learners’ point of view.

Senior management told us that all formal committees have representation from students, academics, the NHS and the community. These committees feed into the programme committee. The programme committee contains student and lay representation. The school acknowledged that the programme committee does not have representation from the clinical partners they use. They had originally intended to have their representation, but found that it is more efficient to meet with them separately on pertinent items which are fed back to the programme committee. This clearly shows the school has mechanisms to take into account a wide range of views on the impact of policies, systems and processes on learners.

*Evaluating and reviewing curricula and assessment (R2.4)*

The school told us that they had completed a review of each block after they had been completed and that these scored highly. Senior management told us they are constrained by the wider university regulations for module evaluations, and that some of these questions are not completely applicable to the medical school. However, they have identified this as an issue and plan to clarify the purpose of these questions to students in the next academic year.

We also heard of the robust evaluation that the school has completed of their assessment strategy. Having observed a pass rate lower than they would have expected in the first round of summative exams, the school conducted thorough investigations as to why this was the case. Through this they found that their assessment strategy was sound, but the engagement from students could be improved. Having worked on this they saw a much higher pass rate in the second
round of summative exams. However, the school will be adapting its exam strategy based on student feedback and to keep in line with the developing Medical Licensing Assessment. We are satisfied with the evaluation conducted and will keep the assessment strategy under review over future visits.

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

40 The senior management team told us that data is collected centrally by Aston University and a great deal of this information is provided by the Universities and Colleges Admissions Service (UCAS). Senior managers use the knowledge they glean from this data to address areas of concern and, if they lack a certain type of applicant for example, they intend to target their recruitment and advertising to attract different people. We heard that the school have begun to look into how data gained from the admissions process can act as a predictor of performance in Year 1. Furthermore, we also heard that managers have looked into aspects like differential attainment and have found that so far there is no significant statistical difference between UK and non-UK applicants.

41 During our visit in June we heard from the school’s psychometrician that progress is being made on the evaluation of black and minority ethnic (BME) students, widening participation students and students with protected characteristics in relation to examination performance. Early indications show that there is no significant difference in assessment outcomes of these groups across the first cohort. We also heard that the school had conducted analysis to look at the impact of fee status, gender and prior degree attainment on assessment outcomes and again found none of these to be associated with examination performance. As such, we are assured the school are using data on equality and diversity to guide their practices for this cohort, and we will assess if any changes have been discovered with the larger student population during the next visit cycle.

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

42 We are pleased with the systems and processes that the school uses to monitor quality. Senior managers told us that they do have patient representatives on their committees and find their feedback very helpful. Furthermore, students provide feedback to the school on the quality of their placements and this helps inform the quality management team. Senior managers also use feedback from doctors in the general practices where they place their students to define what is working well and what changes need to be made to improve.

43 The school also told us that they will provide training to placement providers who are taking on Year 2 students in the form of a half day training session. In addition to this, online training modules from Health Education England (HEE) will be supplied for any new placement providers, all of which have already been visited by the senior management team as part of their quality assurance processes.
Sharing and reporting information about quality of education and training (R2.8)

44 Senior managers at the school told us that they are hoping to meet with the Director of Medical Education at university Hospitals Birmingham Trust and others including Health Education England West Midlands to work out how they will arrange placements to ensure the teaching of students from university of Birmingham Medical School and Aston Medical School is coordinated, consistent and meets each school’s requirements. This will ensure that the trust is very clear on the requirements of the different curricula and will adapt their teaching accordingly. The school have also indicated that the quality assurance processes used for other medical schools at placement providers are robust and as such they will look to adopt these for their students, making any necessary adaptations. As such, the school have laid the foundations for sound systems for sharing information, and we will monitor how these processes work as students start clinical placements.

Systems and processes to ensure a safe environment and culture (R2.11)

45 Students have a clear process for reporting concerns to ensure a safe environment and culture at the school and whilst on placement. They are encouraged to report any issues they witness in regard to behaviour and conduct via email which is reviewed by the Quality Manager. Following this, the Quality Manager then meets with the Concerns Chair to discuss the issue; the student’s personal tutor is informed, and where relevant, the concern may then go to the Concerns Group for resolution and sanction if the concern raised is about a student. If the concern raised is about a member of staff in the university, the appropriate Phase/Year Lead is asked to investigate and report back to the student. If the concern raised is about a member of NHS/GP staff the Block Lead is asked to liaise with the appropriate authority and arrange investigation and resolution, and then will report back to the student.

Managing progression with external input (R2.12)

46 Students were all clear on the requirements for progression into Year 2, and reported that although they could not recall the process if they should fail to progress, they were aware that this information was available to them through blackboard.

47 Students expressed concerns regarding the e-portfolio, which they had heard mentioned but had not received much detail about. The school told us they have been planning throughout the past year for what resources need to be purchased for the e-portfolio, and how they intend to embed these into the personal tutor system as well as linking them to placements. This will allow the school to use external sources to manage learner progression, and as such we will revisit this in the next visit cycle.
Managing concerns about a learner (R2.16)

48 There is a clear fitness to practise process in place at the school. We heard about the creation of an appropriate fitness to practise committee; and staff can refer students to this committee when required. The concerns subgroup manages any student concerns prior to referral to fitness to practise. Students will be supported throughout the fitness to practise process via the student support group.

49 Students and educators told us about the attendance monitoring system used at the school, and how should a student miss 15 compulsory sessions they would be subject to fitness to practise processes. This is a staggered system, with different levels of absences triggering escalating monitoring processes for the student before finally being subjected to fitness to practise procedures.

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

50 During our visit prior to students starting in May 2018 we were concerned that, at that time, the current university Fitness to Practise policy we saw did not include a requirement for panels to include a medical representative. The university Fitness to Practise policy has now been updated to state explicitly that when MBChB students are being investigated, at least one member of the panel must be a senior doctor, registered with the GMC with a licence to practise. The requirement previously set regarding this can therefore now be closed.

Open requirement 2 (closed): Further clarity regarding medical representation on Fitness to Practise panels must be included within the school’s policy.

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

51 There is a diverse student body at the medical school due to the recruitment of students from a variety of backgrounds including graduate students, international students and widening participation students. Aston Medical School are committed to enrolling students via their widening participation work. With their current Year 1 medical students, out of 94 students who completed their Sir Doug Ellis Pathway to Healthcare, 44 applied to Aston Medical School and 10 actually came to the school. 24 applied for and entered medicine at other Universities.

Area working well 5: The widening participation measures used by Aston Medical School, including the Sir Doug Ellis Pathway to Healthcare and the Keith Bradshaw Introduction to Healthcare Programme give those from diverse backgrounds the opportunity to study medicine.

52 Senior admissions staff told us that they employed the use of multiple mini interviews (MMIs). They stated that these went well. Staff at the medical school analysed the MMIs in great detail and felt that they were conducted with good reliability; for
example they made sure stations reflected what the medical school was looking for from their students; they sought advice from other professionals about what they’d like to see in the doctor of tomorrow; they also incorporated equality and diversity aspects, with one station including a same-sex marriage scenario. All of the stations were tested before being run at the MMIs. Through analysis of recruitment for the 2018/19 cycle it became clear that one station was not effective and as such this was dropped from the 2019/20 recruitment cycle.

53 For the next academic year the school has received funding from the Office for Students for an increased cohort of students, and as such the next Year 1 will have 120 students; 100 EU/UK (of which 40 will be from a widening participation background) and 20 international students. The team were satisfied that the amount of offers sent by the school will achieve these numbers, and were pleased to see the widening participation measures are still working well. However, contingency plans are in place should the school over or under recruit.

54 For the 2019/20 recruitment cycle the school changed the MMI stations but assessed the same qualities, ensuring fairness. Due to the increased number of applications, the admissions team used the wider university admissions team for assistance in running the MMIs, and feel they have become embedded within this. The school uses a broad range of assessors, including doctors, general practitioners, lay people and students. All those involved in assessing the MMIs receive training on equality and diversity including unconscious bias, as well as being reminded of these before each MMI starts. Members of the team have also attended external training on equality and diversity in admissions, for example with UCAS. The school told us they had received excellent feedback on the MMIs from candidates regarding how comfortable they felt. We are therefore assured that the process for recruitment is open, fair and transparent.
Theme 3: Supporting learners

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<tr>
<td><strong>S3.1</strong> Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and achieve the learning outcomes required by their curriculum.</td>
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</table>

**Good Medical Practice and ethical concerns (R3.1)**

**55** Students have received sessions on Good Medical Practice and ethics in Year 1 of their course. In our meetings with teaching staff, they told us that they expect to revisit this in Year 2 in preparation for their placements in the trusts.

**Learner’s health and wellbeing; educational and pastoral support (R3.2); Career support and advice (R3.16)**

**56** In our meetings with students, we heard that they feel supported by the staff at the school and they commented positively on the ‘family like’ atmosphere that they felt in their interactions with staff. Senior managers told us that they have put a great deal of emphasis in their inductions on the pastoral support of students; particularly on alleviating the stresses they may feel as international students on a new course in a new country.

**57** The school has addressed the range of cultural identities and differences in the student body by mixing groups of students in their classes in group work activities. The school purposefully mixes students at induction; this group remains for the first term of teaching at which point the groups are mixed again, a process which happens twice in the year. The school believe this mixing is evident in the friendship and study groups of students. This has worked well and has contributed to creating a ‘family like’ atmosphere which the students value greatly.

**Area working well 1: We were pleased to meet a happy cohort of students who praised the ‘family atmosphere’ evident at Aston Medical School. Students commented that they feel well supported at the medical school. There is evidently a clear use of existing university processes for student support. The school have achieved a seamless integration of local, international and widening participation students in its first cohort.**

**58** At our January meeting students told us that they felt nervous about the lack of a peer group to discuss any issues that may arise on the course. Senior staff told us that they recognised this and had arranged with Leicester Medical School to introduce their students so that they can share their experiences. At our meeting in June we heard that a meeting with Leicester students had happened in April where students visited the dissection facilities at Leicester as well as having lunch with their Leicester counterparts. Students were positive about this experience as it gave them a chance.
to speak to students at Leicester from Years 1-4. The school intends to continue this for the next academic year.

59 We were also pleased to hear that similar arrangements were underway with Birmingham Medical School, and that students had the opportunity to meet with Year 5 Birmingham students whilst on placement. The students were pleased with the experiences they had received in regards to near peer support, but there was an evident appetite for more opportunities. We encourage the school to pursue this.

**Recommendation 1: We encourage Aston Medical School to continue to develop ‘Near peer group’ support arrangements for their Year 1 students.**

60 The school told us that students meet early in the year with the wider university careers service to offer careers advice. We heard plans for a careers fair for students in Year 4. We also heard that students have had the contact details of a careers adviser shared with them should they want to talk about changing careers if exiting the programme. Senior staff told us that students are able to take up to one year out of their medical course if requested.

**Information on reasonable adjustments (R3.4)**

61 We were satisfied with the processes the school has in place for providing reasonable adjustments to students. The school refers students to an enabling team who agree reasonable adjustments with the school and the student. We were told that some issues had been experienced with the enabling team agreeing reasonable adjustments with students but not informing the medical school, however these adjustments were not major and the issue has now been addressed so that the agreement of adjustments is a collaborative process.

**Information about curriculum, assessment and clinical placements (R3.7); Feedback on performance, development and progress (R3.13)**

62 We heard from students that information around their course is communicated to them in a timely manner via email. Lectures are rarely cancelled and if they are they are often substituted with another one.

63 We are pleased with the wide variety of feedback mechanisms the school uses. Students told us that they receive feedback during and after some of their teaching sessions which they find useful. For example, students commented that they use self-assessment and peer feedback in small group sessions so that they can compare their answers to particular questions or tasks. Students also told us that they have received feedback from their general practice placements. This feedback was from the medical staff and patients at the practice. Students also told us they received feedback during communication skills sessions which they found useful. For their formative Objective Structured Clinical Examination (OSCE), assessors gave
immediate verbal feedback to the student after each station and then typed feedback into the system immediately after each station. University policy dictates that feedback on assessments should be given within a four week turnaround, but staff told us they often improve on this figure. This is provided to students via the online programme ‘My Aston Portal’ or through Blackboard.

Students told us they complete a series of formative quizzes. They find this helpful for revising a topic as there is a great volume of information that they have to learn. However students also expressed frustration that the questions in these quizzes do not necessarily correlate to their formative examinations and eventually their summative assessments. Teaching staff when questioned about this feedback stated that the quizzes are about motivating the students and were a revision tool to check gaps in their learning. Senior managers recognised the need for clearer communications with students about the various assessment exercises and their purposes.

Teaching staff told us that they will review how well the feedback methods they have employed have worked at the end of the academic year. Senior staff told us that they have planned the feedback in Year 2 to be very similar. We also heard that the structure of Year 2 is mainly around small group work so students will receive feedback on their answers via their peers and teachers at the end of an exercise or session. We also heard that the team envision Year 2 medical students will have more interaction with patients, allowing for more opportunities for patient feedback.
Theme 4: Supporting Educators

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<tr>
<td><strong>S4.1</strong> Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.</td>
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<tr>
<td><strong>S4.2</strong> Educators receive the support, resources and time to meet their education and training responsibilities.</td>
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**Induction, training, appraisal for educators (R4.1)**

66 Every staff member with teaching responsibilities is required to complete 6 hours of continued professional development each year and their teaching is observed to ensure that the standards of teaching remain high. Educators receive weekly de-briefs and feedback, coordinated via their block leads. We also heard that the school uses ‘My Development Conversation’ to set goals and appraise educators. This is led by the person being appraised, which educators reported leads to a collaborative approach ensuring realistic and appropriate goals are set.

67 Educators told us that they received extensive training and a suitable induction. This training included sessions on equality and diversity and unconscious bias. We heard that staff also learnt about supporting the mental health and well-being of their students. Furthermore, all teaching fellows are encouraged to do a Post Graduate Certificate in Education course. The university also provide mentors to educators. As a result, all of the educators that we met during the visit felt they were very well supported.

68 We heard that GP educators received a masterclass prior to teaching to find out what to expect from students. They commented that they enjoyed receiving structured feedback to them about the students and it helped them feel prepared for what they would encounter. After this masterclass, many of the educators recognised the difference between teaching trainees and medical students. These methods show the school has adequate processes for inducting, training and appraising educators.

**Time in job plans (R4.2)**

69 At Aston we met a dedicated group of educators who feel there is a good culture of support within the medical school. Although they do often work over their contracted hours, they all reported that they felt that support and help would be available to them should they need it. They reported that the amount of roles they each have is manageable, and that fellow staff will contribute to any workload issues. No educators reported to us that they felt they had been forced to work beyond their competency. We will revisit time in job plans over future visit cycles.
Accessible resources for educators (R4.3)

70 The educators we met from local trusts and general practices told us that they had a named contact at the university, and hence they felt well supported. They told us that they received a visit from the school to explain what they needed to do and they were told exactly what they should be looking for from students. Some of the staff we met from the general practices told us that the vision of Aston Medical School and their commitment to widening participation has led to them working with the school because they feel it is a valuable addition in the Birmingham area.

71 We heard that the school has purchased software for the e-portfolio which they intend to implement for the start of the next academic year. We will investigate this resource in the next quality assurance cycle.

Working with other educators (R4.5)

72 Educators told us that they feel supported by the school and by their fellow staff members. We heard of the collaborative approach to assessment writing where educators work in a group to create short answer questions for assessments. The group are given a clinical scenario and then each member writes a question from their specialist point of view. Educators reported this presents a good learning opportunity for them and a platform to share best practice.

73 We also heard of Aston University’s clinical education forum which is not only for members of the medical school, and allows members to discuss and share good practice in a healthcare context. Academic staff reported that they found this useful in particular for getting the most out of the MMI process and running team based learning sessions. Staff at the medical school can feed into this group and liaise with other colleagues from across the university. This shows Aston have clear systems for educators to liaise with each other.
Theme 5: Developing and implementing curricula and assessments

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<tr>
<td><strong>S5.1</strong> Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.</td>
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<tr>
<td><strong>S5.2</strong> Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.</td>
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**GMC outcomes for graduates (R5.1)**

74 We heard of the continuing collegiate relationship between Aston Medical School and their contingency partner Leicester Medical School. The two schools meet regularly to ensure that students would not be disadvantaged should contingency measures need to be enacted. The two schools share a risk register, and Leicester signs off any variances in the Aston curriculum. An example of this is that Aston will look to introduce more coursework into the curriculum with the agreement of Leicester.

75 Senior management told us that each of the blocks of the curriculum cover the outcomes for graduates and that the outcomes are the basis of their learning objectives but fit to separate themes. Leicester is in the process of evaluating these themes to ensure there are no gaps in relation to outcomes for graduates, and will share this with Aston as necessary.

**Informing curricular development (R5.2)**

76 Aston Medical School use Leicester Medical School’s curriculum. Their current Year 1 cohort are 2 years behind the first cohort in Leicester to do this new curriculum, and we heard Leicester Medical School have been a great help in sharing their lessons learnt, teaching techniques and ideas for improving the delivery of the curriculum. We also heard that Aston Medical School use feedback from their staff to make any adjustments to their teaching and the way they may deliver an aspect of the curriculum. Student feedback on the curriculum has been collated by the block leads and then passed onto the Phase 1 lead, who will assess the feedback to see what could be changed in Year 1.

77 The school recognised that the contribution of lay representation to this point has been ad hoc rather than systematic, and have identified this as an area for improvement. Plans are underway to reach out to more community groups to recruit lay representatives for governance systems and simulated patients.

78 We were pleased to hear that educator input to the curriculum is encouraged. One educator created an interactive ‘escape room’ revision session for students, which was endorsed by the Phase 1 lead. A test run was completed with staff who all gave
positive and constructive feedback, before the session was run with students and was again well received.

**Area working well 2: Students and educators reported that they feel involved in the development of the course over the first year, and that Aston has shown itself to be responsive to feedback**

*Undergraduate curricular design (R5.3)*

79 Senior managers state that they use the Leicester curriculum in ‘an Aston way’. Teaching staff are encouraged to employ a variety of techniques when delivering this curriculum. For example, currently the most experienced members of staff are trialling the technique of ‘flipped classroom learning’. We heard that this requires a lot of preparation and experience to deliver well. The school hope that the new facilities will be more conducive to flipped classroom learning, and the trial will be reviewed ahead of the next academic year.

80 Furthermore, students are encouraged to provide feedback to staff on the quality of teaching they receive. Teaching staff then use this student feedback alongside information from their Leicester counterparts to improve their teaching techniques. Teaching staff told us that this helps them to best meet the needs of their students and to ensure the curriculum works well for their student cohort.

81 Students told us that they find the quality of teaching at Aston Medical School to be good. Teachers are well organised and display a passion for their subjects. We found in our meetings with teachers that they are enthusiastic about teaching their students and were encouraged to try new techniques when needed to aid learning.

**Area working well 4: At Aston Medical School, the quality of teaching is good; we met a team of well-prepared teachers who provide students with good learning opportunities.**

*Undergraduate clinical placements (R5.4)*

82 Aston Medical School have clear, well organised arrangements for placing their students and this is evident through the positive feedback students provided on their primary care placements. Students complete two primary care placements in Year 1, both with the same placement provider. Students feedback on these placements was highly positive, particularly for the second iteration which students reported allowed them to contextualise their learning. Supervisors told us that it allowed them to give constructive feedback to students.

*Assessing GMC outcomes for graduates (R5.5)*

83 We heard from students that they were concerned with the formative opportunities available to them, and that there are more formative opportunities in the first term
than the second term. Students do not receive their formative exam back, and as such find it difficult to shape their learning from this. Whilst we were pleased with the formative opportunities for students outlined to us by the senior management team, we heard a desire from students for even more mechanisms to judge their own progress in a less formal way.

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

84 The school highlighted to us their quality assurance of assessment as an example of their quality management systems working in practice. The school engages with Leicester Medical School for standard setting and refining of exam questions before sending them to an external examiner for scrutiny. The school provides extensive training for external examiners, who have given feedback on written exams and the formative OSCE. They are also invited to the board of examiners. Additionally, all examinations are trialled formatively before being used summatively.

85 We also heard that the school has started a question writing workshop for item writers. The item writers create questions blueprinted to the curriculum in a collaborative process, which the school tell us has improved the overall quality of the items. As the questions may span several blocks, the school report it is useful to work with a breadth of block leads to ensure sufficient input.

86 Although the OSCE in Year 1 is formative, the school told us this was quality assured as if it was a summative examination. Examiners had a training session and completed a calibration exercise to ensure consistent marking. The stations of the OSCE were based on those from Leicester Medical School but were rewritten to include domain based marking. The school also used internal auditors for the OSCE who made judgements on the students’ scores and correlated this with the examiner. The school were pleased to see that this showed no significant divergence in scores.

87 The school’s psychometrician told us they observed statistical reliability in both formative and summative exams. The assessment team ensured validity in the examinations by mirroring the teaching hours for the different elements of the curriculum with the question load. The school told us any questions which presented any issues would be thoroughly reviewed before entering the question bank. On the whole the opinion of students mirrors this, with over 80% agreeing that the questions used for assessments are fair in the school’s evaluation. We are pleased with the steps taken by the school to ensure assessment is fair and mapped to the curriculum, and will revisit this in future cycles.

**Examiners and assessors (R5.8)**

88 We were pleased to hear of the extensive training afforded to assessors at Aston Medical School. GP educators have had sessions on giving feedback, which in that context constitutes assessment of students. OSCE assessors received a half day
training session. This included a presentation on the theory behind OSCEs and the mark schemes, as well as a fishbowl exercise where different levels of OSCE performance were roleplayed for assessors to mark, calibrate and standard set. All assessors also received training on unconscious bias.

89 We also heard that the school is currently developing a series of reports for assessors so that they will be able to review their performance based against other assessors. One such report has already been implemented, where each standard setter can review their performance averaged across all items against other standard setters. Assessors reported that this was highly useful feedback to be able to clarify their own performance. This shows the school are ensuring examiners are effectively assessing students’ performance.

*Reasonable adjustments in the assessment and delivery of curricula (R5.12)*

90 The school has robust systems in place for the provision and delivery of reasonable adjustments. Staff told us of one example when they have implemented reasonable adjustments for examinations. In this case the student was assessed as per the Aston University process and was allocated a separate room for exams to meet their needs. We also heard of examples where reasonable adjustments have been applied to MMIs. Applicants are asked to disclose any reasonable adjustments when invited to interview, and the admissions team then seek advice from the enabling team at the university on an anonymised basis.
| **Team leader** | Alastair McGowan |
| **Visitors**    | Deborah Murdoch-Eaton  
|                 | Catherine Swales  
|                 | Steven Burr  
|                 | Bethany Chung |
| **GMC staff**   | Kevin Connor, Abigail Nwaokolo, Jamie Field, Martin Hart, Charlie Massey (observing) |
Visit Report on Aston Medical School January and June 2019

Thank you for the 2018/19 quality assurance report on Aston Medical School. We found the visits and the feedback helpful and informative.

We were pleased that the GMC continues to recognise areas that are working well including our on-going strong and collegiate relationship with Leicester Medical School and our models of learning.

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<tr>
<th>Number</th>
<th>Theme</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td>1</td>
<td>Theme 3: Supporting Learners R3.1; R3.2; R3.9</td>
<td>We encourage Aston Medical School to continue to develop ‘Near peer group’ support arrangements for their first cohort of students as they progress through the programme. 59-60. RESPONSE: AMS has proposals to develop near peer group support potentially working with another Medical School. The proposals will be shared with our guarantor, Leicester Medical School.</td>
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<tr>
<th>Open requirements</th>
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<tr>
<td>1 R1.19 - We are concerned that previous plans for teaching facilities have been changed so close to the start of the new programme. These plans must be finalised as soon as possible.</td>
<td>The school has taken steps to secure sufficient teaching facilities for Phase 1 of the programme, and plans are currently in development for Phase 2. This will remain under scrutiny in the next visit cycle. 19-24. RESPONSE: AMS are continuing to work up plans for the return of Year 3 students in 2020/21. This work is running in parallel with,</td>
<td>Partially met</td>
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and is contingent on, the placement timetable for 2020/21 being finalised. Work will then begin on Years 4 and 5.

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<th>Open recommendations</th>
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<td>1 R1.7 - The school has a very committed but relatively small core team, many of whom have taken on multiple roles. The school should consider how best to mitigate this in order to successfully deliver a full medical programme.</td>
<td>The school has recruited a number of staff but these have primarily been support staff for example an Exams and Assessment coordinator and a Liaison Librarian. However, there are clear plans to recruit more lecturers, teaching fellows, a consultant lead and several administrators. We will seek an update on recruitment during the next visit cycle. 8-9. RESPONSE: AMS is continuing to recruit staff to a number of key areas, including sociology and psychology.</td>
<td>Partially met</td>
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<td>2 R1.19 - The school's proposed programme will have a strong reliance on technology. The school should provide the necessary level of support to deliver this successfully.</td>
<td>There has been improvement in regards to the IT support provided by the University to the medical school. A Technology Enhanced Learning Facilitator has recently been employed at the school which has helped make improvements. During the next visit cycle we will seek an update on the school's digital strategy and software platforms. 26. RESPONSE: AMS is continuing to develop the use of technology within the MBChB programme. This academic year (2019/20) this includes introducing Pebblepad as an e-portfolio system. The School will continue to evaluate such developments supported by its senior Technologist.</td>
<td>Partially met</td>
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<tr>
<td>3 R1.21 - The school’s personal tutor model risks over-burdening individual tutors with too many students to provide effective support.</td>
<td>The tutor system is valued greatly by the students and is aided by the ‘family atmosphere’ that the students appreciate. More staff have been employed and are being employed to ensure that at least for the next</td>
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few years, the increasing student number will not impact upon the quality of the tutor system. Generally there are concerns about the scalability of the tutor system especially when the number of students increases. We are assured that the school have recruited sufficient numbers for the 2019/20 academic year, but we will keep this recommendation under review throughout the coming quality assurance cycles. 29-30.

RESPONSE: AMS continues to recruit personal tutors and to find ways to ease their burden by using the e-portfolio system, standard emails, and on-line booking systems. The School is continuing to monitor this area closely to ensure the role does not become too burdensome.

Finally, thank you again for supportive and positive visits. As a school, we continue to find the process thought-provoking and constructive.

Regards

Helen Cameron
Dean of Medical Education