### Quality of medical education within the medical school

You should use this sheet to highlight concerns and areas of good practice within the medical school to us. The reporting thresholds in the guidance document would guide you for reporting.

#### MAN1819-g002 Good practice Years 3-5

<table>
<thead>
<tr>
<th>Issue Type</th>
<th>Issue Number</th>
<th>Issue Description</th>
<th>Resolution of Item</th>
<th>Status</th>
<th>Further action required by the Site?</th>
<th>Further action required by the Site?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational governance and</td>
<td></td>
<td>Quality assurance of our clinical placements</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>academic management</td>
<td></td>
<td>Quality assurance visits to students on clinical placements</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The QAET undertakes two Interim Review Meetings (IRM) per academic year at each of the four Trusts (there are separate processes for our Community based placements). IRM 1 focuses on the Clinical Education Partners (CEP) compliance with our Quality of Medical Education questionnaire (QME), which is a self-assessment document incorporating the standards and requirements of the GMC’s Promoting excellence: standards for medical education and training (2013) against those actions in clinical practice. IRM 2 focuses on the quality of education being delivered by the associated education provider (University Trust). The QAET delegates its responsibility for the quality management of these placements to the CEP who presents the same process of gathering information from the programme directors and associated education provider, at least once every three years. The QAET discusses the outcomes of the review process with the Programme Director.

The QAET introduced a programme of visits to students on clinical placements in December 2014. The purpose of these visits is to ensure compliance with the clinical placement standards set by the medical school. The QAET uses the clinical placement evaluation to assess placements to visits, including those which may not be meeting the placement standards. The QAET undertakes these visits using a simple framework based on the clinical placement standards for each year. The aim of these research meetings is to identify the extent to which the clinical placement is meeting and/or exceeding the standards with a view to sharing any elements of good practice. Reports of the visits are written by the QAET and sent to the Programme Director. The QAET and Programme Director for Teaching and Learning and the Teaching and Learning Manager. The Programme Director logs the alert is submitted by the student, it is sent to the Programme Director, the Programme Director and Associate Programme Director for Teaching and Learning.

Following guidance from the University, including that from the Vice-Dear for Teaching, learning and Students, examination boards are required to complete documentation for final assessment events and progression examinations and submit it to Faculty for approval. As part of this, the Deputy Assessment Lead undertakes an impact analysis of the changes to the teaching, learning and assessment and the impacts were included in the final documentation and in the first instance, considered at the programme examination board and approved by the Board (including the External Examiner(s)). It was then submitted to Faculty for consideration and approval at the programme examination board. Once the documentation is approved, the concerned person is informed and the results are published to the students. The results are available to the students through our email invitations to attend a visit and discuss the concerns with the QAET team. The QAET team ensures that the concerns raised are discussed in terms of good practice and poor practice. As part of this, the QAET and Programme Director for Teaching and Learning and the Teaching and Learning Manager. The Programme Director logs the visit and sends it to the Programme Director and Associate Programme Director for Teaching and Learning.

An Education Alert (EA) process is now well established. The process enables students to raise the concern about a current issue that is affecting their experience or something that they have observed which impacts on patient safety. This Education Alert form is submitted within our Virtual Learning Environment (VLE). Once the alert is submitted, the student, it is sent to the Programme Director, the Programme Manager and the Teaching and Learning Manager. The Programme Manager logs the student concern on a spreadsheet and identifies the responsible person(s) to whom the concern is passed. The Programme Director logs the activity requested by the student in a spreadsheet and identifies the responsible person(s). The action taken is logged in the spreadsheet. We have received no alerts in the past academic year.

As of academic year 2016-17, we have introduced a new process to facilitate the view through which students raise concerns about an assessment they have undertaken. We had identified that prior to this, concerns were submitted through a variety of channels, were often unsubstantiated (resulting in the need to frequently clarify with students even prior to the concern being reviewed), and many related to disagreements with the examiner of the assessment, rather than the assessment itself. Our updated process now requires students to submit their concern using an e-form which provides clear, structured fields to guide students through all the information required. This form also links to our Programme Handbook policy which describes in detail the types of concerns that we can and cannot accept. We have also instigated a clear timeline for students, setting clear deadlines for submission of a concern following an assessment and corresponding clear time periods by which we will receive a reply from the examiner. The process involves submitting a concern, receiving a reply from the examiner, and we will then work through the process, whether this is to resolve the concern or to promote the area of good practice in the future?

### Quality of medical education within the medical school

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Good practice Years 3 and 5

Theme 3 Supporting learners

- Development of a Standard Operating Procedure (SOP) for evaluation of clinical placements.
- Implementation of a series of 'Must Read' communications.

The Division of Medical Education and the MIB ChB Programme Team are leading the way nationally on Widening Participation initiatives, being the founding chair of the National Medical Schools' Widening Participation Forum. This organisation consists of over 20 medical schools, and MIB ChB. It has delivered a successful medical student conference on Widening Participation on behalf of the Medical Schools' Council (MSC), and its members have collaborated on a variety of teaching and research activities. The Division has been involved in a number of activities at Manchester University. In 2017/18, they have engaged 2,700 pupils and 40 schools, from the large Greater Manchester and Cheshire Trusts. The success has been measured by the high evaluation scores from pupils attending, and the demand for places or as unique events. We continue to collaborate with external organisations, and have delivered activities with the RCGP and Social Mobility Foundation, as well as engaging 12 aspiring students to complete work experience in General Practice. The Division is committed to breaking the glass ceiling, and our specially trained WP Champions, have delivered 8 talks to around 200 pupils during the past year. We also recognise the contributions of our highly motivated and visionary medical students, organising online mentoring and conferences for aspiring medical students.

We have now embedded this process into our activities.

Good practice Year 5

Theme 5 Developing and implementing curricula and assessments

- Interprofessional Group Learning

- We have a well-established and robust means of evaluating all our clinical placements in the programme through a questionnaire-based electronic form. This receives a 100% response rate; this is the basis for the submission of our annual reports. This year brought in an additional SOP to ensure accountability, responsibility and that actions are taken where there may be concerns about clinic-learning environments. This has resulted in a responsive process whereby our Clinical Education Providers year leads and teams report issues immediately, by raising information, address concerns of students and take appropriate action. This resulted in a 100% response rate for the implementation of the SOP, and that at the end of each semester or even at the end of the academic year. We now disclose our ability to turn around failing to meet educational or remedial placements. Log of this activity is fed back to our year leads and the Programme Committee at the end of each semester.

We are only half way through the academic year and we are already more than half way through this first iteration this year but given its success have now implemented this process as part of our quality improvement activity.
2013-14: year of core qualification is still 3 - no other action required.

2013-14 update - concerns raised included GP tutor not present, no problem seen, patients didn’t speak English, demeanor, concern about professionalism of GP (lack of empathy, confidence). Student felt there was a lack of care, and despite only being a first year student, they felt the care was inadequate. The student was referred to the CBME ECE Lead for advice, and the practice has agreed to meet with the student regarding their concerns. 

2014-15 update - students raised concerns over lack of research facilities, students were not able to look at patient files, lack of opportunity to take histories and learn more about patients. This issue was identified by the student evaluation scores for Yr 5 and SSCP. Scores for 2017-18: Yr 5 - 4.28, SSCP - 4.08; 2016-17: Yr 5 - 4.24, SSCP - 3.90. Progress made, further feedback should be provided next year. Link lecturer met with the practice and set an action plan for improvement which was implemented.

2013-14 update - issues with student not following procedure for absence, noted that improvement in induction was required. Issues with timetabling as Practice Manager was on leave for some of the 2014/15 academic year. Induction was required. Issues with timetabling as Practice Manager was on leave for some of the 2014/15 academic year. Induction was required.

2016-17 update - students raised concerns about professionalism with unfriendly staff. This was from the 14/15 report sent in summer 2015. The practice noted that the practice was very busy and lack of staff so we had reduced the number of students they take. Also action to introduce an induction policy for students. Although an improvement was seen in terms of staff satisfaction, other comments still reflected some of these issues so follow-up contact was made in Sept 16 and actions to allow time for students to see patients and discuss with staff to create a more positive programme for the future if this is unacceptable. To offer a private consultation list to students for the next time to attend training. The GP attended further training in 2016-17. Satisfaction scores improved 2017-18 compared to 2016-17. A plan in place and further feedback should be provided next year. Link lecturer met with the practice to set an action plan to be reviewed at GP meeting Feb 18.

Manchester - Annex E

Previous updates with additional information requested by the GMC (including items 1-9)

Item number 9 - Item 10 attached to this concern as it was perceived as a good example of good practice over the past 12 months.

What further actions have been taken to address this concern? A further QA visit for the next 12 months, action plan reviewed with, further updated action plan to be reviewed at GP meeting Jan 17.

Manchester - Annex E

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Manchester - Annex E

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<table>
<thead>
<tr>
<th>MAN2237-200</th>
<th>Concern</th>
<th>1258</th>
<th>GP Practice</th>
<th>P87658</th>
</tr>
</thead>
</table>
| Theme 1: Learning environment and culture | Students raised concerns about professionalism of tutor. | 25/09/2017 | Student raised issue with CBME tutor. | Students raised concerns about professionalism of tutor.

- **Students raised concerns about professionalism of tutor.**
- **Student raised issue with CBME tutor.**

- **22/09/2017**
  - Student raised issue with CBME tutor.
- **29/09/2017**
  - Student reported a concern re GPs behaviour towards patients and poor role-modelling for students.
  - GP made negative comments about patients after they'd left the room, dismissed their concerns particularly with mental health issues and did not introduce student by name.
  - Student upset and expressed concern to CBME tutor through a CD group session.
  - GP raised contra-concerns regarding student behaviour in front of patients.

- **CD Tutor referred concern to CBME Mngr & lecturer for the practice area.**
- **2 visits to practice to discuss the complaint & tutor concerns and to review progress.**
- **Employing good practice: In response to students raising issues with CD tutors we delivered training in how to deal with student complaints to these tutors at the CD conference 4th July 18.**
- **End of year evaluation scores were above average.**
- **Promoting good practice: In response to students raising issues with CD tutors we delivered training in how to deal with student complaints to these tutors at the CD conference 4th July 18.**

- **31/07/2018 Resolved**

<table>
<thead>
<tr>
<th>MAN2237-201</th>
<th>Concern</th>
<th>1456</th>
<th>GP Practice</th>
<th>P90853</th>
</tr>
</thead>
</table>
| Outcomes 1 - Professional values and behaviours | Students raised concerns about professionalism of tutor. | 07/12/2017 | Student raised issue with base hospital dean. | Students raised concerns about professionalism of tutor.

- **Student raised issue with base hospital dean.**
- **Student and GP tutor did some research at practice which was accepted at a conference for presentation.**
- **GP and student attended the conference arranged outside of programme time and through the practice.**
- **Student reported GP made inappropriate proposition to her.**

- **Initially students withdrew from practice whilst investigation took place. Meetings held with CBME academic lead and the GP. Students version of events was disputed by GP. There was no evidence that the GP had been less than professional with any student on placement at the practice.**
- **Following this it was agreed that the practice could continue to take students but that the GP will no longer socialise with students outside of their placements.**
- **Student was satisfied with the outcome.**
- **End of Yr eval score: Year 4 - 4.76 above average.**

- **Promoting good practice: at our last team awayday in November '18 we had a plenary workshop session to discuss best practice in relation to the 5 most common complaints that we receive so that we are consistent in our response to students and tutors and all the team are more confident in dealing with complaints as and when they arise.**

- **No further actions required but as part of the teams training annually, the complex cases such as these will be discussed at our plenary sessions and a significant event analysis undertaken to see if actions can be improved upon.**

- **31/07/2018 Resolved**

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**2017-18 data was compiled from: evaluation responses on 42 practices which deliver the 6 ECE community visits, 2017-18 ECE Years 1&2 and 62 practices which deliver the 6 ECE community visits, Year 5.**

<table>
<thead>
<tr>
<th>Programme</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECE Years 1&amp;2</td>
<td>4.47</td>
<td>4.72</td>
</tr>
<tr>
<td>Year 5</td>
<td>4.61</td>
<td>4.72</td>
</tr>
</tbody>
</table>

Student evaluation scores show that satisfaction with community placements overall has increased. **ECE Years 1&2 satisfaction is above average for the community visits: 4.47, 4.72.**

**ECE Year 5 satisfaction is above average for the community visits: 4.61, 4.72.**
### Concerns and GMC visit items

#### MAN-0917-02 Concern
**Pennine Care Tameside RT2 Year 4**  
**Theme 3**  
**Supporting learners**  
Students reported that they had been turned away from clinical areas and had also had several cancelled teaching sessions.

- **Date item was identified**: 18/09/2017
- **How was the item identified?**: Student reported to lead tutor and via student evaluation forms.

Year Lead worked with local Undergraduate Tutor to formulate an action plan to overcome these issues. Hospital Dean and Manager met with students on subsequent rotation to gather further feedback. Continue to monitor and provide further information in the next update.

- **Deadline for resolution**: 01/07/2018

#### MAN-0917-02 Good practice
**Manchester University Hospitals NHS Foundation Trust**  
**Oxford Road Campus**  
**RW3 All**  
**Theme 4**  
**Supporting educators**  
With the increased pressure on our clinical colleagues to support our learners we decided as an Undergraduate Medical Education Department to launch a ‘recognition of teaching excellence’ pilot during the 16/17 academic year. The Gold, Silver & Bronze awards are based on student feedback and are presented at the end of the academic year.

- **Date item was identified**: 06/08/2017

The awards have now been rolled out across all clinical years, they have been a great success and the feedback from educators across the programme has been really positive. A particular highlight is the engagement from ‘Junior’ doctors and the appreciation that they have been recognised by students.

- **Deadline for resolution**: 01/09/2019

#### MAN-2018-13 Concern
**Manchester University Hospitals NHS Foundation Trust**  
**Oxford Road Campus**  
**RW3 Year 3/5**  
**Theme 1**  
**Learning environment and culture**  
Issues raised regarding the number of medical students in particular clinical areas during Semester 1 (August - December).

- **Date item was identified**: 10/10/2018

End of placement feedback, student representative meetings & student surveys.

- **What actions have been taken to address the concern or to promote the area of good practice over the past 12 months?**  
  - Extending number of placements within other areas outside of ‘general medicine’. Liaison with MMS to look at types of placements that can be offered in Year 3, Semester 1.

- **What further actions have been planned to address the concern or to promote the area of good practice in the future?**  
  - Some improvements have already been made through increasing numbers of wards that students have access to: end of placement feedback is positive.

- **Deadline for resolution**: 06/05/2019

#### MAN-2018-14 Good practice
**Manchester University Hospitals NHS Foundation Trust**  
**Oxford Road Campus**  
**RW3 All**  
**Theme 3**  
**Supporting learners**  
Launched ‘Sim Gym’ sign-up sessions for students to practice simulation scenarios in clinical skills lab.

- **Date item was identified**: 11/11/2018

Launched by education fellows and highlighted as a positive learning experience by students at staff & student liaison meeting and ad-hoc student feedback.

- **Deadline for resolution**: 01/08/2019

#### MAN-2018-13 New concern
**Manchester University Hospitals NHS Foundation Trust**  
**Oxford Road Campus**  
**RW3 Year 3/5**  
**Theme 1**  
**Learning environment and culture**  
New concern identified regarding the number of medical students in particular clinical areas during Semester 1 (September - December).

- **Date item was identified**: 09/12/2018

Launched by education. Followed up with highlight of a similar issue raised by students in Year 3. Student liaison meeting and ad-hoc student feedback.

- **Deadline for resolution**: 01/09/2019

### Medical School Annual Return - Section D

**Quality of placements**

You should use this sheet to highlight concerns and areas of good practice at student placements (education providers). The reporting thresholds in the guidance document would guide you for reporting.

| Item number | Item type | Local education provider | Site (if applicable) | ODS/NSS code (if applicable) | Description of item | Date item was identified | How was the item identified? | What actions have been taken to address the concern or to promote the area of good practice over the past 12 months? | What further actions have been planned to address the concern or to promote the area of good practice in the future? | Deadline for resolution | Concerns and GMC visit items | Status | Person responsible | Engagement with deanery, HEE local offices or other organisations including healthcare regulators (if any) | Supporting documents (if required) | Action plan (if required) | Template (if required) | Key board minutes (if any) | FHS annual return | Hospital Dean and Manager | MMS - APPENDIX C |
### Quality of placements

**Medical School Annual Return - Section D**

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<table>
<thead>
<tr>
<th>Reference</th>
<th>Name</th>
<th>Date</th>
<th>Nature</th>
<th>Concerns and Good Practice Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAN2017-04</td>
<td>Concern</td>
<td>01/09/2018</td>
<td>Good Practice</td>
<td>Quality of placements</td>
</tr>
<tr>
<td>MAN2018-03</td>
<td>Concern</td>
<td>02/10/2018</td>
<td>Good Practice</td>
<td>Quality of placements</td>
</tr>
<tr>
<td>MAN2017-02</td>
<td>Concern</td>
<td>01/09/2018</td>
<td>Good Practice</td>
<td>Quality of placements</td>
</tr>
<tr>
<td>MAN2018-01</td>
<td>Concern</td>
<td>01/10/2018</td>
<td>Good Practice</td>
<td>Quality of placements</td>
</tr>
<tr>
<td>MAN2017-01</td>
<td>Concern</td>
<td>01/10/2018</td>
<td>Good Practice</td>
<td>Quality of placements</td>
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<td>Good Practice</td>
<td>Quality of placements</td>
</tr>
</tbody>
</table>

#### Quality of placements

**Wigan**

- **Year 3**
  - **Theme 2 Educational Environment and Leadership**
    - Concerns were raised that the placements at Salford have not been delivered as intended. The sessions on the wards and clinics were not taking place on the day as planned, and only on one occasion were students able to complete their placements in the same week.
    - Plan in place
  - **Year 3**
    - **Automation and Cognition**
      - Concerns were raised about the quality of the placements at Wigan, with students reporting that the sessions were not consistently provided. The sessions have been rescheduled to a later date.
      - Plan in place

**Royal Bolton**

- **Year 3 & Year 4**
  - **Theme 1 Learning Environment and Leadership**
    - Concerns were raised that the placements at Wordpress were not providing the intended learning experience. The students were not able to complete the placements as intended, and feedback was limited.
    - Plan in place

**Salford**

- **Year 3 & Year 4**
  - **Theme 2 Educational Environment and Leadership**
    - Concerns were raised about the quality of the placements at Salford, with students reporting that the sessions were not consistently provided. The sessions have been rescheduled to a later date.
    - Plan in place

**Wrightington**

- **Year 3**
  - **Theme 2 Educational Environment and Leadership**
    - Concerns were raised about the quality of the placements at Wrightington, with students reporting that the sessions were not consistently provided. The sessions have been rescheduled to a later date.
    - Plan in place

**Year 4**

- **Theme 2 Educational Environment and Leadership**
  - Concerns were raised about the quality of the placements at Wrightington, with students reporting that the sessions were not consistently provided. The sessions have been rescheduled to a later date.
  - Plan in place
<table>
<thead>
<tr>
<th>Item number</th>
<th>Item type</th>
<th>Local education provider (if applicable)</th>
<th>ODS/NSS code (if applicable)</th>
<th>Please list the total number of students affected</th>
<th>Promoting excellence theme</th>
<th>Description of item</th>
<th>What actions have been taken to address the concern or to promote the area of good practice over the past 12 months?</th>
<th>What further actions have been planned to address the concern or to promote the area of good practice in the future?</th>
<th>Deadline for resolution (DD/MM/YY)</th>
<th>Notes</th>
<th>Concerns only</th>
<th>Person responsible</th>
<th>Supporting documents (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAN2018-15</td>
<td>Good practice</td>
<td>LTHTr</td>
<td>3, 4, 5</td>
<td>Theme 3 Supporting learners</td>
<td>Clinical Placement Facilitators employed to support UG medical students whilst on placement allowing the students to access all available clinical opportunities together with supporting them with their clinical examinations.</td>
<td>Originally only in Year 4, this has been expanded to employing dedicated Year 3-5 CPFs throughout their placement. There has been an additional CPF employed to oversee the Blackburn area of LCT placements.</td>
<td>Ensuring feedback from the students emulate the CPF role as supporting them whilst on placement.</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>MAN2018-16</td>
<td>Good practice</td>
<td>LTHTr</td>
<td>3, 4, 5</td>
<td>Theme 3 Supporting learners</td>
<td>Evaluation of clinical placements through internal QA student focus groups.</td>
<td>Feedback from the focus groups is shared with the Clinical Placement Supervisor and their team to ensure any modifications can be made to support the students' learning environment. Responses to feedback is shared timely with the students. End of Placement Review meetings with the Clinical Placement Supervisor.</td>
<td>Focus groups to continue.</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
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<tr>
<td>MAN2018-17</td>
<td>Good practice</td>
<td>LTHTr</td>
<td>3, 4, 5</td>
<td>Theme 4 Supporting educators</td>
<td>Annual Undergraduate Awards acknowledge and recognizes the excellent work and dedication provided by the clinical and non-clinical teams working alongside the medical students.</td>
<td>The teaching award winners are determined by student feedback collated via MMS clinical placement evaluation, focus group feedback and surveys with the student achievement awards being determined by the best exam results. The event is attended by MMS representatives, LTHTr Hospital Dean, Chief Executive, Medical Director, Head of Education together with award winners, runners up, students and staff.</td>
<td>Next Awards to take place October 2019.</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
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<td></td>
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<td>LTHTr</td>
<td>3, 4, 5</td>
<td>Theme 5 Developing and implementing curricula and assessments</td>
<td>Foundation Doctor link scheme introduced to support the medical students whilst on placement.</td>
<td>Supporting the students whilst on placement by introducing them to Foundation Doctors who want to be linked to them to extend their teaching knowledge.</td>
<td>The link scheme is to be developed further to ensure the Undergraduate students are fully training in &quot;preparation for practice&quot; which includes shared teaching. We also have a number of medical students year on year who continue their learning by returning to LTHTr as Foundation Doctors.</td>
<td>N/A</td>
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<td>MAN2018-19</td>
<td>Good practice</td>
<td>LTHTr</td>
<td>N/A</td>
<td>Theme 5 Developing and implementing curricula and assessments</td>
<td>An established Quality Assurance cycle which includes divisional accountability.</td>
<td>All risks, corporate issues and performance of undergraduate education is reported to the Education Training and Research Committee (ETR) where appropriate. Issues would be escalated to Board.</td>
<td>Continue to utilise the QA cycle and regular reporting to ETR.</td>
<td>N/A</td>
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<td>MAN2018-20</td>
<td>Good practice</td>
<td>LTHTr</td>
<td>3, 4, 5</td>
<td>Theme 7 Educational governance and leadership</td>
<td>W/LU/ME students are identifiable through wearing a uniform of grey scrubs showing the University logos.</td>
<td>Continue to provide &quot;uniform&quot; to medical students as acknowledged as an area of good practice.</td>
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<td>Item number</td>
<td>Date item was identified (DD/MM/YY)</td>
<td>How was the item identified?</td>
<td>What actions have been taken to address the concern or to promote the area of good practice over the past 12 months?</td>
<td>What further actions have been planned to address the concern or to promote the area of good practice in the future?</td>
<td>Deadline for resolution (DD/MM/YY)</td>
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<td>MAN-0917-01</td>
<td>19/09/2017</td>
<td>Direct feedback to a member of staff</td>
<td>Year Leads spoke to the speciality team to help organise student timetables to avoid overcrowding. Additional sign-up sessions outside of this speciality ringfenced for these students. Continue to monitor and provide further information in the next update.</td>
<td>Number of Year 3 students on placement has been reduced and timetables have been reviewed. Feedback and scores from this placement are now good.</td>
<td>01/07/2018</td>
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<td>MAN-1217-01</td>
<td>01/12/2017</td>
<td>Direct feedback to a member of staff and evaluation forms.</td>
<td>Review of all feedback from this placement for Semester 1 2017-18. Face to face meeting with one of the students. Feedback from student representative elicited. Meeting with supervisor to discuss feedback and learning environment. Provide further details of timescales for progressing and resolving this issue.</td>
<td>Evaluation on subsequent rotation showed feedback and scores were very good and this has been sustained throughout the year. Monitoring as all placements are according to quality assurance SOP.</td>
<td>23/03/2018</td>
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<td>MAN-2018-11</td>
<td>25/09/2018</td>
<td>Direct email from students to Year 4 Lead.</td>
<td>Year 4 Lead and Hospital Dean spoke to Undergraduate Tutor and teaching sessions were scheduled. Subsequent rotation showed that the teaching was still not timetabled and some was still being delivered all at once. Following further discussion with UG tutor job plans on the placement were revised to allow time to deliver the teaching.</td>
<td>Monitoring of placements scores has shown that this placement has improved and teaching is being delivered in a satisfactory manner. Continue to monitor placement and will update at next submission.</td>
<td>01/07/2019</td>
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<td>MAN-2018-12</td>
<td>05/07/2018</td>
<td>Recognition of Excellence awards.</td>
<td>Placements are evaluated with a score out of 5 being given. Those placements who had achieved a score of average over 4 across the whole year and had less than 10% cancellation rate were awarded certificates of bronze, silver or gold.</td>
<td>A &quot;Recognition of Excellence&quot; awards ceremony was held and those who had been awarded bronze, silver or gold were invited to attend to receive their certificate which was awarded by Hospital Dean and Head of MBChB programme. We intend to host this as an annual event.</td>
<td>05/07/2019</td>
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