

Medical School Annual Return - Section B

GMC quality assurance items

This sheet is pre-populated with open GMC visit requirements and recommendations. Please provide updates on all items. Supporting documents and action plans may be required to evidence progress.

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Medical School Annual Return - Section C														
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.														
Item number	Item type	Please list the years of students affected	Promoting excellence theme	Description of item	Date item was identified (DD/MM/YY)	How was the item identified?	Previous updates with additional information requested by the GMC (outstanding items ONLY)	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 (DD/MM/YY) Concerns ONLY	Status Concerns ONLY	Person responsible	Engagement with deanery, HEE local offices or other organisations including healthcare regulators (if any)	Supporting documents (if required)
BMG1819-g001	Good practice	All	Theme 3 Supporting learners	Managing non-attendance	01/05/2017	We previously monitored students' attendance and used a percentage diligence score to identify those who were not attending sufficiently. This was not fit for purpose as occasionally students would use the % as the minimum acceptable level, it and we were not picking up on students who were absent due to illness or problems that we could support them with. One student had managed not to attend ~30-50% of all her final year modules, including all her acute care simulations without triggering the system as it was and ended up having to repeat the year, which was a critical event.		We decided that we needed to start from the principle of supporting students who were ill or in difficulty and designed a system that is simple for students and staff to understand and relies upon senior academic staff being able to use their judgement in managing absence. Students still have to register in small group teaching and on placements. When they have been absent for a given number of days or sessions (depending on their year of study) they receive an email from the Student Services Centre indicating their absence and offering support. At the second threshold they are asked to meet with one of the Programme's Wellbeing Officers to ascertain what is happening and develop strategies to improve their attendance and supportive strategies are signposted. At the third threshold they are asked to meet their Academic Year Lead and Year Welfare Tutor (also an academic). At this meeting the student's reasons for absence are again explored with a full discussion of the impact these are having on their learning. An educational plan is then jointly constructed, an agreement is reached regarding what additional support is needed and who can provide this. It may be agreed with the student what their placement needs to know and who will seek their support. A follow up review is normally arranged. It is sometimes appropriate for a leave of absence for the student to be arranged.	In 2017-18 the system took time to bed in. Students did not initially appear to like the fact that absence for any reason is included. They felt that absence to attend a conference or funeral, for example, should be excluded. We emphasised that this system was designed to ensure that all students who were absent, for whatever reason, were able to catch up on the learning they had missed and was genuinely intended to be supportive. At the end of the year 80% of the students who had had a third level meeting thought the new process was "fair" or better than the previous system. For 2018-19 we have been able to use the data from the previous year to emphasise the supportive nature, we have adjusted the thresholds slightly so the member of staff appointed as Attendance Officer can provide data in a better way and staff have gained confidence in their judgements. A number of our External Examiners commended the success of the scheme. Days absent was included on the Board of Examiners' spreadsheets and great concern was expressed at one student who had had 42 days absence through the 42 week fourth year. We were able to say that because we had been able to work with this student, who had significant illness, we could be confident that she had made up for her absence in a variety of ways and that she was going into final year competent to do so, rather than our having been unaware of the extent of her problems or her absence. We feel that this approach has enabled us to support students in keeping with "Welcomed and Valued" while also dealing proactively with students who are not adhering to "Achieving Good Medical Practice".			MBChB Programme Director		Appendix 5 Attendance Monitoring Policy
BMG1819-g002	Good practice	Years 3 - 5	Theme 4 Supporting educators	Training for OSCE examiners	01/06/2017	One of our year leads and several of our external examiners noted inconsistencies in the conduct of examiners in our clinical exams. We already provided examiner training sessions at the Medical School with the expectation that examiners would attend training at least once every three years and complete a short on-line refresher course every year. We undertook an audit of examiner training following the 2017 OSCEs, and only had evidence that 40% of examiners had completed training within the previous three years.		For the 2017-18 academic year we developed an entirely new OSCE examiner training package which is delivered in face to face sessions over three hours. The didactic teaching element was reduced to 45 minutes with the remaining time spent with examiners watching and marking videotaped OSCE performances with a discussion of the approach to marking and standard setting, allowing examiners to calibrate their expected standards with each other. This is followed by a 90 minute series of role plays where each examiner has the opportunity to practice being an OSCE examiner in exam conditions with a peer observer and a peer acting as a student. This followed by facilitated debrief of the role play examiner's performance and feedback on their strengths and feedforward on areas needing improvement. As our examiners are drawn from a wide geographic area we have delivered these training sessions in the NHS hospital placement locations around our region (each session open to any of our examiners or potential examiners) as well as in the Medical School. Additionally we have replaced our existing on-line refresher training package with a more interactive package that requires registration (for audit purposes) and prompts examiners to watch and mark multiple recorded OSCE examples and compare their marking to an ideal mark sheet. An audit following the 2018 clinical exams showed that over 90% of examiners had now attended training in the last three years (mostly the new package with over 400 examiners attending in 2017-2018). External examiners and Medical School observers noted a significant improvement in the examiner standard in the 2018 exams.	None.			Deputy MBChB Programme Director and Education Development Specialist		Appendix 6 OSCE Examiner training timetable

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 (if applicable)	Site (if applicable)	ODS/NSS code (if applicable)	Please list the years of students affected	Promoting excellence theme	Description of item	Date item was identified (DD/MM/YY)	How was the item identified?	Previous updates with additional information requested by the GMC (outstanding items ONLY)	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 (DD/MM/YY) Concerns and GMC visit items ONLY	Status Concerns ONLY	Person responsible	Engagement with deanery, HEE local offices or other organisations including healthcare regulators (if any)	Supporting documents (if required)
BHAM0215-01		The Wand	The Wand Medical Centre	M85084	Years 1-5	Supporting learners	One of our GP Tutors notified us that his partners had referred him to the Responsible Officer for matters to do with clinical management, but also some concerns about his attitudes to female patients. Following discussion with the GP Associate Dean in Health Education West Midlands we moved the students he was supervising and they removed his GP trainee. Subsequently the RO referred him to the GMC.	02/01/2015	The GP tutor notified CBM department.	No further action taken as Dr remains suspended (as at 30 Jan 2018)	Dr is registered but does not have a licence to practice as at Jan 2019. He is also no longer employed at the Wand Medical Centre.	None. The matter is resolved. The Doctor is not practising, nor he is an employee of the practice.	31/12/2018	Request for closure	Head of Academy CBM		None
BHAM1114-05		WOS	Worcester Royal Hospital	RWP	Years 3-5	Supporting educators	The Academy is asked to continue in its attempt to ensure that UG education is recognised in the ongoing job planning exercise at WOS.	25/11/2014	Quality management visit	Visit to joint Academy (formerly separate - Alexandra Hospital and Worcester Royal Hospital) took place on 28th February 2017. The specific issue about job planning was supersceded by a larger, all encompassing item about the implementation of the new Academy structure.	The Director of Medical Education and Medical Director at the Trust have worked with the UoB Medical School (and the University of Warwick) to appoint a new Head of Academy (UG clinical teaching lead) and a Deputy. There has also been a restructure in administrative function. Student feedback over the last 12 months has been monitored and is showing improvement. The next QA visit is planned for 2nd April 2019, following the implementation of the new Academy structure. The Academy asked for the visit to be delayed from Feb 2019 in order to allow the new structure to bed in, thereby enabling more constructive discussion.	QA Visit will take place in April 2019	01/12/2018	Progress being monitored	Academic Quality Lead		
BHAM0215-13		ALX	Alexandra Hospital	RWP	Years 3-5	Educational governance and leadership	The Academy is asked to continue to work with the Trust regarding the upcoming reconfiguration and potential creation of one, joint teaching Academy	05/02/2015	Quality management visit	Visit to joint Academy (formerly separate - Alexandra Hospital and Worcester Royal Hospital) took place on 28th February 2017.T he specific issue about job planning was supersceded by a larger, all encompassing item about the implementation of the new Academy structure.	The Director of Medical Education and Medical Director at the Trust have worked with the UoB Medical School (and the University of Warwick) to appoint a new Head of Academy (UG clinical teaching lead) and a Deputy. There has also been a restructure in administrative function. Student feedback over the last 12 months has been monitored and is showing improvement. The next QA visit is planned for 2nd April 2019, following the implementation of the new Academy structure. The Academy asked for the visit to be delayed from Feb 2019 in order to allow the new structure to bed in, thereby enabling more constructive discussion.	QA Visit will take place in April 2019	01/12/2018	Progress being monitored	Academic Quality Lead		
BHAM0215-14		ALX	Alexandra Hospital	RWP	Years 3-5	Supporting educators	The Academy is asked to ensure that appropriate governance procedures are in place regarding UG education	05/02/2015	Quality management visit	Visit to joint Academy (formerly separate - Alexandra Hospital and Worcester Royal Hospital) took place on 28th February 2017.T he specific issue about job planning was supersceded by a larger, all encompassing item about the implementation of the new Academy structure.	The Director of Medical Education and Medical Director at the Trust have worked with the UoB Medical School (and the University of Warwick) to appoint a new Head of Academy (UG clinical teaching lead) and a Deputy. There has also been a restructure in administrative function. Student feedback over the last 12 months has been monitored and is showing improvement. The next QA visit is planned for 2nd April 2019, following the implementation of the new Academy structure. The Academy asked for the visit to be delayed from Feb 2019 in order to allow the new structure to bed in, thereby enabling more constructive discussion.	QA Visit will take place in April 2019	01/12/2018	Progress being monitored	Academic Quality Lead		
BHAM0116-03		ROH	Royal Orthopaedic Hospital	RRJ	Year four	Learning environment and culture	ROH is asked to consider the following small issues raised during the visit: 1. There was some uncertainty as to how students were informed about raising concerns, particularly around patient safety. The UG Team is asked to confirm this is included in student induction. 2. There was some confusion as to whether Consultants have their patient numbers reduced in clinics where they have students present. ROH is asked to confirm this. 3. It was felt that the sign-up sheets for students did not have a high profile and therefore students may not be aware of these opportunities. The UG Team is asked to raise the profile of these sheets, particularly in light of possible changes following on from recommendation 2 (above). 4. The UG Team are asked to make more information available to students on the type of clinics they attend, and also any materials available to them on this speciality in order that they are well-prepared for the clinic.	19/01/2016	Routine quality management visit	ROH was visited on 08/11/17 - where it was agreed that the following had been implemented relating to recommendations 2,3 and 4. 2. The Trust is currently working through its job planning with each Consultant. The Trust will be better placed to provide a clearer view of the impact of students on clinic timings once this process has been completed towards the end of the summer. 3. Sign-up sessions are indicated on students timetables where applicable. Students are informed during the induction talk that there are opportunities for extra sessions should lectures end early. Sign-up sheets are placed on the notice board in the common room area near attendance register for students to view. 4. Prior to students attending the ROH, an email is sent requesting preferences. Included in this email the students will be advised of material available to study to prepare for clinics. Students individual timetable show clinic sessions, name of consultant and speciality. Recommendation 1 (relating to rasing concerns) was discussed further with staff and students - further action was requested.	The Trust was required to submit evidence of how students are able to raise concerns and has done by sharing the student handbook which now includes this information on a "Problems and Comments" page. Also the Undergraduate Co-ordinator at the Trust provides students with the "ROH Freedom to Speak Up Guardian" contact details in the introductory lecture and a printout is attached to student timetables.	None, routine follow up at next monitoring visit.	28/02/2017	Request for closure	Academic Quality Lead	None	None
BHAM1016-02		WNC	Wolverhampt on New Cross	RL4	Years 3-5	Supporting educators	The Trust is required to provide evidence of how CTFs will be quality assured and confirm there is no reduction in the amount of consultant led teaching.	03/10/2016	Quality management visit	Update received from Trust confirmed that supervision and appraisal process is now in place and was used for the CTFs who concluded August 2017. Each of these followed a formal process through the Trust which involved supervision of their clinical and educational activities at regular intervals throughout the year. The supervisors are either the Head of Academy or one of the three deputies, which provides management oversight and QA. The reduction in consultant led teaching due to high numbers of CTFs will be discussed at the next monitoring visit.	The QA visit to Wolverhampton took place on XXX.	12/03/2018	Progress being monitored	Academic Quality Lead			
BHAM1016-03		WNC	Wolverhampt on New Cross	RL4	Years 3-5	Supporting educators	The Academy will re-establish its peer observation processes in a way which is manageable and useful.	03/10/2016	Quality management visit	Update 21/9/17. 1) All in place for Clinical Teaching Fellows. 2) Recently appointed Deputy Academy Heads who will establish a system for ongoing consultant peer review starting with lead teachers. Peer observation will now be a standing item on agenda of each Faculty Meeting to ensure continued engagement. Peer observation will be discussed at the next monitoring visir in March 2018.	The Self Evaluation Document for the visit in 2018 submitted by the Trust confirmed that the peer review process for consultants and other teaching staff (aside from CTFs) had taken slightly longer than planned to get off the ground, however it was now underway and being rolled out. It was also confirmed and evidenced that responsibility for peer review processes is in the job description of the Deputy Heads of Academy.	None, routine follow up at next monitoring visit.	TBC	Request for closure	Academic Quality Lead	N/A	None
BHAM1016-09		BWH	Birmingham Women's Hospital	RLU	Year five	Supporting educators	BWH is asked to ensure Midwvres have a better understanding of the status of medical students placed with them. Although there was no concern over students being asked to do things above their level nor with supervision, it is recommended that the Academy provides midwives with a better understanding of the status of medical students who are placed on shift with them on labour wards. The students felt there was a lack of understanding as to where they were in the programme. The Panel was not prescriptive as to how this could be achieved but one recommendation was a that a short factsheet could be produced.	21/10/2016	Quality management visit	Update from Trust in January 2017 confirmed the recommendation had been actioned via a joint meeting with between the Academy and the Midwifery Lead and a factsheet was produced. Student feedback is being monitored as part of routine consideration, however anecdotal feedback at the Staff Student Committee indicates a sound improvement in midwife understanding of 5th year students' levels of competency.	QA visit took place in November 2018. Student feedback has also been monitored, and no issues have been raised and in fact the midwifery shifts has been identified as one of the highlights of the placement.	None. The matter is resolved.	31/10/2018	Request for closure	Academic Quality Lead		Appendix 7 - summary of feedback.

BHAM0917-01		West Bromwich Partnership for Health	West Bromwich Partnership for Health	M88044	Year 4	Theme 4 Supporting educators	Two consecutive years of student feedback indicated concerns about the amount of contact hours students were having with the GP during placement days. It appeared that students were not getting full days teaching or being dismissed too early. Following discussions and a further liaison visit from a GP Academic from the Medical School to explain expectations for the teaching day, student feedback remained poor. Therefore a formal quality visit (A "trigger visit") took place on 01/12/18 to review the practice. An action plan was agreed with the clinician concerned and further requirements and support put in place.	06/09/2017	Student Feedback and GP Liaison visit	Not applicable	Further issues have been raised since the quality visit. There have been further liaison visits from the Deputy Head of Academy to provide remedial support and advice. However in Jan 2019, it was clear these issues were still ongoing. As per our Quality Management process, the issue was considered again by the MBChB Programme Director and the Deputy Director of Education (Quality), and the decision was been reached to cease using the practice at the end of the academic session. The remaining students who will attend the placement in February and March, will receive support and guidance from the academic team to ensure that they receive a sound educational and clinical experience.	The practice will not be used from the 2019/20 session onwards.		Request for closure	Head of Academy - CBM	HEE notified	None
BHAM0917-02		Birmingham and Solihull Mental Health Foundation Trust	Hallam Street Hospital	RXT	Year 4	Theme 3 Supporting learners	Student concern over swipe card access during placement at Hallam Street in March 2017. Lack of swipe card access meant students did not appear to be able to access the areas they needed unsupervised, but also may have been in a situation where they could not get out of an area should an emergency situation arise.	13/09/2017	Student provided feedback to the Year 4 lead on 13/09/2017 several months after they had left the placement.	Not applicable	Students are now provided with swipe card access as a matter of course.	None, the matter is considered to be resolved.	20/10/2018	Resolved	Head of Academy		None
BHAM0117-01		Worcestershire Acute Trust (WOS and ALX)	WOS and ALX	RWP	Year 3 -5	Theme 1 Learning environment and culture	Trust had been under extreme pressure both in terms of service delivery and from a financial standpoint. As a result there was a shortage of staff to deliver teaching at all grades and miscommunications between sites which began to impact on the student feedback/experience. A formal Quality Management visit drew these issues out and it was clear that the management of education delivery needed review in light of these pressures to support the Trust.	28/02/2017	Quality Management visit	Not applicable	The Director of Medical Education and Medical Director at the Trust have worked with the UoB Medical School (and the University of Warwick) to appoint a new Head of Academy (UG clinical teaching lead) and a Deputy. There has also been a restructure in administrative function. Student feedback over the last 12 months has been monitored and is showing improvement. The next QA visit is planned for 2nd April 2019, following the implementation of the new Academy structure. The Academy asked for the visit to be delayed from Feb 2019 in order to allow the new structure to bed in, thereby enabling more constructive discussion.		01/11/2018	Plan in place	Deputy Director of Education (Quality)		
BMG1819-p001	Concern	Walsall Manor Hospital	N/A		Year 3 -5	Theme 1 Learning environment and culture	A Year 3 student approached the medical school about a consultant who was using inappropriate language, with an adversial manner which was causing some students distress.	27/10/2018	Student email	Not applicable	The QA team wrote to the Head of Academy as per the QM concern process and asked for immediate action. The Head of Academy confirmed on 6/11/18 that the consultant concerned had been removed from teaching and the matter was being taken forward by HR. This was reconfirmed in Dec when the Medical Director at the Trust approached the QA team to ask if the student concerned wanted to add anything further to her account of events as part of the Trust's HR process. She was asked, and decided she did not want to and did not require any further support. Therefore, the matter was considered closed from the University's perspective, as the individual is no longer involved in teaching. We were reassured by the swift and decisive action taken by the Trust over this matter.	None. The matter is resolved.	06/11/2018	New concern identified	MBChB Programme Director and Deputy Director of Education (Quality)	HEE notified	None
BMG1819-p002	Concern	Primrose Lane Surgery	N/A		Year 5	Theme 1 Learning environment and culture	A Year 5 student emailed the Year 5 lead as she was concerned about a number of incidents she had witnessed during her placement. One of these appeared to be the GP concerned taking cash from a private sick note and putting it into his wallet. There were also a number of smaller concerns about the GP's views and opinions.	09/01/2019	Student email	None	The student was immediately moved to another placement. The MBChB Programme Director and the Deputy Director of Education consulted with the NHSE Performance team who felt that as it involved a private transaction it did not fall in their domain. Therefore the Programme Director (as the GMC registered individual) consulted the GMC FTP helpline about the matter of money and was advised that the student herself would need to report it. Following discussion and the offer of support the student decided she did not wish to pursue the matter further and had felt well supported by the medical school. However, the Medical School has begun to follow up on the educational issues with the GP as a QA matter following the QM concern process.	An initial phone conversation between the CBM lead and the individual has taken place. A written response has also been received. The matter remains ongoing.	28/02/2019	New concern identified	CBM lead, MBChB Programme Director and Deputy Director of Education (Quality)	HEE notified	None