

Visit Report on Edinburgh Medical School

This visit is part of our national review of undergraduate and postgraduate medical education and training in Scotland.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#). This visit is part of a national review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>

Education provider	Edinburgh Medical School.
Sites visited	The University of Edinburgh.
Programmes	MBChB.
Date of visit	Tuesday 7 November 2017.
Were any serious concerns identified?	No serious concerns were identified during this visit.

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.

Number	Theme	Areas that are working well
1	4 (R4.1, 4.5)	The clinical educator programme develops and supports educators.
2	4 (R4.1)	The clinical tutor associate programme is an innovative programme that allows tutors to oversee medical students' educational

		progression whilst encouraging young educators.
3	5 (R5.1)	The curriculum clearly enables students to meet the outcomes for graduates by giving them the necessary contact with patients and suitable learning opportunities.
4	2 (R2.6, 2.7)	The partnership between NHS Lothian and the school is working well and is responsive to student feedback.
5	5 (R5.3)	Early contact with patients is provided for learners and gives them knowledge and understanding of the needs of patients from diverse backgrounds.

Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirements
		No requirements were identified during this visit.

Recommendations

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

Number	Theme	Recommendations
1	1 (R1.19)	The school should review arrangements for

		administrative support in clinical placements.
2	5 (R5.6, 5.7)	The school should make sure there is consistency across each year's assessment processes, particularly in relation to standard setting.

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

Standards
<p>S1.1 <i>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.</i></p>
<p>S1.2 <i>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.</i></p>

Raising concerns (R1.1) and Dealing with concerns (R1.2)

- 1 Students from years one, two and three that we met with told us they feel comfortable raising concerns with a more senior member of staff while on clinical placements. Several students said they had experience of raising concerns to a senior staff member and that the senior staff member kept them involved and updated while the issue was investigated, so they could learn from it.
- 2 They also told us about a reporting facility on their online system, 'Learn', which is used for low level concerns. None of the students we met with had used this yet, but they were aware that any concern can be reported and a response should be received from the senior management team within 48 hours.
- 3 Year four students also said they would raise patient safety concerns with more senior staff if needed, or if they had a concern about a colleague they would speak to their head of year or their personal tutor. They were also aware of the facility on 'Learn', and said there was the option to input their email address or to leave as anonymous, but none of them had raised any concerns as yet via any of the systems.

- 4 At the end of the year, all students receive a presentation that directs them to the relevant email address if they require support with a concern. They told us that social media has also been used to push the notion of 'help us to help each other' and that the university had a 'university-wide support network'. The student union provides a confidential service for academic or pastoral support.
- 5 The student support team had a poster campaign regarding raising concerns and that they were talking to each year group about this to try to promote its importance.
- 6 The quality management team reinforced the information we had heard from the students and told us that several facilities were available for raising concerns that the management will then triangulate and resolve.
- 7 The school takes patient safety concerns very seriously and makes sure the procedures are clear to all levels of learner. We saw posters on the walls of the education building where we held our meetings, advertising the method to raise concerns and how to access the facility.

Seeking and responding to feedback (R1.5)

- 8 The quality management team gave us an example of how they had responded to student feedback and made changes as a result. Students told them that they had experienced difficulties trying to revise for their final exams (finals) whilst completing clinical practice at the same time. In order for dedicated time to be given to clinical practice, the school decided to make significant changes by moving finals from June to February. This meant students had a re-sit opportunity in June. Following finals the students go on to complete a student assistantship. The restructuring of year six also helped with the assistantship by focusing students' minds on shadowing and preparing for foundation work rather than revising for exams. The students have given positive feedback since the restructure.
- 9 The school conducted their own student survey previously to collect feedback from the students, and received a high volume of responses. The school has different online resources, some of which have multiple uses and are used to gather feedback from the students. 'Learn', the student knowledge and research hub, has a facility to feed concerns back to the school. 'Tophat', the interactive teaching resource contains quizzes and surveys to facilitate learning, but also acts as a tool to collect feedback.
- 10 In addition to online feedback methods, meetings take place and act as an environment for feedback opportunities. The student forum, in addition to the module feedback sessions that take place allow the chance for feedback and discussion. This means the students have the opportunity to provide feedback both in person, and electronically.
- 11 The senior management team told us that the students regularly give them anonymous freetext comments via 'Tophat' which they then triangulate and

investigate. A 'student voice' feedback session is held at the end of each year, along with a university-wide scheme that takes place mid-semester for management to meet directly with students. Students complete the National Student Survey (NSS) which contains freetext comments in addition to multiple choice questions.

- 12** The quality management team look at all the NSS free text comments and identify areas requiring attention. Twice a year, module leads create an action plan in order to deal with issues.
- 13** Feedback from students is used in the school's decision-making processes. There are three key committees; The Undergraduate Board of Studies, the Programme Management Group and the Year Committees who all work collaboratively. The Year committees meet twice per semester to discuss issues relating to modules and develop proposals for change and quality management. There is liaison with and representation on Programme Management Group which takes over-arching responsibility for delivery and design of the MBChB. There is representation from all areas including NHS Directors of Medical education, Medical Director and students. All changes are submitted, discussed and approved at Board of Studies chaired by the Head of the Medical School.
- 14** Student feedback was not mandatory and was not linked to professionalism in any way. They are careful not to ask the students for feedback too frequently, by asking every other placement, as students are also asked for feedback by the central university.

Educational and clinical governance (R1.6)

- 15** The school's management team disseminated information to learners about the local processes for educational and clinical governance through induction and the attendance of selected students at meetings, such as the curriculum review meetings.
- 16** Both students and management confirmed that students are given the opportunity to raise concerns about the quality of care and are aware of the processes they must follow if they have any matters for consideration.

Appropriate capacity for clinical supervision (R1.7)

- 17** Students that we met with from years one, two, three and four all confirmed they receive appropriate and adequate clinical supervision at all times.

Appropriate responsibilities for patient care (R1.9) and Identifying learners at different stages (R1.10)

- 18** Students did not begin hospital-based placements until year four, so their educators were aware of their level of experience and could allocate the appropriate amount of responsibility to them.

- 19 The academic educators were able to identify the level of student because only year four students and above received ward-based placements, so they had an awareness of the students' competence and experience.

Induction (R1.13)

- 20 Year four students that we met with considered the induction to be very thorough and sometimes they received a week long induction before starting a new placement. The week comprises of lectures that prepare them for the ward they are working in.
- 21 The student support team provide all personal tutors (PTs) with a face-to-face induction that helps to explain how to deal with complex issues and when to escalate. They are not permitted to become a PT without the induction.

Multiprofessional teamwork and learning (R1.17)

- 22 Year four students we spoke to were supported to be an effective team member of the multiprofessional team by undertaking a short shadowing period of two weeks, shadowing other professionals, such as physiotherapists, nurses, etc. Those that had completed this said they found it valuable to see how the staff on a ward work with each other and gain experience of the duties of a nurse, for example. An option had been introduced by the school recently to take nurse-led teaching which they said was very helpful before starting clinical teaching.
- 23 Senior management told us that becoming part of the team was one of the main objectives of year six. The year consists of three 12 week blocks encompassing clinical skills in anaesthetics, surgery and general practice, amongst other specialties. This helped students to work as a team member in different areas and prepared them for foundation year practice.

Capacity, resources and facilities (R1.19)

Recommendation 1: The school should review arrangements for administrative support in clinical placements.

- 24 The University used to provide administrative support for clinical placements but have stopped doing this; now it is the responsibility of the local education providers to pick up the work. The clinical placements are working well but the Medical School received low scores in the most recent student surveys on the matter of administrative support. Previously there has been dedicated university support or support at key locations, there is now a perceived administrative shortfall.
- 25 Clinical educators reported a lack of a resource and support, with a lack of administration support for organising and timetabling. They said there was not always a nominated module administrator and that there was inadequate time in admin support job plans.

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

- 26** Year four students said they had access to some simulated learning, although they would find it beneficial if the amount was increased. They found it very useful and said the clinical skills team at Edinburgh was of a high standard.

Theme 2: Education governance and leadership

Standards

S2.1 *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.*

S2.2 *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.*

S2.3 *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

Quality manage/control systems and processes (R2.1)

- 27** The school has partnerships with a number of Scottish health boards, with NHS Lothian being their major partner. Their quality management processes are overseen by the head of the Medical School and the director of teaching who are supported by the year directors, as well as the directors for quality and assessment and the clinical director. Decisions are made by a combination of three committees; the Board of studies, management group and the MBChB year committees, and meetings are held both individually, and as a combined group.
- 28** Students at all levels have several platforms to feed back about the quality of education they are receiving. There are student voice meetings, a feedback session at the end of each year, the Additional Cost of Teaching (ACT) yearly student survey and staff and student liaison meetings. In addition to this, the school has a mid-semester scheme to meet with the students and provides a free text feedback facility on the interactive teaching system, TopHat.
- 29** The students in years one, two, three and four we spoke to agreed that there are thorough procedures for gathering students' opinions. They felt that they have a voice on curriculum changes as well as day-to-day issues regarding the available resources. The effectiveness of the feedback processes works both ways. Students in years one to four also receive appropriate feedback through suitable formats. Those in year four receive feedback postcards on which the student writes a task they would like feedback for and the consultant then provides a comment. They said that they found their usefulness limited as the comments were often too brief and that training on their completion would be helpful.
- 30** All teams we spoke to throughout our visit were aware of the school's systems and procedures for managing the quality of education and told us that they are effective.

Considering impact on learners of policies, systems, processes (R2.3) and Evaluating and reviewing curricula and assessment (R2.4)

- 31 The senior management team consider the impact of the educational experience that they provide and had redesigned the endocrinology element of the curriculum based on student feedback as a result.
- 32 There is a meeting held with students every month to provide feedback which provides them with a voice on curriculum changes. The student committee meets with the module heads and confirms the changes that have been made based on feedback.
- 33 Clinical educators also had an influence on the changes to the curriculum. They speak to the year directors who take their suggestions forward. They are invited to participate in making changes to the curriculum for years one and two and have a say in redesigning curriculum.
- 34 Each year group has a committee that discusses modules and related changes. The information then feeds into the management group via the module organiser at the committee meeting. They said they felt the involvement of students in curriculum development was positive.
- 35 In terms of assessment improvement, there was a new head of assessment who was about to start, but at the time of our visit it was the year leader who held responsibility for improvements in this area. The module organisers work with the year leader to quality assure the questions and assessment formulation. If the educators want to propose a change they would need to go to the committee to approve it, then the change would be passed down to year level.

Systems and processes to monitor quality on placements (R2.6) and Concerns about quality of education and training (R2.7)

Area working well 4: The partnership between NHS Lothian and the school is working well and is responsive to student feedback.

- 36 The school has a strong relationship with NHS Lothian and had effective transfer of information processes. Information relating to disability profiles and any adjustments that are required are sent to the health board if the student grants their permission.
- 37 The effective partnership between the Health Board and the school is maintained by regular contact and the school's quality management team ensures the student voice is heard by taking student feedback to the board after each teaching block.

Monitoring resources including teaching time in job plans (R2.10) and Educators for medical students (R2.13)

- 38** The senior management team look closely at identifying challenging areas such as funding for additional teaching sessions and timetabling for these sessions. Their Additional Cost of Teaching (ACT) funding has been reduced in the last few years but they are hopeful it will be increased this year. They confirmed that academic teaching time was factored into job plans. Whilst they agree it may not be quite sufficient, they have made attempts to improve the quantity of teaching.
- 39** Clinical Tutor Associates (CTAs) were introduced to support the students while on placement and take pressure off the other educators. These are foundation doctors in training in year two, up to level three doctors in training in core medicine who may have an interest in medical education. They can be recruited from any specialty, but the benefit of them is that they have time in their job plans to support students. CTAs are paid separately by the health board to deliver 30 hours of teaching per year and normally get allocated five students who they meet throughout years four to six. They cover transferrable professional skills such as leadership and support with OSCEs.
- 40** Students each receive a personal tutor (PT) who provides academic and pastoral support, to aid personal and professional development.

Sharing information of learners between organisations (R2.17)

- 41** The quality management team have effective processes for sharing information about students with the local education providers (LEPs). They produce placement lists and send pictures of students to the module organisers and the relevant ward. In terms of learning profiles, if any adjustments are required for any students, they share this with the teaching staff. If any students have any learning needs or need additional support, they share that with the LEPs also. If a student has been through the disability process, the school is sure to ask their permission before sharing their profile with the teachers.
- 42** Once students have graduated and are due to move onto the foundation programme, similar information is shared by the student wellbeing team. They always check what information the student wants to be passed onto their next education provider.

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

- 43** The school's senior management team reported a change in the origin of applicants over the last few years. There has been a gradual increase of students from the European Union. The school continues to welcome applications from those students with disadvantaged backgrounds and is involved with schemes to encourage widening participation with the local councils. One scheme mentioned, named 'You Can be a Doctor' reaches out to 40 schools, teaches them about Edinburgh Medical School's

MBChB programme, and provides an opportunity for schools pupils to speak with a doctor who has completed the programme. The Medical School also has close links with the widening participation department at the university to help encourage school students at a young age. The Scottish government funding has increased and the school are working to try to reach back into schools as a result.

- 44** Those taking up educational roles in the programme will have attended an introduction to the MBChB programme that is available to all staff.
- 45** The academic educators we met confirmed that the school provided a very supportive environment for trainers. The staff are appreciative of the benefits of getting teaching experience. They said that whether they are trying to working towards a clinical accreditation or not, they are very well supported.
- 46** Both the academic and clinical educators we spoke with said the role of educator was seen as an opportunity rather than an expectation. They all said that they take on the role of educator because they're interested and see the benefit.
- 47** In the obstetrics and gynaecology department, they have introduced a scheme using two tutors simultaneously to teach. The process involves a more junior doctor, learning from a more senior one on how to become a tutor.

Theme 3: Supporting learners

Standard

S3.1 *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.*

Good Medical Practice and ethical concerns (R3.1)

- 48** The students we met with from year four had the opportunity to join the 'Ethics society', which gives them socio-economic training and support on how to approach and interact with patients from different communities. They said that ethics were interwoven into everything and that they knew how to raise an ethical concern if they had any issues.
- 49** Students were all made aware of the GMC's guidance, *Good Medical Practice*, when training for their situational judgement tests. Guidance on GMC outcomes for graduates is given to them every year.

Learner's health and wellbeing; educational and pastoral support (R3.2)

- 50** The school has a student wellbeing group in addition to several other resources to support student health and wellbeing and pastoral care within the school. The student wellbeing group comprises senior staff who are experienced in helping students through times of difficulty. They deal with many aspects of a student's progression through the course including any transfer of information to their foundation post relating to adjustments they might need.
- 51** Students all have access to a disability service, occupational health, financial service, careers information and an advice service called 'The Advice Place'. The Advice Place is home to Edinburgh University students' association's professional advice team that offers students free, impartial and confidential help and information.
- 52** The Personal Tutor (PT) system is a University wide scheme. Students are allocated a tutor in year 1 that will provide academic, pastoral and personal support across the whole six years. In addition to PTs, students have access to CTAs (Clinical Tutor Associates) who are assigned to cover transferrable professional skills such as leadership. They are linked to the PTs and they will be called upon should a PT identify a student that needs additional help.

Undermining and bullying (R3.3)

- 53** Year four students provided an example where they had raised a concern over the behaviour of a consultant, and when they raised it to the head of the year, it was dealt with immediately. The students we met with told us that they would feel comfortable approaching their head of year, module head or their personal tutor, but this situation had only occurred once so far.

- 54** The student support team strive to make the students feel that they are in a safe environment in order to ensure the school is free from any bullying or undermining. They said the relationship between a student and personal tutor tends to be a positive one that encourages students to share any concerns.

Information on reasonable adjustments (R3.4)

- 55** Year four students said that should they need any reasonable adjustments the university was very supportive and had resources that were easy to access. A booklet is given to them around the time of their exams to explain how they can apply for more support in an area, or for an assignment extension.
- 56** The disability policy was with the university, rather than the Medical School. Students would speak to them initially, and then speak to the school when they had the appropriate advice, although the University does communicate this information to the school effectively.
- 57** The student support team told us that staff would advise the students to go to the disability service. The disability office will create a report and send it back with a list of recommended adjustments. The coordinator will meet with the student to go through the recommendations and give them a point of contact if they have any issues. The co-ordinator of adjustments agrees the reasonable adjustments and this is notified to the year co-ordinators who disseminate the information to all modules/teachers. In addition to this, if students have any concerns, they can use the 'Tell us' button on the online system, or speak to their personal tutor, module organiser or year director in person.

Feedback on performance, development and progress (R3.13)

- 58** Learners receive regular feedback both before and after exams. Students receive a breakdown of their assessment results by specialty questions and skills areas, and also receive examiner mark sheets.
- 59** Students we met with from years one, two and three said that feedback on their assessments is always received within three working weeks of the assessment. For any formative assessments, such as those used to prepare for anatomy exams, students receive feedback within the hour.
- 60** Year four students that we met with said they had received feedback on formative exams also. They valued the feedback and said it was helpful for their development to see where their mistakes were but also why they were wrong. They also told us that they receive feedback postcards from consultants for situations where they have been observed undertaking a specific skill, such as taking a history. They write a task on it, and then give it to the observing consultant to write their feedback. The students said the cards were useful when practising skills but that the feedback can sometimes be too brief and not constructive.

Support for learners in difficulties (R3.14)

- 61** There was a student wellbeing group that could be accessed by educators, management or students themselves to help students in difficulty.

Meeting the required learning outcomes (R3.15)

- 62** Students in year four know what they should be learning via the online system, 'Learn'. For each module, there are topics that they need to cover. It can be unclear exactly what is required, but acts as a good structure to start from and prepares them to begin work on the wards.
- 63** Students described a star system denoting the importance of what they need to learn for their assessments. One star indicates an area students will require some knowledge of and is likely to come up in assessment. Three stars denote a subject students should know well and is highly likely to come up in an assessment. A new process involving 'core content' has now replaced it, which is much clearer.
- 64** Students receive an induction, which can last a whole week and covers everything that the students might experience on the ward. They said this was useful, but that there were inconsistencies across specialties.

Career support and advice (R3.16)

- 65** The students we spoke to from years one, two and three said that the school was fair and ensured they were given not given inappropriate messages on which specialty to choose. Any guidance is kept neutral. They were asked to complete a survey on whether staff members are pushing them towards a specific specialty. They received sufficient support to choose a subject for their intercalation year.
- 66** At the start of each year the school gives them advice on applications for different stages of their learning, such as the foundation programme. In terms of career progression, students were expected to research this themselves.
- 67** Students received several lectures with professionals and had been to general practice lectures where the differences between working in a hospital and a general practice are explained. They said they were also aware of talks arranged by the Royal Medical Society (RMS), a student led medical society who have different talks they could attend each week about different specialties.

Theme 4: Supporting Educators

Standards

S4.1 *Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.*

S4.2 *Educators receive the support, resources and time to meet their education and training responsibilities.*

Induction, training, appraisal for educators (R4.1) and Working with other educators (R4.5)

Area working well 1: The Clinical Educator programme demonstrates an appropriately funded resource to develop future educators and supports them to liaise with each other to ensure a consistent approach to teaching.

- 68** The Clinical Educator Programme (CEP) provided by the South East Faculty of Clinical Educators (SEFCE) has had a positive impact on the teaching of the programme. The course has run since 2010 and is a continuing personal development (CPD) programme of workshops and online modules in clinical education all of which are mapped to GMC guidance. The CEP consists of seven key areas which have the aim of improving their approach to teaching.
- 69** The CEP is available to all clinicians who are involved with the teaching of medical students, including Clinical Teaching Associates (CTAs) and personal tutors (PTs). The programme is paid for by The Additional Cost of Teaching (ACT) fund, provided by the Scottish Government to cover the additional costs of teaching medical undergraduate students within the NHS.
- 70** SEFCE is a partnership between the three regional Health Boards in South East Scotland (NHS Lothian, NHS Fife and NHS Borders), the South East region of NHS Education for Scotland, University of St Andrews Medical School and the University of Edinburgh Medical School. Their aim is to improve the quality of medical education across South East Scotland and to coordinate their approach to training and accreditation of teachers and trainers. They organise a yearly symposium where a keynote topic is presented to all members of SEFCE with seminars for further discussion, where all educators are able to liaise with each other.
- 71** The academic educators we met from the school reiterated the positive effect that CEP has had on the provision of education, but also as a development opportunity for doctors in training.
- 72** Students' personal tutors are encouraged to sign up to complete the CEP to develop their skills. Whilst the recruitment of personal tutors has been harder, there have been no issues recruiting for the CEP.

Area working well 2: The Clinical Tutor Associate programme is an innovative programme that allows tutors to oversee medical students' educational progression whilst encouraging young educators.

- 73** The CTA programme is offered to doctors in training in foundation year two onwards up to doctors training in core medicine and surgery training at level three. There has been no problem with recruitment of CTAs as they enjoy teaching and want to develop their skills. Recruitment is open to doctors in training from all specialties, but they must have time within their job plans to carry out their duties.
- 74** CTAs are NHS employees who have a guaranteed 30 hour contract with the University of Edinburgh. The University pays the CTAs and allocate students to them. The content of their teaching and timing is decided between the student and the CTA. The student welfare team advertises for the CTA posts and then recruits via a large training day. They must deliver 30 hours of teaching per year and are generally in post for one to two years, supporting up to five students each throughout the later years of the programme.
- 75** Their teaching is described as 'a la carte' and they can cover anything from portfolio writing, to OSCE practices, to history taking. They help the student through their learning and are linked to personal tutors who allocate CTAs to help students in difficulty. The expectations of the school are that all students will engage with CTAs as they are an extra resource for students to use, however the relationship is voluntary. The suggestion that a student requires more support typically comes from their personal tutor who liaises with student support then allocates a CTA.
- 76** The students from years four through to six that we spoke to were positive about their experience of the CTAs and said that they are there to help academically and will help them through their exam preparation. They said that when their personal tutor and CTA are both busy it can be really difficult to find support. Despite this, they recognised there is a support system at the school to change their personal tutor if there are any problems, but this does not happen frequently.

Time in job plans (R4.2)

- 77** Educators within the school had protected academic teaching time in their job plans. Despite this not being sufficient time, the school had various supplementary support initiatives for educators that we heard were effective and beneficial.
- 78** Clinical Teaching Associates were in place to help support the student's educational and pastoral needs. The main requirement during recruitment of the associates is that they have sufficient time in their job plans to provide support.
- 79** Academic educators at the school agreed that they have enough time within their job plans and that they were very well supported to attain accreditation through the university.

Theme 5: Developing and implementing curricula and assessments

Standard

S5.1 *Medical School curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.*

S5.2 *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.*

GMC outcomes for graduates (R5.1)

Area working well 3: The curriculum clearly enables students to meet the outcomes for graduates by giving them the necessary contact with patients and suitable learning opportunities.

- 80** The MBChB at Edinburgh provides students with contact with patients from the start of the course which provides essential learning at the earliest opportunity. Students have varied contact with patients throughout the six years of the programme. In year one, students visit patients in a general practice surgery to give them exposure to the community setting. In year two they receive an introduction to clinical practice and in their third year of study, they are able to step outside the curriculum and study a subject they wish to pursue in greater depth. When the students go back into their fourth year, they return to a clinical environment, consolidating core clinical skills.
- 81** The students we spoke to from years one, two and three told us they attended their first placement at a general practice and began talking to patients in their home about their health and the role of social influences. They each met with the GP to discuss how to handle the interview and were supported by lectures on taking illness narratives. They produced two written reports. In year two they started learning clinical skills by weekly teaching with general practitioners
- 82** The early years students have a clear understanding of their learning outcomes. All core content is clearly defined by a star system denoting what students must know and what they need to have a general awareness of. They each receive a personal tutor who provides them with both academic and pastoral support. The students said it was not always possible to meet in person due to work commitments but that their tutors are responsive to email.
- 83** Year four students told us that whilst they found the first and second years of the course very science-based, the underlying knowledge they gained was invaluable in order to be confident dealing with patients. They also learn an effective structure with which to approach cases, which they then carry with them throughout the rest of the programme.

Undergraduate curricular design (R5.3)

Area working well 5: Early contact with patients is provided for learners and gives them knowledge and understanding of the needs of patients from diverse backgrounds.

- 84** Students begin interacting with patients in year one when they carry out placements in general practice surgeries. They shadow a general practitioner, giving them an understanding of how to interact with all members of the community. In years two, three and four, students receive clinical practice experience whilst working in a team of different professions and grades.
- 85** The fourth and fifth years of the course allow the students to participate in a range of clinical modules in general practice and hospital settings. Each of the modules is designed to give students the opportunity to develop their clinical skills in history taking, examination, communication. It also provides the platform for their knowledge of the presentation, diagnosis and safe management of the core diseases they will see in the hospital and community. The year four students we spoke to told us that part of their course included teaching with volunteer patients which they found a very helpful learning tool.
- 86** In year six, students undertake revision modules in addition to an 'assistantship', that allows shadowing of a foundation grade doctor to prepare them for the foundation programme. The assistantship is therefore carried out alongside a doctor in a hospital setting, allowing further face-to-face contact with patients.
- 87** The school has introduced a new module called 'Team'. This module enables students to work with nursing staff and allied healthcare professionals in the ward environment for two weeks. They experience patient care from a range of professionals and get an appreciation of the patient's perspective of being in hospital. It also allows students to gain greater understanding of how the ward environment works and the role of different team members.

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

Recommendation 2: The school should make sure there is consistency across each year's assessment processes, particularly in relation to standard setting.

- 88** The year directors are responsible for the quality assurance of assessments, along with the module organisers. If they want to propose a change to assessments, it is taken to the University's Board of Studies to approve; then passed down to year level.
- 89** In terms of standard setting, staff reported a very labour intensive process. The school has begun using an online system, 'Practique', where questions can be tagged in order to trace their performance. The school has recently made some changes to

improve consistency, to make sure assessments are the same across the programme, as a large number of people are involved in question setting and standard setting meetings.

- 90** We spoke to the curriculum and assessment team who said the Angoff method is used for standard setting for year four OSCEs, however in years five and six OSCEs were reliant on KPIs in station and global judgements.
- 91** The team heard of different methods of standard setting across the years which could be confusing to assessors and to students. The school would benefit from a coherent and documented assessment strategy to ensure consistency and transparency of the standard setting methods employed throughout the programme.

Team leader	Dr Tim Lancaster
Visitors	Professor Helen Sweetland Professor Lesley Bowker Katherine Marks Dr Steven Burr
GMC staff	Chris Lawlor, Education QA Programme Manager Eleanor Ewing, Education Quality Analyst Gareth Lloyd, Education Quality Analyst Lyndsey Dodd, Education QA Programme Manager
Evidence base	Doc.1. Undergraduate Progression Boards Policy Doc.2. Professional behaviour and fitness to practise on the MBChB programme Doc.3. Quality Management in the MBChB Programme Doc.4. NSS Action plan Doc.5. EDMARC report Doc.6. Diversity & Respect Group minutes Doc.7. Support for Disabled Students: MBChB Adjustments policy Doc.8. MBChB Module Organiser description 2017 Doc.9. EMS Clinical Module Outline Doc.10. MBChB Attachment guide Doc.11. Team module Y4 Doc.12. Raising concerns (draft) policy Doc.13. CMVM Fitness to Practise Regulations 2017 Doc.14. CSPC approval Doc.15. Patient and Simulated Patient (SP) Partners Meeting Doc.16. Edinburgh Knowledge Assessments Code of Practice Doc.17. Writing single best answer questions Edinburgh 2016 Doc.18. How to make better MCQs-A practical guide confidential Doc.19. Post ACKT Question Review 2017 Doc.20. Preparation for exams and Feedback after exams Doc.21. CPE Examiners handbook 2017 Doc.22. Revised CPE (incorporating PV) Apr 2017 Doc.23. PMG-Toolkit of Engagement Doc.24. MBChB Committee Structure Doc.25. MBChB QA Report 2015-16 Doc.26. Exemplars of excellent ratings in student feedback in Edinburgh MBChB Doc.27. Student Selected Component 5b Doc.28. Risk Assessment Form Doc.29. SSC6 Doc.30. Personal Tutoring statement Doc.31. Role descriptions Doc.32. Applying for Medicine booklet Doc.33. example of ACT report

Doc.34. Applied Clinical Knowledge Test 2017 eemec Discussion Thread
Doc.35. Emergency Care, Clinical and Resuscitation Skills
Doc.36. The Thomas Percival award
Doc.37. MBChB Sponsio Academica
Doc.38. Foundation Programme Committee minutes- May 17
Doc.39. Assistantship-welcome-booklet
Doc.40. Exemplar Curriculum Mapping 2017
Doc.41. Attachments show blueprinting to assessments
Doc.42. RoT step-by-step guide
Doc.43. Criteria in Professionalism Assessment
Doc 44. Ethical Code of Conduct

Acknowledgement

We would like to thank Edinburgh Medical School and all those we met with during the visit for their cooperation and willingness to share their learning and experiences.

2017 National Review of Scotland Action plan for Edinburgh Medical School

Report	QA Code	Type	Description	Due Date	Action taken by organisation since the visit (if applicable)	Further action planned by organisation	Lead by
Edinburgh Medical School	QA10375	Area Working Well 1	The clinical educator programme develops and supports educators.		The Clinical Educator Programme develops and supports a faculty of medical educators within South East Scotland to promote, deliver and maintain excellence in undergraduate and postgraduate medical education.	We will be developing CEP further with a strong emphasis on UG medical education in line with the UK Professional Standards Framework and the General Medical Council Recognition of Trainers' requirements. We will produce a new set of education opportunities to help developments in assessment and standard setting.	Dr David Kluth and Debbie Aitken
Edinburgh Medical School	QA10376	Area Working Well 2	The clinical tutor associate programme is an innovative programme that allows tutors to oversee medical students' educational progression whilst encouraging young educators.		We are delighted that the GMC review team picked up on the excellent work undertaken by our Clinical Tutor Associates.	Further work will be done to develop the training available to CTAs with a view to them moving into a Personal Tutor role.	Dr Margaret Cullen

Edinburgh Medical School	QA10377	Area Working Well 3	The curriculum clearly enables students to meet the outcomes for graduates by giving them the necessary contact with patients and suitable learning opportunities.			The Medical School will continue to develop links with NHS providers in ensuring we gain the best opportunities for our students. We aim to expand clinical opportunities in general practice.	Dr David Kluth & Dr Karen Fairhurst
Edinburgh Medical School	QA10378	Area Working Well 4	The partnership between NHS Lothian and the school is working well and is responsive to student feedback.			We work in collaboration with the NHS Medical Directorates within the South East of Scotland and will continue to develop these relationships.	Dr David Kluth and Director's of Medical Education of partner boards
Edinburgh Medical School	QA10379	Area Working Well 5	Early contact with patients is provided for learners and gives them knowledge and understanding of the needs of patients from diverse backgrounds.		We believe it is important that students are given the opportunity to communicate with patients from an early stage in their training. The programme allows these interactions to happen in a safe and relaxed environment.	We are reviewing the curriculum in Years 1 and 2 to further expand clinical opportunity.	Dr David Kluth & Professor Jamie Davies
Edinburgh Medical School	QA10380	Recommendation 1	The school should review arrangements for administrative support in clinical placements.	12 months	There are ongoing discussions between the UoE and NHS Lothian on administrative support. This remains a funding issue.	We will be meetings with Module Organisers individually to capture the requirements for each area, including administrative support.	Dr David Kluth, Directors of Medical Education and Nicola Crowley

Edinburgh Medical School	QA10381	Recommendation 2	The school should make sure there is consistency across each year's assessment processes, particularly in relation to standard setting.	6 months (start of the new academic year 2018-19)	We had already begun review of knowledge tests, written assessments and clinical practice.	We have aligned knowledge assessments for 2018/19. We are increasing training in standard setting for knowledge tests. We are reviewing clinical assessments to ensure they are consistent in design, marking and standard setting. We have finalized plans for written assessments across all years of programme. We are writing a single programme wide document that details all assessments including standard setting.	Dr David Kluth, Dr Alan Jaap, Dr David Hope
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