

# UNIVERSITY OF GLASGOW

## Academic Standards Committee - Friday 24 May 2013

### Periodic Subject Review: Responses to the Recommendations Arising from the Review of the Undergraduate School of Medicine held on 21 and 22 March 2012

Mrs Catherine Omand, Clerk to the Review Panel

#### Conclusion and recommendations

The Review Panel was very impressed by the range of provision by the highly reputable Undergraduate School of Medicine with the programmes offered by the School remaining current and valid in light of developing knowledge in the discipline, and practice in its application. The Undergraduate School of Medicine provided an excellent learning environment offering students a unique range of access to specialist hospital and community services within the NHS.

#### Commendations

The Review Panel commends the Undergraduate School on the following, which are listed in order of appearance in this report:

##### Commendation 1

The Review Panel commends the use of Blueprinting that map ILOs against methods of assessment. *[paragraph 3.3.1]*

##### Commendation 2

The Review Panel commends the Progress Committee. *[paragraph 3.6.1]*

##### Commendation 3

The Review Panel commends the support provided by fellow students, such as the Medic families in which Year 1 students were allocated to a pair of Year 3 students. In addition a student-led mentorship scheme had been introduced in 2012 as part of a revised careers strategy where Year 3 and 4 students were matched to Foundation Year doctors who gave advice on careers, training opportunities and how to prepare for speciality training. *[paragraph 3.6.5]*

##### Commendation 4

The Review Panel commends the facilities, in particular, the purpose-built Wolfson Medical School building, with a 24-hour access dedicated medical library and specialised Problem Based Learning tutorial rooms. *[paragraph 3.8.9]*

##### Commendation 5

The Review Panel commends, as an excellent initiative, the appointment of a Programme External Examiner to oversee the totality of assessment throughout the 5-year programme. *[paragraph 4.2]*

## Commendation 6

The Review Panel commends the piloting of a national e-Portfolio for Year 3 students which would be a useful tool to prepare students for the transition to the Foundation Years and for professional development. *[paragraph 5.3]*

## Recommendations

A number of recommendations have been made, many of which concern areas that the Undergraduate School of Medicine had itself highlighted for further development in the SER or during discussion. The recommendations interspersed in the preceding report are summarised below. They have been cross-referenced to the paragraphs in the text of the report to which they refer and are grouped together by the areas for improvement/enhancement and are ranked in order of priority.

### ***Curriculum Design, Development and Content***

The Panel recognised that the revised programme was envisaged to re-engage clinical staff by increasing their contribution and ensuring that all staff had ownership of the curriculum. To ensure its success, the Panel recommends the following:

#### **Recommendation 1**

The Review Panel strongly recommends that the Undergraduate School of Medicine seeks agreement with the NHS in Greater Glasgow and Clyde that adequate facilities and support would be provided for the revised curriculum. *[paragraph 3.4.7] (Also see Recommendation 3)*

For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

#### ***Response:***

The College has been involved in detailed planning with the NHS about facilities and the NHS is fully on board with planning for our needs. The refurbishment of Glasgow Royal Infirmary will be completed in August 2013 and will provide fully modernised teaching space on level 2. The College has also made very good progress with plans for the £20m Learning and Teaching building at the new South Glasgow Hospital which is scheduled for completion by October 2015. Further progress needs the full support of the University Estates and Finance Committees and the University Court.

#### **Recommendation 2**

The Review Panel strongly recommends that the School seeks confirmation from the NHS that the revision of contracts would include contractual teaching obligation. *[paragraph 3.8.2]*

For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

#### ***Response:***

The inclusion of dedicated time for teaching within Consultant contracts is a Scottish wide (indeed a UK wide) issue which is being discussed at a high level by the British Medical

Association, the Board for Academic Medicine and NHS Education. Locally the Directors of Medical Education in the five Health Boards that teach students for the University of Glasgow are currently looking at Consultant Job Plans. For example, Professor Paul Knight has been looking at Job Plans in various areas of Greater Glasgow and Clyde Health Board to check that these include appropriate programmed activities for teaching. He is collaborating with NHS Education for Scotland in this work to ensure that the Additional Cost of Teaching (ACT) funding allocation to Greater Glasgow and Clyde is commensurate with the recorded level of teaching in job plans.

### **Recommendation 3**

The Panel strongly recommends that the Undergraduate School of Medicine establish joint standardised service level agreements with each hospital. Service level agreements should identify expectations in relation to teaching, mentoring, feedback and assessment. *[paragraph 3.8.3]*

For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

#### ***Response:***

In Scotland, the administrative entities that deal with teaching placements are Health Boards and not individual hospitals. The College is establishing Service Level Agreements with each of the five Health Boards that provide teaching. It is currently negotiating more detailed SLAs with each of the Boards such that the responsibilities of each of the **24** hospitals involved in teaching are delineated.(see also response 4 about strengthening operational procedures).

### **Recommendation 4**

The Review Panel strongly recommends further investment in strengthening operational procedures to ensure robust lines of communication are established and maintained with key contacts in the NHS. *[paragraph 3.4.8] (Also see Recommendation 10)*

For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

#### ***Response:***

The main line of communication with the NHS is at College level. The College is represented on the quarterly Joint Strategy Group (between the University and NHS) and the monthly NHS/University Operational Group. The Undergraduate Medical School is working to strengthen operational procedures via its network of Hospital SubDeans who are the main link between the NHS and the School. A strategy is also being developed for the new South Glasgow Hospital and Glasgow Royal Infirmary as these will be additional hubs within the current hub and spoke system for organising NHS based teaching. In addition, the School is buying additional sessions of NHS staff time to work between the Medical School and the NHS for leadership roles in the revised curriculum. Finally Professor Paul Knight is implementing a system of awarding Teaching Awards to NHS staff (We are discussing how the plan by the University Learning and Teaching Committee for a two tiered process for Teaching Excellence Awards with the first tier being at College level will fit with the NHS awards).

## **Recommendation 5**

The Review Panel strongly recommends that the School undertakes a review of Problem Based Learning (PBL) provision to ensure uniformity of depth of content and to ensure that proper controls are put in place to prevent the educational benefits of PBL being undermined by inappropriate practices. *[paragraph 3.4.15]*

For the attention of: **Head of School**

For information: **Head of the Undergraduate Medical School**

### ***Response:***

The Problem Based Learning component of the curriculum has been reviewed and revised. The learning outcomes for sessions have been revised, it has been agreed the learning outcomes will be released to students immediately at the end of each session so that PBL groups can identify outcomes that they have missed and a process of peer observation of tutors has been developed that will involve external peer review (colleague from Nottingham) as well as internal peer to peer review to ensure consistency of approach.

## **Recommendation 6**

The Review Panel recommends that the vision for the curriculum should be shared with key NHS contacts to ensure that they are fully engaged with developments. *[paragraph 3.4.9]*

For the attention of: **Head of School**

For information: **Head of the Undergraduate Medical School**

### ***Response:***

A booklet outlining the vision, structure and broad content of the curriculum has been produced and 5000 copies distributed to NHS Consultants and General Practitioners involved in delivering the curriculum. Other opportunities – both formal and informal – are being taken to ensure that key NHS contacts are aware of the requirements of the curriculum. For example, once a semester there is a Glasgow Medicine Symposium to which Consultants and GPs are invited where the curriculum is discussed. This also allows colleagues who are geographically separated to mix and get to know each other. We are also ensuring that key NHS colleagues are more involved in the central delivery of the curriculum. For example, the Year three leads are NHS staff and colleagues working in Accident and Emergency have become more closely involved this semester in delivery. The plan is to have an NHS person as a deputy in every Year. Hospital and specialty sub deans have been informed of changes too.

## **Recommendation 7**

The Review Panel recommends that action is taken to ensure that any possible gaps in knowledge that arise, as a consequence of the reorganisation of the curriculum, are rectified. *[paragraph 3.4.11]*

For the attention of: **Head of School**

For information: **Head of the Undergraduate Medical School**

### ***Response:***

This is in progress. The curriculum has been mapped against Tomorrow's Doctors 2009 in years one to three to enable gaps to be identified. These are currently being addressed. The

mapping has also allowed an examination blueprint to be produced to ensure that all learning outcomes are assessed during the five year programme. This is a standing agenda item on the senior management group.

### **Recommendation 8**

The Review Panel recommends inviting clinicians to the School to present guest lectures or seminars on a regular basis. *[paragraph 3.8.4]*

For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

#### **Response:**

This has been done – clinicians present lectures on a weekly basis. Many clinicians are now delivering lectures as a part of the curriculum. Thus they are 'guesting'.

### **Student Support**

### **Recommendation 9**

The Review Panel strongly recommends that the School places greater emphasis on student support from Years 3 to 5, offering some level of supervision, ensuring that students are aware of whom to contact if additional support was required and/or if a problem arose. *[paragraph 3.6.6]* The Panel supports the College's consideration of placing administrative support within hospitals. *[paragraph 3.8.6]*

For the attention of: **Head of School**  
For the attention of: **Head of College**  
For information: **Head of the Undergraduate Medical School**

#### **Response:**

Procedures for supporting students in hospital attachments have been reviewed and strengthened. The process has been covered in the booklets and appropriate named contacts with telephone numbers have been included. Students are briefed about who to contact if there is a problem at the start of each attachment. It is planned to provide dedicated administrative support in the new Southern General and Glasgow Royal Infirmary. All details about support services are included in the course handbooks for each year.

### **Recommendation 10**

The Review Panel recommends that operational procedures be established to resolve issues arising during placements as early as possible. *[paragraph 3.6.8]*

For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

#### **Response:**

Students are given explicit instructions about what to do if there is a problem, including immediately logging on to their e-portfolio. This is also being discussed further with Sub Deans to ensure processes are joined up between the University and the NHS sites. Students know to contact the Year secretary and in cases when this happens, problems are resolved early.

### **Recommendation 11**

The Review Panel recommends that student expectations on placement were clearly highlighted, emphasising student responsibility to be pro-active. *[paragraph 3.6.8]*

For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

#### **Response:**

New handbooks have been produced for students clearly highlighting what students should expect and what is expected of them.

### **Recommendation 12**

The Review Panel recommends that NHS staff are fully briefed on content, level of provision, appropriate student feedback and be given guidance on adequate student support, such as the availability of power point presentations to students. *[paragraph 3.6.7]*

For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

#### **Response:**

The Medical School is involved in discussions via the Scottish Deans Medical Education Group and the Medical ACT Working Group on appropriate staff development for NHS teaching staff across Scotland. The developments outlined in the response to recommendation 6 describe some of the initiatives to ensure NHS staff are fully briefed. The Medical School, including NHS staff, are increasingly using Moodle 2, i-tunes-U and Echo360 to capture lectures and make them available to students based at a distance from the University and also for all students to use as revision e.g. this is used for all third year lectures.

### **Recommendation 13**

The Review Panel recommends regular review of the guidance given to Problem Based Learning (PBL) tutors and facilitators, and that more regular meetings are established to provide additional support. *[paragraph 3.4.15] (Also see Recommendation 23)*

For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

#### **Response:**

The amount of PBL has been reduced by about 25% to provide more time for lectures. This has freed up time for PBL facilitators to be provided with staff development opportunities, peer support, on-line training and regular face-to-face development meetings e.g. 'middle Wednesday meetings'.

#### **Recommendation 14**

The Review Panel recommends a more consistent approach to the provision of course material on Moodle to ensure its usefulness as a tool for communication. *[paragraph 5.6]*

For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

#### **Response:**

This has been implemented. All lecturers are expected to provide their powerpoints on Moodle and a range of other resources are provided on Moodle including lectures captured by Echo360 etc.

#### **Recommendation 15**

The Review Panel recommends videos and podcasts are available to provide guidance and support clinical skills and that accessibility is improved. *[paragraph 3.3.2]*

For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

#### **Response:**

Podcasts, i-tunes-u and updated DVDs of Clinical Skills have been produced (and continue to be produced on an ongoing basis).

#### **Recommendation 16**

The Review Panel recommends more use of on-line provision and the provision of quick links to useful information to make Handbooks more user-friendly. *[paragraph 3.6.3]*

For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

#### **Response:**

The student handbook has been completely rewritten. It is fully available on-line. It has been reduced in size from 40 pages to four pages with extensive use of links to relevant University policies etc. to ensure that it is easy for students to use.

#### **Recommendation 17**

The Review Panel recommends the introduction on an appropriate induction and mentoring programme for all students entering the programme in Year 3. *[paragraph 3.6.9]*

For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

#### **Response:**

A shorter, carefully structured programme was delivered to students entering year 3 in semester one (2012-13). This is being carefully evaluated using student feedback to assess how it can be further improved.

### **Recommendation 18**

The Review Panel recommends highlighting aims and intended learning outcomes more directly to students. *[paragraph 3.1.1]*

For the attention of: **Head of School**

For information: **Head of the Undergraduate Medical School**

#### **Response:**

The aims and learning outcomes have been made more explicit in the year handbooks. The release of learning outcomes at the end of each session in years 1 and 2 have helped this process. Each week in year 3 is “self-contained” and has explicit learning outcomes. Handbooks for each attachment are now available in years 4 and 5 and an overall learning resource for use in these clinical years is under production.

### ***Assessment***

### **Recommendation 19**

The Review Panel recommends that consideration be given to introducing final summative clinical assessments at the end of Year 4 in order for Year 5 to be devoted to preparation for foundation training and portfolio-based assessment *[paragraph 3.3.3]*

For the attention of: **Head of School**

For information: **Head of the Undergraduate Medical School**

#### **Response:**

This recommendation has been accepted and is in development. A formative first part final MB in February of Year 4 will be introduced this session (2012-13) and will be summative from next session. This first part will examine medicine and surgery. The second part of the final MB examination will take place in February of Year 5 and will examine the specialities.

### ***Feedback***

### **Recommendation 20**

The Review Panel recommends the provision of guidance on appropriate feedback to clinical staff. *[paragraph 3.3.4]*

For the attention of: **Head of School**

For information: **Head of the Undergraduate Medical School**

#### **Response:**

The Medical School is currently discussing this with the Dental School which has developed an effective method of providing guidance to its staff with a view to implementing this shortly. We also use the “red flag” system developed by the five Scottish Medical Schools and NHS Education Scotland (find up to date example attached at appendix 1) and have found this effective in driving up clinical teaching standards.

## **Recommendation 21**

The Review Panel recommends that the School develop a more responsive feedback process and ensure closure of feedback loops. *[paragraph 3.3.8]*

For the attention of: **Head of School**

For information: **Head of the Undergraduate Medical School**

### **Response:**

Staff – Student Committees consider feedback from students about teaching and learning issues. The new style Year 3 staff-student committee is run by students and focuses on the details of feedback collected and collated by the student chair and representatives. The academic staff who have lead responsibility for 5 week blocks write to all lecturers with feedback from students and reflection on the feedback. The Medical School believes that the main problem area is in feedback from students to NHS staff about problems encountered during clinical attachments. A system for providing feedback to Sub Deans via the web and then Sub Deans transmitting the feedback to individual hospital clinicians did not work well as there were too many points where individuals had to take action e.g. Sub Deans had to forward information, clinicians had to open emails. There was also difficulty for the Medical School in ensuring that feedback was appropriately acted upon. A process has been developed by the West of Scotland Regional ACT Development Group and NHS Education Scotland to produce a structured process that can be escalated to Clinical Director level or NHS Education if appropriate action is not taken (see appendix 2 for outline of process). Processes seem to be working so far as there have been far fewer “red flags” this year.

## ***Learning and Teaching Resources***

### **Recommendation 22**

The Review Panel strongly recommends that the School ensures that all University staff, especially clinical academics, are made aware of their obligatory teaching responsibilities. *[paragraph 3.8.5]*

For the attention of: **Head of School**

For information: **Head of the Undergraduate Medical School**

### **Response:**

This is strongly supported at College level. A document has been produced outlining College support for teaching in Institutes endorsed by all Heads of Schools and Institutes and by the University (see appendix 3). This is currently being operationalized and monitored by the College Management Group. Joint University/NHS appraisal has been introduced for Clinical Academics and this includes appraisal of teaching responsibilities.

### **Recommendation 23**

The Review Panel recommends introducing peer observation for Problem Based Learning (PBL) tutors and facilitators and PBL facilitator briefings at the start of each case to minimise variation in facilitator practice and PBL group experience. *[paragraph 3.8.7]*

For the attention of: **Head of School**

For information: **Head of the Undergraduate Medical School**

**Response:**

Peer observation has been introduced (see response to recommendation 5). The Medical School is exploring the possibility of developing on-line podcasts to brief PBL facilitators at the start of each PBL case to minimise variation in facilitator practice.

**Recommendation 24**

The Review Panel recommends that University Teachers are appropriately supported, particularly those based in Research Institutes. *[paragraph 3.8.8]*

For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

**Response:**

There are a small number of University Teachers based in Institutes and primarily involved in Postgraduate Taught programmes. This is an anomaly which occurred during “assimilation” as these colleagues should be in Schools and steps will be taken to rectify this. However, in the meantime these colleagues will be supported and will have the same opportunities to be involved in scholarship and staff development activities as university teachers based in Schools for example via the Community for Educational Scholarship.

***Recruitment*****Recommendation 25**

The Review Panel recommends that the School reviews its Selection Process to ensure that students are selected based on skills aligned to the revised curriculum. *[paragraph 3.5]*

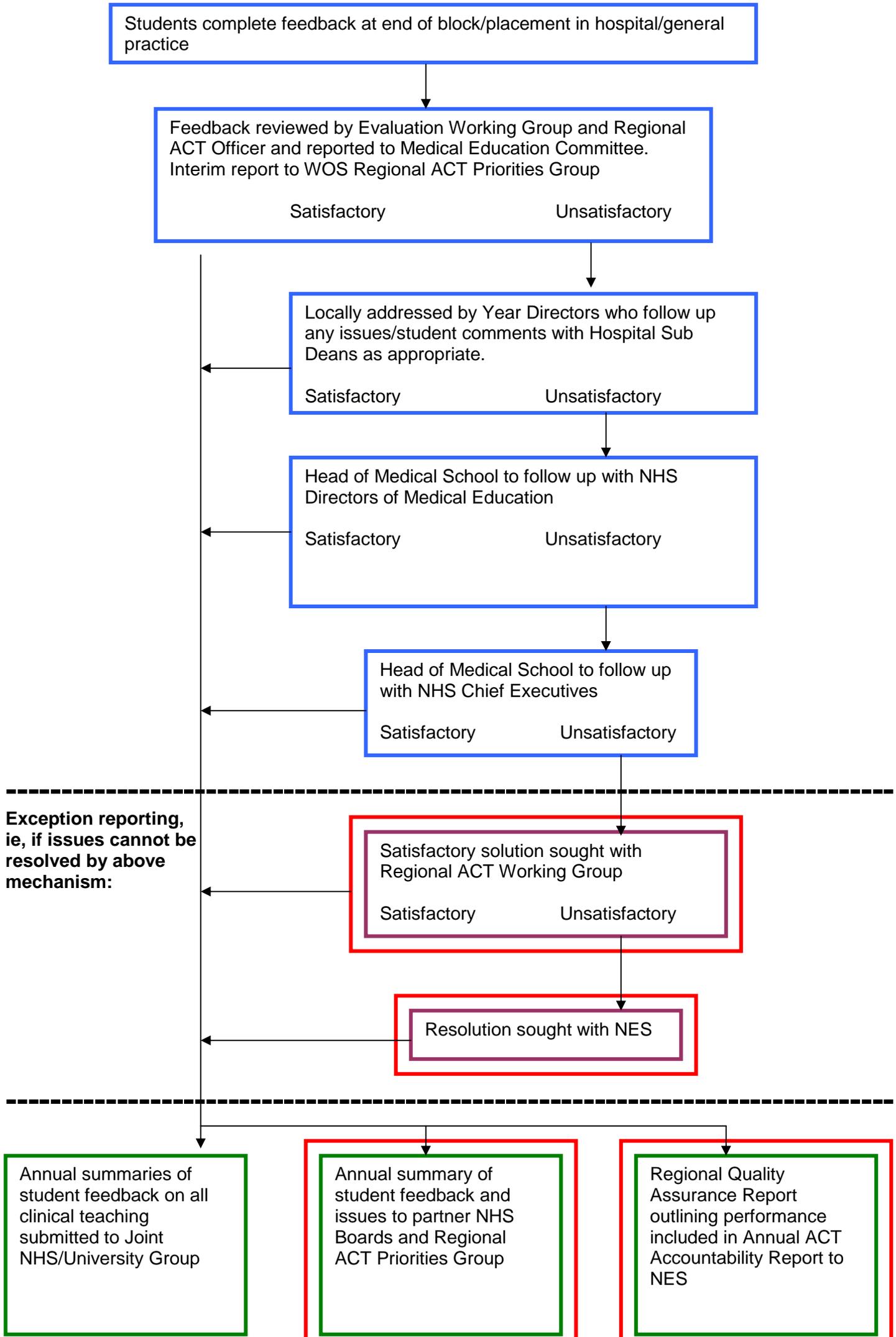
For the attention of: **Head of School**  
For information: **Head of the Undergraduate Medical School**

**Response:**

The selection process has been reviewed and the following changes have been made: a new brochure emphasizing the mixed economy/ hybrid nature of the course has been produced; a revised proforma is used at interview to include questions for applicants to probe their understanding of the course; an Admissions Executive has been appointed that includes relatively young consultants and GPs; the School plans to interview fewer applicants (currently around 800 applicants interviewed) in order to concentrate resources better.



# Student Feedback: Exception Reporting Mechanism – Glasgow



\_\_\_\_\_ Medical School and NHS Boards

\_\_\_\_\_ Medical School, NHS Boards, Regional Groups, NES

\_\_\_\_\_ ACT Quality Assurance Officer and ACT Officer

\_\_\_\_\_ New ACT Performance Management requirements; everything else already in place as it is an academic quality assurance requirement

## COLLEGE OF MVLS

### Position Statement

#### Managing the teaching interactions between Schools and Institutes

##### *Background*

All members of MVLS who hold regular academic posts and who are not specifically bought out by external funding have a responsibility to contribute to teaching. In almost no cases are people sufficiently well funded, that the whole of their salary is recouped by overheads on grants and this means that **teaching pays for most people's salary**. Moreover at all levels of seniority, teaching is a significant component in any case for promotion, with the possible exception of progression to a Readership.

##### *Managing interactions*

- It is essential that Schools within MVLS can call upon Institute staff to help provide top quality teaching at both Undergraduate and Masters' levels – School staffing levels and expertise cannot sustain taught programmes without significant contributions from Institutes, and University strategy and its competitive position depends upon a research-led approach to teaching.
- Staffing requirements should be organised by the Heads of Schools in discussion with the Directors of Institutes. Any disputes can then be adjudicated by the Head of College.
- When changes in courses are taking place, it is essential that discussions take place in good time to allow staff time to prepare for delivery of the teaching.
- Directors of Institutes should try to manage teaching loads so that differences between individuals have an objective basis and are minimised when other contributions are equivalent. Discussions about teaching contributions should be included in all Performance and Development Review meetings.
- The workload model will be helpful in this regard but until this becomes available, there has to be an acceptance that all teaching-related activities delivered in recent years cannot be suddenly redistributed – staffing levels and workloads in Schools make this impossible.
- The attitude in some parts of some Institutes that staff can refuse to teach must be challenged. It is up to the Directors to get this message across so that MVLS can provide the best teaching possible and to ensure it continues to be truly research led.

This position statement was discussed by the College of MVLS Management Group at its meeting on the 27<sup>th</sup> of February 2012 and approved by all Heads of Schools and Directors of Institutes (or their deputies).