



THE UNIVERSITY OF
BUCKINGHAM

MEDICAL SCHOOL

MB ChB

**Code of Practice for Quality Management
V.2.1**

1 Introduction

This Code of Practice defines the responsibilities, processes and procedures for the quality management and enhancement of the MB ChB Curriculum. It complements and extends the 'Code of Practice for the Management of the Curriculum'.

Quality processes for the MB ChB will be **managed** by individuals leading integrated teams of academic and administrative staff overseeing **quality control** in **education provider units** within and outside of the Medical School, and **governed** by a committee structure which reports to quality structures within the University and beyond.

Quality Assurance of these processes is the responsibility of the General Medical Council, through its Quality Assurance framework.

2 Management of Quality

The individual responsible for the quality of the MB ChB provision will be the Director of Medical Education, who will be accountable to the Vice Chancellor.

Responsibility for the operation of quality management processes will be delegated to the **Quality Lead**, who will lead the **Quality Unit**. The responsibilities of the Quality Lead are defined in the Code of Practice for Management of the Curricula, and are reproduced below.

The body responsible for the **Governance** of Quality is the **Board of Studies for the MB ChB**, which reports to the Learning & Teaching Committee of the School of Science & Medicine and the University Senate.

3 Governance of Quality

The body responsible for the governance of the MB ChB is the **Board of Studies** for the MB ChB.

3.1 The Board of Studies for the MB ChB

The broad remit of the Board of Studies is to ensure that the curriculum management structures are fit for purpose, and that they deliver the curricula to the standards prescribed by the General Medical Council in '**Tomorrows' Doctors' (2009)** and '**Promoting Excellence – Standards for Medical Education and Training' (2015)**. The membership is made up of the 'curriculum executive' plus a majority of 'non-executive' members drawn from lay members, University staff, NHS staff, and students.

3.2 Membership

Lay Chair	ex-officio
The Dean of Medicine –	ex-officio
The curriculum executive, comprising	
The Director of Medical Education	ex-officio
The Domain Leads for each of the domains, including both	
Curriculum and Assessment Leads	ex-officio
The Pro-vice Chancellor for Health Sciences	ex-officio
Three teaching staff from the Medical School who are not part of the curriculum executive	
Four clinical teachers from the NHS drawn from at least three different NHS organisations	

The local branch of HETV, or nominated representative.

Ex-officio

Three current medical students, elected by the student body

Two further lay representatives

3.3 Frequency of meetings

The Board of Studies shall meet at least three times in each academic year, but may meet more frequently if necessary. Responsibility for calling meetings and the construction of the agenda, in consultation with the curriculum executive and board members, shall lie with the Quality Lead.

3.4 Responsibilities of the Board of Studies

Specifically the Board of Studies is responsible for:

- Approval of the overall strategy for the MB ChB, including the curriculum philosophy & approach, the assessment strategy, and the management structures for effective delivery to GMC standards
- Monitoring the effective delivery of the MB ChB to GMC standards through receipt of quality reports from the curriculum executive and other data as appropriate
- Approval of Codes of Practice for the operation of the curriculum and assessment
- Approval of high level course documentation
- Approval of proposals for curriculum change.
- Oversight of interactions with the General Medical Council, including annual reports and periodic visits

3.5 Responsibilities of the Quality Lead

The **Quality Lead** will work with all other Leads and curriculum teams to ensure that the quality of medical education programmes is monitored, reviewed and evaluated in a systematic way.

The Quality Lead will be responsible to the Director of Medical Education for:

- **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.**

Working with the other Domain Leads, teams and Clinical Placement providers the Quality Lead will ensure that the following requirements are met:

- **R2.1 Organisations must have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.**
- **R2.2 Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to**

show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.

- R2.3 Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.
- R2.4 Organisations must regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training.
- R1.22 Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.
- R1.5 Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.
- R2.5 Organisations must evaluate information about learners' performance, progression and outcomes - such as the results of exams and assessments - by collecting, analysing and using data on quality and on equality and diversity.
- R2.6 Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.
- R2.7 Organisations must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns.
- R1.2 Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
- R2.8 Organisations must share and report information about quality management and quality control of education and training with other bodies that have educational governance responsibilities. This is to identify risk, improve quality locally and more widely, and to identify good practice.
- R2.9 Organisations must collect, manage and share all necessary data and reports to meet GMC approval requirements.
- R2.10 Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.

The Quality Lead will also be responsible for coordinating the preparation of reports to University Quality Assurance procedures, including annual monitoring documentation and University Periodic review.

The Quality Lead will work with the Director of Medical Education and other Leads to prepare documentation for GMC quality assurance process, including the Medical Schools Annual Report, and Quality Assurance visits.

The Quality Lead will take responsibility for ensuring that the information provided to all stakeholders by all parts and processes in the curriculum is comprehensive, clearly expressed and aligns with all external regulatory bodies, University of Buckingham and UBMS regulations and policies. This will involve direct responsibility for basic course documentation (overall course documents, descriptions of support services, general information), and oversight of the production and dissemination of documentation produced by other curriculum management teams Phase course documents, codes of practice for assessment, etc) to ensure consistency and clarity.

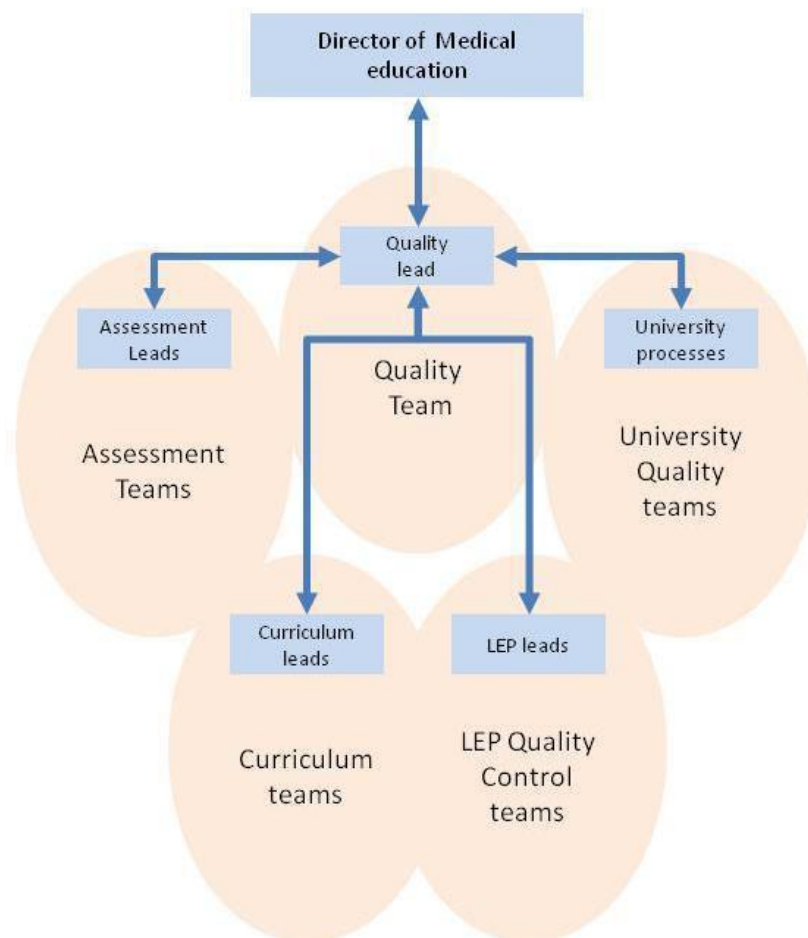


Figure 1 – Domain 2 Quality assurance, review and evaluation

4 Quality Management Processes

The General Medical Council defines **quality management** as the processes through which the Medical School satisfies itself that education provider units are meeting GMC standards set out in **‘Promoting Excellence – Standards for Medical Education and Training’ (2015)**. In this context an **‘Education Provider Unit’** (EPU) may be a group of University staff responsible for some part of the

curriculum delivered largely within the University, or an NHS or other body (Trust, General Practice or other body) delivering clinical education.

Each Education Provider Unit (described by the GMC as a 'Local Education Providers' (LEPs)) is expected to operate **quality control**, which is the arrangements through which EPUs (parts of University provision, NHS trusts, the independent sector and any other service providers that host and support medical students) ensure that medical students receive education and training that meets local, national and professional standards, and is of high quality.

Education Provider Units

- Within the University:
 - Teams responsible for each curriculum element delivered in the University (units in Phase 1 etc)
 - The selection team
 - The assessment team
 - The support team
 - The resources team

- Outside of the university
 - NHS Trusts delivering undergraduate medical education
 - General practices delivering undergraduate medical education

The GMC itself exercises Quality Assurance through a set of processes with four components:

- Approval against standards.
- Shared evidence.
- Visits including checks.
- Responses to concerns.

The Quality Unit, Led by the Quality Lead will therefore be responsible for monitoring Education Provider Units both within the University and outside using processes analogous to the quality assurance processes operated by the General Medical Council.

5 Approval against standards

This is the set of processes by which the Quality Unit will check that each education provider unit has in place quality control mechanisms to address the standards set out in '**Promoting Excellence – Standards for Medical Education and Training**' (2015).

Each Education Provider Unit will provide medical education for undergraduates through:

- Responsibilities defined within the 'code of practice for the management of the curricula' in the case of University based EPUs
- A Service Level Agreement, which is structured around the domains of 'Tomorrow's Doctors' (2009) in the case of other providers (LEPs). The SLA is reproduced in Annex A to this Code of Practice.

The quality unit will maintain a **quality control register** which will contain evidence from each Education Provider Unit of the presence of processes to support the achievement of GMC standards in each domain relevant to that EPU in accordance with the Code of Practice or Service Level Agreement (SLA). This register will include, as appropriate in each case:

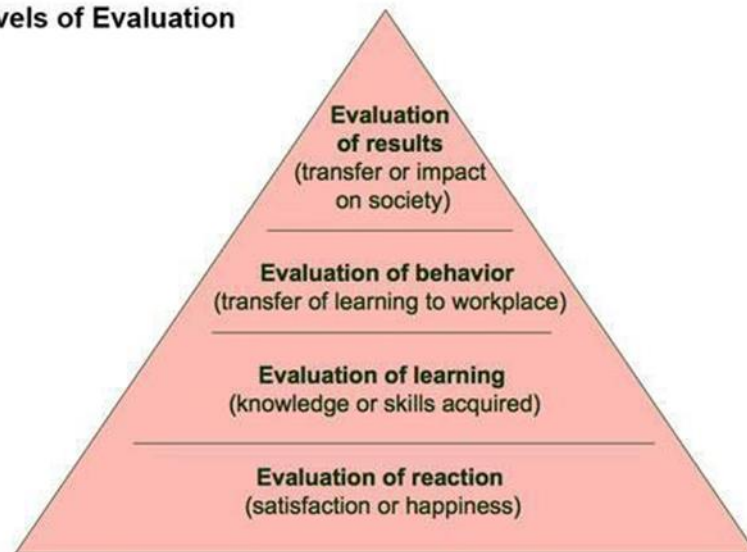
- A description of processes to ensure that the safety of patients is not put at risk by student's duties, access to patients and supervision in that EPU, and that concerns about the health, performance and conduct of any individual student are reported promptly to the Director of Medical Education and Support Lead.
- A description of processes within the EPU to ensure that undergraduate medical education is monitored, reviewed and evaluated in a systematic way, in partnership with the Quality Unit.
- A description of the processes within the EPU to ensure that education is fair and based on principles of equality.
- Where appropriate, a description of the processes within the EPU which ensure that processes for selection are open, objective and fair.
- A description of the processes within the EPU which allow the curriculum to be delivered according to the specification defined by the Medical School, and described in relevant curriculum documentation, and for assessment of students to be conducted in accordance with codes of practice for assessment.
- A description of the processes within the EPU which ensure that students receive both academic and general guidance on site, and that staff within the EPU who contribute to undergraduate medical education are appropriately selected, trained, supported and appraised.
- A description of the structures for the local management of undergraduate medical education within the EPU, including definition of responsibilities and a list of staff involved.
- A description of the education facilities and infrastructure within the EPU which support undergraduate medical education.

6 *Shared evidence*

The Quality Lead will ensure that the Quality Unit collects and processes evidence on the effectiveness of undergraduate medical education within individual Education Provider Units, and across the provision as a whole, takes action on the basis of that information communicates that action, and monitors its effectiveness. This evidence will be collected in partnership with Education Provider Units, but held within the Quality Unit in a shared data-base. Which organisation collects any particular piece of evidence, and how it is collected will be negotiated with the Quality Lead, under the general principle that evidence collection should be as effective and efficient as possible. All of the evidence relevant to any particular Education Provider Unit (which should include evidence of the quality of the provision as a whole, as well as that within the EPU) will be visible to the all stakeholders, including students, in a shared data-base.

Evidence will be categorised according to the levels of evaluation of educational provision defined by Kirkpatrick.

Levels of Evaluation



7 Evaluation of reaction

This will be achieved by collecting data from students, from staff, and where appropriate from others, such as patients who are involved in the activities of each Education Provider Unit. Data will be collected and classified by EPU, with, if necessary, breakdown by different components of activity within that unit (e.g. different blocks in Phase 2). The mechanisms of collection of these data will be established in partnership with each EPU, and may vary from category to category.

Student reaction

Generally student reaction will be collected through electronic mechanisms operated by the Quality Unit, supplemented by direct contact with students via such activities as focus groups and the student staff committee. On occasions, individual EPUs may collect data directly, but this will be shared and held in the Quality Unit database. All information will be visible to students, and actions taken on the basis of that information fed back to students through electronic means and via course representatives.

Electronic data collection from students will mostly involve questionnaires delivered through the virtual learning environment, and will include:

- Evaluation each year of each unit in phase 1

- Evaluation each year of each block in phase 2 at each site where it is delivered
- Evaluation of student reaction to assessments

- Evaluation of student reaction to the student support systems
- Evaluation of applicant reaction to student selection systems

Staff reaction

This will mostly be collected through management meetings, supplemented as necessary by surveys. Staff delivering units in phase 1 meet as unit teams, and feedback on their experiences. Unit team

leaders meet regularly at the Phase 1 Management Group, where experience is shared and recorded. Relevant minutes form part of the quality office data base.

Patient reaction

Where feasible, patient reaction will be collected through feedback obtained soon after interactions with students. This will be well established in some parts of the curriculum, such as where students meet patients in their own homes, and where patients come into predictable contact with students.

8 Evaluation of learning

The major source of evidence in this category will be analysis of the performance of students in assessments, both summative and formative. The Assessment unit will undertake analysis both of the performance of assessments, and the patterns of performance of students taking those assessments. The Quality control of the assessments themselves (psychometric analyses, verification of the accuracy of marking and data processing), is described in the Codes of Practice for Assessment, and the Quality Unit will hold a description of those processes in the quality control register. The Assessment unit will also produce regular reports on the performance of assessments to be considered both by Boards of Examiners, and the Quality Unit.

These reports will also include data evaluating student learning. This will include information on student performance overall, such as numbers obtaining each grade and progression rates, but also, and more importantly, the average performance of the class in meeting the requirements of each part of the blueprint for the individual assessment, and over each year of the course as a whole. The Quality Unit will move to establish a 'dashboard' showing the average performance of students in each year across outcomes. This will enable areas of concern in general student progress to be identified and addressed.

The Quality Unit will also work with the student support unit, through the 'concerns process' to monitor the performance of the weakest students who are giving cause for concern.

9 Evaluation of Behaviour

The Quality Unit will have mechanisms to collect data directly about the performance of students generally in the clinical environment. In part, these mechanisms will involve overall analyses of formative feedback provided to students in each clinical block. This will be supplemented with surveys and focus groups with clinical staff seeking their views on the overall standard of student performance, and opinions on areas of weakness. It is recognised that this is a burden to organise, and for clinical staff to respond, but the reality is that staff pass these opinions regularly in an informal context and they are rarely captured formally, so it will be argued that this is an opportunity to do so, and for clinical staff generally to influence the conduct of the curriculum.

10 Evaluation of results

This is taken to mean evaluation of the performance and progress of graduates once they have left the course. The Quality Unit will establish appropriate links with postgraduate deaneries to collect information on the progress of graduates. This will include:

- Records of graduates whose performance as New Doctors gives cause for concern, and analysis of the antecedents, if any, that were apparent during the medical course.
- Evidence from educational and clinical supervisors of perceived strengths and weaknesses in the preparedness of graduates for work as a New Doctor.
- First destination data for speciality training after Foundation.
- Annual survey of graduates 'perception of their own preparedness conducted in February each year at the end of the second Foundation attachment.

11 Visits, including checks.

The Shared Evidence will support a largely risk-based process of visits and checks. There will always be ongoing contact and liaison between Education Provider Units, the curriculum management structures and the quality unit to address quality issues which are revealed through the shared evidence base. This will be supplemented by periodic quality visits, in particular to each clinical education site (LEP). The frequency of visits to any site will be determined by a risk assessment based on the shared evidence base, but there will normally be visits every year, and there must be at least one every two years.

The visit to an LEP will take a standard format, and will be organised by the Quality Unit. The medical school will be represented by:

- The Director of Medical Education or his nominee. The Phase 2 Lead.
- The Director of Quality.
- The Curriculum Manager or her representative.

The LEP will be represented by:

- The Director of Medical Education (or equivalent) for the Trust. A senior manager from the Trust.
- At least one other clinical teacher from the Trust.
- A curriculum administrator from the Trust.

The agenda for the visit will include:

- Consideration of the shared evidence relating to the provision at that LEP.
- Identification of an action plan to address any issues arising from that evidence.
- Review of facilities provided for student at that site.
- If necessary from the risk analysis, discussion with current students and clinical teachers at that site.
- Discussion of developments in the Medical School that may be relevant to that provider.
- Discussion of developments in the provider that may be relevant to the Medical School

A report of the visit will be produced by the Quality Unit and held as part of the shared evidence base. It is expected that this process of evidence collection and visits will be engaged with the Quality Management processes of the postgraduate Deanery, initially through sharing of evidence, but possibly in the future through a joint process.

The process will operate differently for General Practices. Just as with other Education Provider Units evidence will be held in the Shared Evidence Base, but given the number of practices, and their

size, the visits process will be scaled, so that the visits are conducted by one or two appropriate Medical School staff, and any given practice is visited on average once every five years. The general format of the visit will however be similar, and a report will be produced and held in the Shared Evidence Base. Should a concern arise then a practice may be visited much more frequently.

'Visits' to Education Provider Units within the University are inherent in the management processes described in the Code of Practice for Management of the Curricula. Should reports in the shared evidence base require any investigation then the Quality Lead will work with the relevant EPU lead to produce a report to be considered by the Curriculum Executive in the first instance, which will require an action plan to resolve the issue, which will be held as a part of the shared evidence base.

12 Responses to Issues

It is expected that the process of collection and analysis of the Shared Evidence Base will reveal issues that may be managed through the production of an action plan and its implementation.

There will however be occasions where issues about provision arise acutely, and these will be addressed actively by the Quality Unit as they arise.

Acute issues may arise in a number of ways, and must always be taken seriously:

- Individual students may raise concerns about provision through staff at the Medical School. Student representatives may raise concerns either through the student staff committee, or directly to Medical School staff.
- Teachers in Education Provider Units may raise concerns. Other staff in units, or patients may raise concerns.

Issues will be recorded on a standard form. This may be completed by the member of Medical School staff who receives the form, or by the individual raising the issue. Course documentation, both on paper and electronic will flag prominently the mechanisms for raising issues, and this will be reinforced in student briefings. The University and Medical School has a clear 'whistle-blowing' policy which will be followed to protect anyone raising concerns.

The Quality Lead, together with the Director of Medical Education, will make an initial assessment of the issue, and scrutinise the shared evidence base for supporting evidence. Exceptionally it may be decided that the issue is already being addressed through existing processes, or is vexatious, in which case an appropriate response will be made to the person raising the issue.

In most cases the issue will be addressed by convening an **action group**, made up of:

- The Quality Lead
- The Director of Medical Education or representative
- An appropriate Curriculum or Assessment Lead
- A student representative

The action group will consider the issue, discuss it with the Education Provider Unit(s) involved, with if necessary a targeted visit, and produce a brief report to be considered by the curriculum executive and Board of Studies. This report will include an action plan for addressing the issue, which will be followed up by regular contact with the EPU concerned. The action plan will contain a time line for the resolution of the issue, which will be reported to the Curriculum Executive and Board of Studies and held on the shared evidence base.

In the event of an issue being raised about the Director of Medical Education or the Quality Lead the Dean of Medicine will take over the process, and convene an appropriate group to take it to completion.

13 Closing the loops

The quality management processes defined above require action at all levels to respond to any quality issues. It is expected that:

- Each Education Provider Unit will define, within the processes held in the Quality Control Register, the local mechanisms for considering quality data and taking appropriate local action to address quality issues. This will most commonly be through a review meeting with staff involved in that activity. Details of local actions will be placed in the Shared Data Base in the form of regular brief reports of actions taken. The frequency of reports may vary according to the activity of the Education Provider Unit, but will not be less than once a year. These reports will be considered by the Quality Lead and incorporated into summary reports for the Board of Studies. The summary reports will be made available to all students, who will be able to comment through their representatives on the Board of Studies, Student Staff Committees, or directly to the Director of Medical Education.
- The Quality Lead will review constantly quality data as they arrive, from whatever source, and identify any situations in which the response of Education Provider Units may have been inadequate to control quality. The Quality Lead will take action, which may be informal intervention, or activation of the response to concerns process to intervene formally. The Quality Lead will report all such actions to the Curriculum Executive and Board of Studies, and through those bodies to the students.
- The Quality Lead is responsible for ensuring that a broad overview of Quality is taken at least once a year, through a report to the Board of Studies, and from there to University Quality Management Systems. This report should identify broad quality themes, and suggest enhancement activities or curriculum change to address them. This report will be widely available to stakeholders including students, partner organisations such as NHS Trusts & GPs.

14 University Governance of Quality Management

The Director of Medical Education and the Quality Lead will be responsible to the Board of Studies for engagement with University Quality Assurance procedures.

Decisions of the Board of Studies are received by the Science & Medicine Board, which reports to both the University Learning & Teaching Committee and the University Senate, which has ultimate responsibility for academic matters in the University. The University quality systems, which are compliant with QAA standards, operate through processes of:

- Annual reporting
- Periodic review

Annual reporting

The Quality Lead will be responsible for producing an annual report in a standard format prescribed by the University. Following approval by the Board of Studies, this will be considered by the University Learning & Teaching Committee which reports to the University Senate. Each report

includes a list of action points which must be reviewed at the next report. The University Learning & teaching Committee and University Senate analyse reports across all provision to establish common themes and imperatives for action.

Periodic Review

The University operates process of periodic review in which each programme of study is examined in more detail on a five year cycle. Periodic review is by a panel made up of an external assessor and senior staff from elsewhere in the University. The panel considers written evidence and interviews staff and students before producing a report which is considered by the University Academic Policy Committee and referred to the University Academic Advisory Committee. The report will contain requirements, whose achievement will be monitored, and recommendations for consideration by the programme.

The Director of Medical Education, together with the Quality Lead will be responsible for leading preparations for conduct of and response to periodic review.

15 Quality Assurance by the General Medical Council

The Director of Undergraduate Medical Education will be the principal contact with the General Medical Council, supported by the Quality Lead, and will be responsible for engagement with GMC quality assurance processes, including:

- Approval against standards for any relevant curriculum developments.
- Contribution to shared evidence through the process of annual reporting.
- Preparation for and conduct of periodic visits under the Quality Assurance Framework.
- Responses to concerns raised by the GMC.

The Quality Lead will produce a draft Medical Schools Annual Report (MSAR) as prescribed by the GMC, and present it to the Board of Studies for approval before it is submitted.

ANNEX A

Typical Service Level Agreement with a Local Education Provider (LEP)

The Provider will work with the Medical School to deliver undergraduate medical education in accordance with the standards laid down by the General Medical Council (GMC), in its document **'Promoting Excellence – Standards for Medical Education and Training' (2015)** for those parts of the curriculum which are delivered in the Provider. The Provider will provide clinical teachers, management structures and appropriate educational facilities for students to achieve and be assessed upon the **'outcomes for graduates'** specified by the GMC.

Components of the Curriculum delivered in the Provider

Specifically, the Provider will provide placements for:

- Clinical components of modules in Phase 1 of the curriculum.
- The hospital-based component of the Consultations Skills Foundation Course in Phase 1
- The following core blocks in Phase 2
 - Cardio respiratory Block.
 - Musculoskeletal Block.
 - Peri-operative care Block.
 - Gastrointestinal and metabolic care Block
 - Acute care Block
 - Chronic & Elderly care Block
 - Cancer Care Block
 - Special Senses Block
 - Reproductive Health Block
 - Child Health Block
- Student selected components in Phases 1 and 2
- Clinical skills training throughout the course to ensure that when attached to the Provider students have the opportunity to learn and be assessed upon the list of Practical Procedures for Graduates defined by the General Medical Council, in its document 'Tomorrows Doctors', 2009.

According to the schedule of student numbers in the Appendix The Provider will provide staffing and facilities for

Assessments within each of the components specified above. The Final Professional Examination.

Phase 1 Clinical Examination.

The Intermediate Professional Examination

(NB this section will vary from Provider to Provider depending on activity)

Standards for the Delivery of Teaching Learning & Assessment

Domain 1 – Patient Safety

The Provider will work with the Medical School to:

- ensure that standards of supervision and clinical governance procedures within the Provider ensure the safety of Patients and that their care is not put at risk by student's duties, access to patients and supervision on placements, or by the performance, health or conduct of any individual students.
- Students whose health, attitudes or conduct during placement give cause for concern over their fitness to practise should be reported promptly to the Medical School.

Domain 2 – Quality Assurance, Review and Evaluation

The Provider will work with the Medical School to ensure that the quality of medical education at the Provider is monitored, evaluated and reviewed in a systematic way

- The Provider will comply with the 'Code of Practice for Management of the Curriculum' published by the Medical School.
- The Provider will establish management structures which are part of the overall Provider Management structure to oversee undergraduate medical education in the Provider. They will work with the Medical School to plan and monitor undergraduate medical education to ensure that it meets required standards of quality.
- The Provider will cooperate with the establishment and enforcement of this agreement to provide clinical placements, and will work with the Medical School to operate systems to monitor the quality of teaching and facilities on placements.
- The Provider and Medical School will work together to produce reports about different stages or aspects of curriculum delivery, and these will be considered at appropriate levels in the management of the Provider and the Medical School.

Specifically:

- The Provider will maintain a Clinical Education Directorate or equivalent to oversee the provision of medical education across the Provider, and to work with the Medical School to ensure educational quality and promote educational developments

Domain 3 – Equality, Diversity and opportunity

The Provider will work with the Medical School to ensure that undergraduate medical education is fair and based on principles of equality

- The Provider will have policies which are aimed at ensuring that all students are treated fairly and with equality of opportunity regardless of their diverse backgrounds.
- Provider staff will receive training on equality and Diversity to ensure they are aware of their responsibilities and the issues that need to be taken into account when undertaking duties relevant to undergraduate medical education.
- The Provider will, on the advice of the Medical School, make reasonable adjustments for students with disabilities in accordance with current legislation and guidance.
- The Provider will routinely collect and analyse relevant data about equality and diversity issues to ensure that policies are being implemented and any concerns are identified.
- The Provider will act promptly over any concerns about equality and diversity, implementing and monitoring any changes to policy and practice.

Domain 4 – student selection

The Provider will assist the Medical School in ensuring that processes for student selection are open, objective and fair.

- The Provider will assist the Medical School in ensuring that those responsible for selection include people with a range of expertise and knowledge by allowing rust staff to act as interviewers or in other limited roles in selection.
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Domain 5 – Design and Delivery of the Curriculum, including assessment

The Provider will work constructively with the Medical School to ensure that the medical curriculum is designed, delivered and assessed to ensure that graduates ensure all the ‘Outcomes for Graduates’ specified in ‘Tomorrow’s Doctors’ 2009

- The Provider will assist the Medical School in setting a clear curriculum plan to show how the
- ‘Outcomes for Graduates’ will be met across the programme as a whole, especially those parts undertaken in the Provider. The Provider will ensure that students are offered opportunities to exercise choice in areas of interest.
- The Provider will ensure that during placements students have a balance of learning opportunities, and are stimulated to integrate the learning of basic and clinical sciences, enabling students to link theory and practice.
- The Provider will assist the Medical School in ensuring that student have practical experience of working with patient throughout all years, increasing in duration and responsibility so that graduates
- are prepared for their responsibilities as provisionally registered doctors. The Provider will agree with the Medical School to provide clinical placements to enable students to demonstrate appropriate ‘outcomes for graduates’ across a defined range of clinical specialties or care pathways, and will work with the Medical School to establish periods of ‘Student Assistantship’ as defined by the GMC.
- The Provider will ensure that students have regular feedback on their performance whilst on placement, and provide details of that feedback to the Medical School at the end of the placement.
- The Provider will work with the Medical School to ensure appropriate formative and summative assessment of the ‘outcomes for graduates’ at appropriate points during the curriculum.
- The Provider will work with the Medical School to ensure that examiners are appropriately selected, trained, supported and appraised.
- The Provider will provide staff time to assist the Medical School in the setting of standards for assessments to decide whether students have achieved the curriculum outcomes.
- The Provider will assist in setting assessment criteria consistent with the requirements for competence standards set out in disability discrimination legislation. The Provider will assist the Medical School in making reasonable adjustments to help students with disabilities meet these competence standards.

Specifically:

Clinical Teachers

Sufficient clinical teachers shall be provided for each student to access the learning opportunities and achieve the detailed learning outcomes specified in the course documentation for each part of the curriculum listed above.

This will include, as a minimum:

- Appropriately qualified clinical staff to deliver didactic teaching (seminars etc) specified for each part of the course.
- At least two sessions of consultant-led teaching in the clinical environment each week for each student attached to the Provider. Clinical workload should be appropriate to the conduct of effective teaching alongside clinical service, and it is expected that the teaching of undergraduate medical students should be included a part of Direct Patient Care Programmed Activities in consultant work plans.
- Sufficient protected time in consultant work plans for each student to have a minimum of one hour, individual dedicated teaching time each week in addition to teaching alongside clinical work.
- Such additional teaching from consultants, junior medical staff and other health professionals as is necessary to achieve the course outcomes.

Clinical learning opportunities

Students should have good access to a sufficient variety of patients in a sufficient variety of clinical environments to complete the learning tasks specified in the course documentation. This must include:

- Access to in-patients both informally and during ward rounds by various clinical staff.
- Attendance at out-patient clinics organised in such a way that students may talk to and examine patients and discuss the case with a clinical teacher.
- Opportunities to observe appropriate surgical procedures, and where appropriate to scrub and assist in ways compatible with their level of competence.
- Opportunities to observe, and where appropriate assist with investigations.
- Opportunities to take part in appropriate clinical meetings, such as Multidisciplinary team meetings, radiology meetings etc.

The Provider will provide:

- Appropriate staffing and running resources for a clinical skills unit of sufficient capacity to serve the medical curriculum and ensure that medical students are able to attain and be assessed in the range of clinical skills prescribed by the General Medical Council and the Medical School.
- A suitable range of clinical skills training opportunities to ensure that all students can achieve and be assessed upon those clinical skills whilst on attachment at the Provider.

Assessment of students

The Provider will ensure

- Students in each block are assessed in the workplace in the ways that are specified in the Block workbook, and that the results of those assessments are returned to the Medical School within two weeks of the end of the block.

- Sufficient examiners, patients and facilities are provided for the major summative assessments of all students in phase 2; the Intermediate Professional Examination and the Final Professional Examination.
- Administrative support is provided for assessments across the curriculum, including the major summative assessments.
- Examiners are provided for the Clinical Examination at the end of Phase 1.

Domain 6 – Support and development of Students, teachers and the local faculty

The Provider will work with the Medical School to ensure that students receive both academic and general guidance support, including when they are not progressing well or otherwise causing concern, and that everyone teaching or supporting students must themselves be supported, trained and appraised.

- The Provider will work with the Medical School to ensure that students have comprehensive guidance about the curriculum, their placements, what is expected of them and how they will be assessed.
- The Provider will ensure that students on placement have access to support for their academic and general welfare needs, and are given information about these support networks
- The Provider will assist the Medical School in providing career advice and opportunities to explore different careers in medicine.
- The Provider will help the Medical School to encourage students to look after their own health, and reinforce information about their responsibilities in this respect as a trainee doctor. Students will be encouraged whilst on placement at the Provider to feel confident in seeking appropriate advice, support and treatment in a confidential and supportive environment.
- The Provider will work with the Medical School procedures to deal with students who are causing concern on academic or non-academic grounds, including where Fitness to Practise proceedings take place.
- The Provider will ensure that everyone involved in education undergraduate medical students on placement at the Provider is appropriately selected, trained, supported and appraised.

Domain 7 – Management of teaching, learning and assessment

The Provider will work with the Medical School to ensure that education is planned and managed using processes which show who is responsible for each process or stage

- The Provider will comply with the 'Code of Practice for Management of the Curricula' published by the Medical School, and establish internal management structures for undergraduate medical education which are part of the formal Provider management structure. This will include
 - A Provider Director of Education with at least three pas for that role.
 - A Provider 'Education unit' with appropriate administrative and clinical staff to ensure
 - Effective undergraduate medical education.

- The Provider will ensure that teachers from the Provider are able to participate in curriculum planning and management at Medical school level.
- The Provider will assist the Medical School by ensuring that senior staff involved in the employment of new graduates are able to contribute to curriculum planning and management.

Specifically:

Educational leadership

- The Provider will establish a Directorate or equivalent of Medical Education linked into Provider management at a high level.
- The Provider will provide a minimum of 3 programmed activities of consultant time for the educational leadership of each clinical block in phase 2 according to the Code of Practice for Management of the Curricula, published by the Medical School.
- The Provider will provide two programmed activities of consultant time for the leadership of the hospital based component of the Consultation Skills Foundation Course.

Educational administration

The Provider will provide appropriate staffing to ensure that all parts of the curriculum delivered by the Provider are administered according to the 'Code of Practice for the Management of the Curricula'. This will include:

- Each clinical block in Phase 2 and the hospital based component of the Consultations Skills Foundation course will be serviced by a Medical Curriculum Administrator, responsible for all aspects of administration of that block according the Code of Practice for Management of the Curricula. The relevant section is reproduced below. A single Medical Curriculum Administrator may not service more than three blocks simultaneously.
- Appropriate line-management of the work of the Medical Curriculum Administrators |

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