THE UNIVERSITY OF BUCKINGHAM
MEDICAL SCHOOL

MB ChB

UBMS Quality Processes

Updated: May 2018

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Main changes from previous document Versions

The UBMS Quality Processes V2018 replaces all previous versions of the UBMS Quality Processes previously approved by the University of Buckingham Medical School.
The UBMS Quality Processes document was revised to:

- reflect the increased number of Education providers
- maintain the currency of the document
- include minor changes for clarification of the processes.

1 Introduction

General Medical Council standards prescribed under Theme 2 of *'Promoting excellence: standards for medical education and training' (2015)* require that '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'

The University of Buckingham Medical School Quality Management Strategy defined by the **'***UBMS standards for Quality Management***'** is designed to ensure that this is achieved.

The University of Buckingham Medical School's responsive, systemic quality processes, based on standards, information and risk analysis, ensures all stakeholders are responsible for the quality of the MB ChB programme. Ensuring quality is everyone's responsibility creates and maintains an environment where education providers are supported to provide good quality service, promote quality and continuously improve.

This document describes the operational processes underpinning the *'UBMS Standards for Quality Management'*; Part one outlines the 'Quality Management Processes' and part two outlines the 'Quality Control Processes'.

2 Scope

This document establishes and specifies the processes and procedures in place at the University of Buckingham Medical School to ensure the high-quality delivery, and continual improvement, of the MB ChB undergraduate programme. It also demonstrates the mechanisms through which the University of Buckingham ensure that the MB ChB programme meet the standards of undergraduate Medical Education defined by the GMC in *'Promoting Excellence – Standards for Medical Education and Training' (2015).*

This document is applicable to all stakeholders, including students.

3 Terms and Definitions

In this document, the conventions adopted by the GMC are applied.

- Use of the word '**must**' means that a statement is **obligatory** and has to be complied with in all cases.
- Use of the word '**should**' means that a statement will **normall**y be complied with unless there are clear, stated, reasons why not in a particular case.
- Use of the word '**may**' means that a statement **allows discretion** as to whether or how it is complied with.

3.1 Glossary

GMC – General Medical Council

EPU –Educator Provider Unit In this context an 'education provider unit' (EPU) may be a group of University staff responsible for part of the programme delivered largely within the University, or an NHS or other body (Trust, General Practice or other body) delivering clinical education.

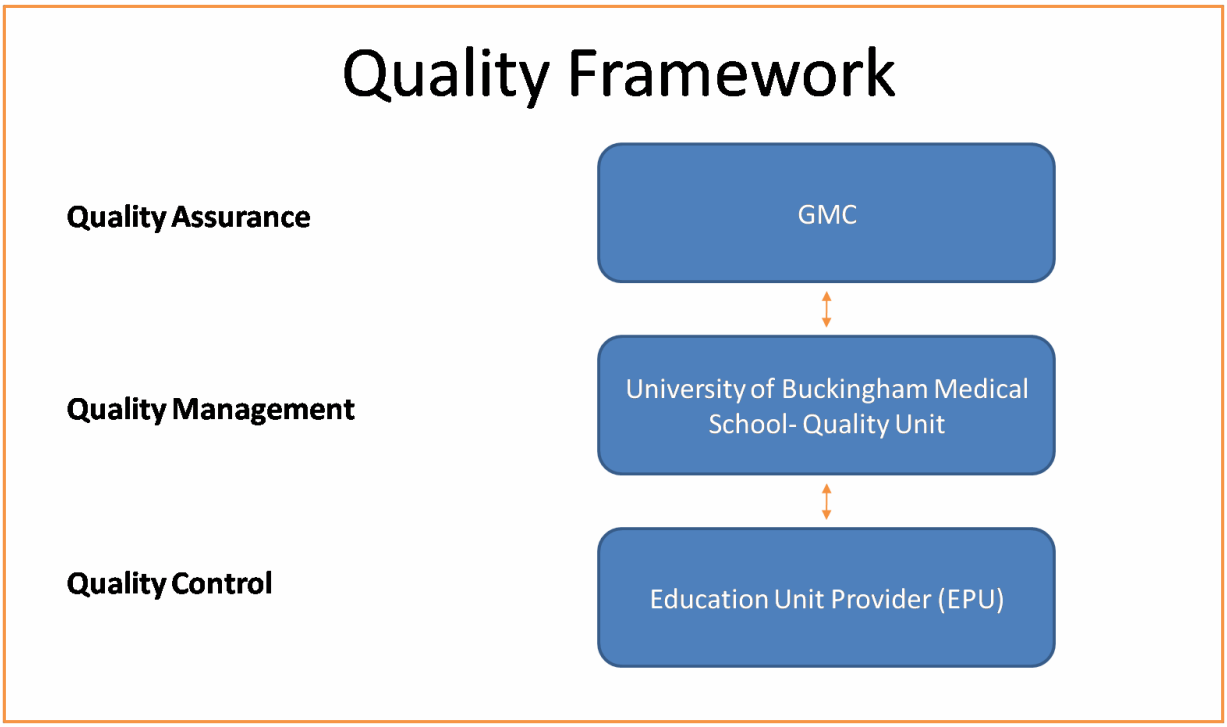
LEP – Local Education Provider

UBMS – University of Buckingham Medical School

4 Quality Framework of the MB ChB

The University of Buckingham Medical School (UBMS) Quality Management processes were originally designed based on the GMC'S *'Quality Improvement Framework (2010)'*.

The overall structure of the GMC's quality framework as it applies to UBMS is illustrated below.



4.1 Quality assurance

The **GMC** is responsible for **Quality assurance (QA).** The GMC assures the effectiveness of the quality management system through a combination of inspections, surveys and other data gathered from across the system.

The Director of Medical Education **must** be the principal contact with the General Medical Council, supported by the Quality Lead, and is 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 Improvement Framework.
- Responses to concerns raised by the GMC.

4.2 Quality management structures of the MB ChB

Quality Management (QM) of the MB ChB programme **must** be through the **University of Buckingham Medical School**.

The responsibility of the operation of the quality management processes **must** be delegated to the **Quality Lead** who will lead the **Quality unit**.

The Quality Unit, is responsible for monitoring Education Provider Units within and outside the University. The Quality Lead **must** work with all other Leads and management teams to ensure that

the quality of the MB ChB undergraduate medical education programme is monitored, reviewed and evaluated in a systematic way.

The responsibilities of the Quality Lead and Quality unit are defined in the '*UBMS Standards for the Management of the MB ChB programme*'

4.2.1 MB ChB programme Governance

Formal *governance* of the MB ChB **must** be through the **Board of Studies for the MB ChB**.

The Board of Studies **must** be a broadly constituted group with an external chair, external, lay and student representation. The Board of Studies **must** be formally responsible for the oversight and approval of strategy and policies proposed by the programme management structures, and for the effective operation of those structures.

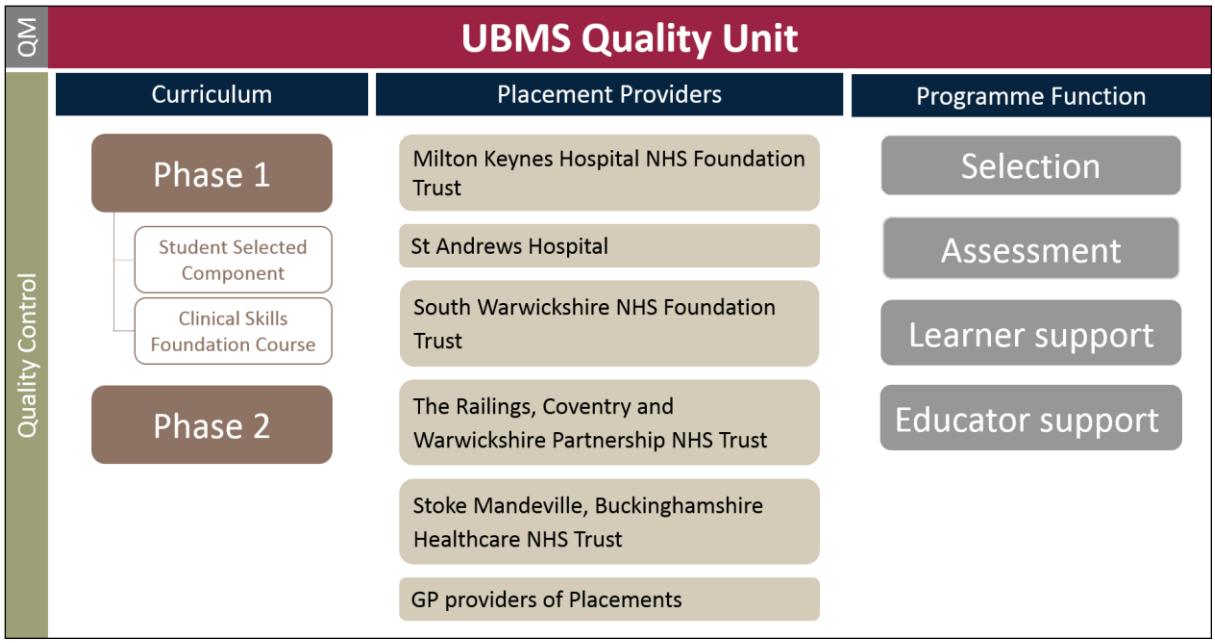
The broad remit of the Board of Studies **must** be to ensure that the programme management structures are fit for purpose, and that they deliver the curricula to the standards prescribed by the General Medical Council in *'Promoting Excellence – Standards for Medical Education and Training' (2015).* The membership is defined in the '*UBMS Standards for the Management of the MB ChB programme*'.

For governance by higher level University structures, the Board of Studies **must** report to the **University Learning and Teaching Committee**, and thence to the **University Senate**.

Whilst the management of assessments **must** be the responsibility of the Assessment Lead and associated teams, decisions about assessment outcomes for individual students and governance of assessment processes **must** be by the **Board of Examiners for the MB ChB** (which **must** include external examiners) reporting to the University Senate.

4.3 Quality Control structures of the MB ChB

Quality Control of the MB ChB **must** be through the **Education Provider Units (EPUs).**



The Education Provider Units are organised into three categories:

University Based Curriculum Elements

- The overall Phase 1 Course with sub EPUs:
  - Student Selected Components
  - Clinical Skills Foundation Course 1.
- The overall Phase 2 Course

Placement Providers

- Milton Keynes Hospital NHS Foundation Trust
- St Andrews Hospital
- South Warwickshire NHS Foundation Trust
- Stoke Mandeville, Buckinghamshire Healthcare NHS Trust
- The Railings, Coventry and Warwickshire Partnership NHS Trust
- GP providers of Placements.

Programme functions

- Selection
- Assessment
- Learner support
- Educator support
- Learning environment

Each Education Provider Unit, delivering parts of the curriculum or MB ChB programme, **must** operate a quality control system and ensure that the education they are providing meets local, national and professional standards through:

- Responsibilities defined within the *'UBMS Standards for the Management of the MB ChB programme'* in the case of University based EPUs or
- A Service Level Agreement, which is structured around the themes of '*Promoting Excellence – Standards for Medical Education and Training' (2015)* in the case of other local educator providers (LEPs).

Within each Education Provider Unit there **must** be a designated person responsible for quality control (EPU Quality Control Lead) with administrative support appropriate for the workload in that EPU. The EPU Quality Control Lead in each EPU **must** convene a **Quality Group** to consider evidence of quality, identify quality issues, maintain a risk register and formulate action plans. That quality group **must** be empowered to act within the organisation based on the quality data and information.

The standards expected of an EPU are set out in the themes of *Promoting Excellence – Standards for Medical Education and Training' (2015),* and the standards for the Quality Control systems to underpin them are defined later in this document.

5 Quality Management System of MB ChB

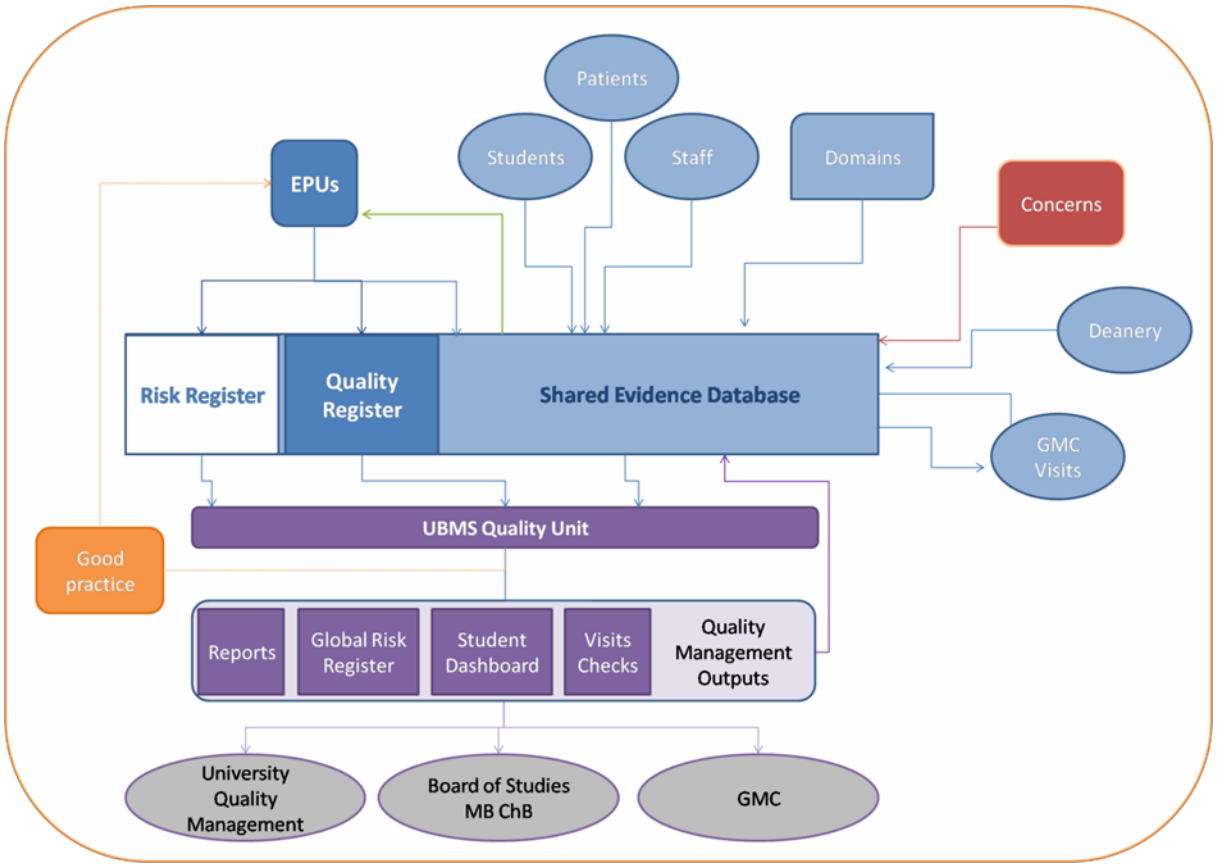
Quality management (QM) is the planned and systematic activities implemented by the Quality Unit through which the Medical School itself ensures that the training the medical students receive from education providers, meets the GMC's standards as defined in *'Promoting Excellence – Standards for Medical Education and Training' (2015).*

5.1 Quality Management Processes and tools

The UBMS approved quality management processes are analogous to the quality assurance processes operated by the General Medical Council and outlined in the Quality Improvement Framework (2010):

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

As part of these quality management processes the UBMS Quality Unit **must** maintain a **Quality Register**, a **Shared Evidence Database**, a **programme of EPU visits/checks** and a **Quality Concerns Process**. The overall output of the Quality management processes **must** be a **MB ChB risk register** identifying the risks to meeting educational standards and the actions taken to mitigate those risks.



5.2 Quality Register

The **Quality Register** is a record of the quality control processes that are in place in each EPU.

The Quality Register **must** be used by the Quality Unit to:

- Enable approval against standards as it contains 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 *UBMS Standards for the Management of the MB ChB programme* or Service Level Agreement (SLA).
- Summarise all the quality control and management activities within the EPU.

- Provide information for the quality records and reports.
- Analyse the number and type of quality activities undertaken.

5.2.1 Structure of the Quality register

The EPUs **must** submit evidence of organisational structures, policies, quality control mechanisms, record of quality actions and quality enhancement processes (as described in the 'Quality Control Processes' section later in this document) to the Quality Unit to be held within the Quality Register.

The Quality Lead **must** examine the quality control mechanisms to ensure that they meet the standards defined in accordance with the *UBMS Standards for the Management of the MB ChB programme* or Service Level Agreement (SLA) before submitting it to the Quality Register.

Should an EPU Quality Lead wish to submit a new or re-versioned policy, the Quality unit **must** circulate the proposed policy or suggested changes to the Programme Executive and the MB ChB Board of Studies. Once approved the Quality unit **must** feedback to the EPU and enter the policy into the Quality Register and shared evidence database.

The Quality Lead should examine the structures, policies and quality control mechanisms within each EPU with the aim of disseminating good practice between EPUs.

5.2.2 Management of the Quality Register

The Quality Register **must** be maintained by the Medical School and the Quality Lead **must** be responsible for it. The UBMS Quality Team should work with the Quality Control Lead of each EPU to create a description of the quality activities and evidence within the EPU as defined in the 'Quality Control Processes' section later in this document.

The EPU Quality Control Lead and administrator **must** ensure that evidence is regularly provided to show the presence of effective processes to support the achievement of GMC standards in each domain relevant to that EPU in accordance with *'UBMS Standards for the Management of the MB ChB programme'* or Service Level Agreement (SLA).

The Quality Register should form an audit trail for the EPUs. The Quality Unit **must** monitor the Quality processes in each EPU to ensure they comply with the guidelines set out in the *'UBMS Standards for Quality Management'* and 'Quality Control Process' section of this document.

5.3 Shared Evidence Database

Quality data that underpin the quality processes described in the Quality Register **must** be collated into a central location, the Shared Evidence Database. The Shared Evidence Database will be used by both the quality control and quality management systems. The Shared evidence database provides a key tool to:

- Identify areas of risk that need further investigation
- Collate the evidence provided by different partners and check whether it is consistent and comparable
- Identify trends or patterns which may lead to the sharing of good practice
- Identify trends leading to areas of interest that may require the gathering of additional feedback from students to EPUs improve their training practice
- Identify trends or patterns which lead to targeted checks
- Enable the Quality Unit to fulfil its function of monitoring training for the MB ChB
- Enable the Quality Unit to provide information and evidence to governing structures and authorities

5.3.1 Access to the Shared Evidence Database

Access to the evidence database **must** be controlled by defined user rights at an appropriate level of control. While a restricted number of people are allowed to input and upload information to the Quality Shared Evidence Database, 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) should be visible to the all stakeholders, including students.

5.3.2 Inputs into the Shared Evidence Database

All quality data and evidence should be collected in partnership with Education Provider Units, but it **must** be maintained by the Medical School, and is the responsibility of the Quality Lead. The Shared database is divided into two main sections

- Section 1. Quality Evidence collected
- Section 2: Evidence of Action on Quality Evidence

5.3.3 Quality Evidence

Quality Evidence collected will be categorised within the Shared Evidence Database according to the levels of evaluation of educational provision defined by Kirkpatrick.

- Evidence of Reaction
- Evidence of Learning
- Evidence of Behaviour
- Evidence of Impact

5.3.4 Evidence of Reaction

5.3.4.1 Evidence of Student Reaction

The Medical School **must** ensure that students are given the opportunity to evaluate all aspects of their education. Using a range of paper or electronic based techniques the Quality Unit **must** create and conduct surveys to collect evidence of student reaction every time an element of the curriculum runs or at least annually for evaluation of curriculum function processes.

The Quality Unit **should** supplement the process with additional methods such as focus groups to gauge student reaction to specific issues.

On occasions, individual EPUs may collect data directly, but this **must** be shared as soon as possible after collection and held in the Quality Unit database. All information should be visible to students, and actions taken on the basis of that information **must** fed back to students through electronic means and via course representatives.

5.3.4.1.1 Student questionnaires

Student questionnaires are based on the principles of the Dundee Ready Education Environment Measure (DREEM) which produces global readings and diagnostic analyses of undergraduate educational environments in medical schools and other health professions institutes. DREEM is non-culturally specific and allows quality assurance comparisons between courses as well as within components of a course.

The Quality unit standard questionnaire **must** comprise of at least 5 questions, up to three additional EPU specific questions may be supplied by the EPU Quality Lead.

The questionnaires are composed of statements relevant to a range of education topics including:

- The students' perceptions of learning

- The students' perceptions of course organisers
- The students' academic self-perceptions
- The students' perceptions of atmosphere
- The students' social self-perception

Students should be asked to read a statement carefully and to respond using a 5-point Likert-type scale ranging from strongly agree to strongly disagree. An example of a student questionnaire can be found in Annex 1 of this document.

5.3.4.1.2 Scoring of questionnaires

The feedback questionnaires **must** be collected, collated and scored by the Quality Unit. Items will be scored: 4 for Strongly Agree (SA), 3 for Agree (A), 2 for Uncertain (U), 1 for Disagree (D) and 0 for Strongly Disagree (SD) for positive statements or 0 for SA, 1 for A, 2 for U, 3 for D and 4 for SD for negative statements. A standard 10-item questionnaire will have a maximum score of forty.

The Quality unit **must** analyse the feedback as a whole and calculate the mean and median scores. The overall score will be broken down into the following classifications

Mean Score	Interpretation
31-40	Excellent
21-30	Good
11-20	Problems
0-10	Very Poor

An overall score of 20 or below indicates a considerable ambivalence by the students and it is marked as an area that needs improving.

The responses to the individual questions are then considered to highlight specific strengths and weaknesses. The results are broken down as follows:

Mean Question Score	Interpretation
3.5 or above	A good positive point
2.1- 3.4	Aspects that could be enhanced
2 or less	May indicate a problem area and suggest EPU examine it more closely

The Quality unit **must** store the summary report of the breakdown and findings in the shared evidence database linked to curriculum element so that they may be accessed by each EPU. Where the feedback suggests an area for concern the Quality Lead **must** flag it to the EPU Quality lead, so that it may be discussed by the EPU quality group. If there is cause for serious concern, then the Quality Lead may follow the 'quality concern process' defined below.

5.3.4.2 Patient Reaction

Where feasible, patient reaction **should** be collected through feedback obtained soon after interactions with students. The patients **should** be asked to complete a standard questionnaire designed by the Quality Unit. The questionnaires **must** be comprised of:

- A statement defining the purpose of the questionnaire
- A guide on how to complete the questionnaire
- A description of what the information supplied will be used for

- At least 5 questions with up to three additional EPU specific questions supplied by the EPU Quality Lead. The questions will reflect the values and principles set out in Promoting excellence: standards for medical education and training

The patient **should** be asked to read a statement carefully and to respond using a 5 point Likert-type scale ranging from strongly agree to strongly disagree. An example of a student questionnaire can be found in Annex 2 of this document.

The patient feedback **must** be collected by the placement administrator and collated by the Quality Unit. The patient feedback will be scored according to the same marking criteria defined under the student reaction section of this document.

5.3.5 Evidence of Student Learning

5.3.5.1 Evidence of student performance in assessments

After each diet of summative assessments, the Assessment Unit **must** undertake analysis both of the performance of assessments, and the patterns of performance of students taking those assessments.

The Assessment unit **must** implement quality control of the assessments themselves as described in the *UBMS Code of Practice for Assessment* and the Quality register. The Assessment Unit **must** produce regular reports on the performance of assessments to be considered both by Boards of Examiners, and the Quality Unit.

Student performance in assessment is crucial in providing evidence of student learning. Student performance data **must** be recorded by the assessment unit after each diet of summative assessments in 'EMER' a student record system designed specifically for UBMS that forms part of the shared evidence database. Additional information from formative assessments maybe provided by EPUs.

The Assessment and Quality Units **must** work together to collate the information and maintain a 'dashboard' showing the average performance of students in each year across educational categories. The dashboard should include information about student performance overall, such as numbers obtaining each grade and progression rates, but also, and more importantly, the average performance of the cohort in meeting the requirements of each part of the blueprint for the individual assessment, and over each year of the course as a whole. This information **should** be used to identify and address areas of concern in general student progression.

This dashboard acts as a performance management system providing student performance information for all stakeholders. As far as is possible in an integrated assessment scheme, a breakdown of the performance of students in relation to themes should be linked to EPUs or groups of EPUs. All EPUs should be able to access summary information about the student cohort progression but not individual student data.

The Quality unit **must** use the Student Dashboard to bring together the information from the Selection and Assessment data. Overtime this information **must** be linked to the evidence of student impact, to enable the Quality Unit to link graduate information back to their performance in assessments as well as provide validity data for selection processes. This information **must** be collated in the Quality annual report for the consideration of the MB ChB Board of studies.

The Assessment Unit **must** review student learning at least annually. The Assessment quality control group **must** identify gaps in student learning based on student performance in summative assessments. This information **must** be submitted to the shared evidence database and shared with

all EPUs. The EPUs, especially curriculum, should reflect upon any lessons for their operation from the data supplied to them in the report.

5.3.5.2 Staff feedback

The UBMS Quality Unit **should** administer questionnaires to EPU staff who take part in activities that could inform student learning such as marking teams for constructed response questions or OSCE examiners. The Quality unit **must** collect and collate the information before entering it into the shared evidence database.

The Quality Unit **must** receive reports from the Student Support Unit, regarding the monitoring of the performance of the weakest students who are giving cause for concern.

5.3.6 Evidence about student behaviour

Evidence of student behaviour **must** be collected directly by the Medical School Quality Unit and stored on the shared evidence database. The Quality unit may employ a number of techniques to collect this evidence:

- **Standard questionnaires** to collect opinion from staff, and patients where possible, about the work place performance of students.
- **Focus groups** with clinical staff seeking their views on the overall standard of student performance, and opinions on areas of weakness.
- **Formative feedback** provided to students in each clinical block.

Whenever appropriate the EPU **must** solicit the views of staff about the actual performance of students in the learning environment or workplace and submit it to the shared evidence base as soon after collection as possible.

The Quality Unit **must** receive reports from the Concerns and Fitness to Practise Committee regarding issues of unprofessional behaviour. The Concerns committee should provide summary information about the student cohort behaviour, but not individual student data, to enable areas of concern in general student professionalism to be identified and addressed.

5.3.7 Evidence of Impact

The data base **should** eventually hold data about the performance and progression of graduates collected as far as possible from employers.

The Medical school **must** collate data about the performance and progression of graduates collected as far as possible from employers. The UBMS Quality Unit **should** establish appropriate links with postgraduate deaneries to collect information on the progress of graduates. This **should** 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 University of Buckingham graduates for work as a New Doctor.
- First destination data for specialty 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.

The Quality Lead **must** use the evidence of impact in conjunction with other data in the shared evidence database to produce, as part of the annual report, longitudinal analysis of the MB ChB Programme. The Quality Lead **must** identify key themes for continual improvement or areas of good practice. The Quality Lead **must** send this information to be considered by the Programme Executive

and MB ChB Board of Studies. The Quality report should be widely available to stakeholders including students, partner organisations such as NHS Trusts & GPs. EPUs **must** reflect upon any lessons for their operation from the data supplied to them in the quality report.

5.3.8 Evidence of action on quality

Each Education Provider Unit **must** have in place mechanisms for the systematic consideration of quality data, for the identification of issues arising from those data in a timely fashion, for the construction and implementation of action plans to resolve such issues, and for the communication of that action to the Medical School, and where appropriate the student body. The shared database **must** collate and hold evidence that demonstrates the EPUs

- Consider quality data
- Identify quality issues
- Act on Quality issues
- Communicate about quality issues
- Consider Learning environment and culture
- Respond to concerns
- Enhance Quality
- Report to the Medical School, stakeholders and GMC

In order to maintain a unified approach to document naming a standard naming convention is used. It is the responsibility of the Quality Unit to designate the evidence with the appropriate name, catalogue the item and record it in the Quality Shared Evidence Database.

5.3.8.1 Consider quality data

The EPU Quality Lead **must** ensure the EPU Quality Group meets regularly to consider evidence of quality, identify quality issues, maintain a local risk register and formulate action plans to enhance quality. The minutes for each meeting **must** be submitted by the EPU Quality administrator to the UBMS Quality administrator within two weeks of the meeting taking place as supporting evidence of the presences of the EPU process detailed in the Quality Register. The agendas and the minutes **must** be shared through the quality shared evidence database. The UBMS Quality Unit **must** send the minutes from these meeting to the Programme Executive meeting and any other relevant groups.

5.3.8.2 Identify and act on quality issues

The EPU Quality administrator for each EPU **must** maintain a live risk register to show evidence of identifying and acting on quality issues.

Each Risk Register **must** detail:

- Quality issues identified by the EPU team from the evidence available to them organised by GMC standards
- An estimate of the likelihood and impact of each risk
- A RAG rating of each of those issues
- Evidence of action to mitigate risks to quality with nominated individual and time scale.

Upon submission the Quality Unit looks at each individual EPU risk register to check for immediate concerns.

The individual registers **must** then be collated by the Quality Unit into the global UBMS risk register. The global risk register is sent to both the Programme Executive and the Board of Studies for the MB ChB for their consideration as part of the Quality Lead reports.

5.3.8.3 Communication about quality issues

Each EPU **must** have a designated individual responsible for communication with the Medical School, and, where appropriate, with students. Communications about quality issues should be entered to the shared evidence database. The Medical School has mechanisms in place for communication with students through the Virtual Learning Environment, and most commonly EPUs should use this route, though they may communicate directly with student groups to deal with specific issue so long as that communication is reported to the Medical School.

5.3.8.4 Consider Learning environment and culture

The EPU Quality Group **must** consider the learning environment and culture as an agenda item as part of the Quality meeting, the meeting minutes **must** be submitted to the UBMS shared evidence database to support that.

The EPU Quality register submitted to the university **must** outline the structures for the local management of undergraduate medical education within the EPU.

Each EPU **must** consider the education facilities and infrastructure which support undergraduate medical education within the EPU.

5.3.8.4.1 Staffing

The quality group of each EPU **must** supply to the Educator support team a definition of responsibilities and a list of staff involved. It is the responsibilities of the EPUs to ensure that the staff who contribute to undergraduate medical education **must** be are appropriately selected, trained, supported and appraised. Relevant Job plans and appraisals must be submitted to the shared evidence database.

5.3.8.4.2 Patient safety

All incident reports, and associated action plans, must be lodged within the shared evidence database. The Quality group **must** review the evidence held in the shared evidence database, especially response to concerns to ensure that the safety of patients is not put at risk by student's duties. If analysis of the data identifies any issues which compromise patient safety the Medical School Response **must** be informed immediately. There **must** be mechanisms in place to react rapidly to consider acute concerns identified by any route.

All EPUs **must** be able to demonstrate, with supportive evidence that processes within them are fair and based on the principles of equality.

5.3.8.5 Evidence of quality enhancement activity

The shared evidence **should** hold records of quality enhancement activities, including the participation of staff in training and development opportunities, the encouragement of good practice, the evaluation of interventions intended to improve the course, and the spread of good practice across the course.

5.3.8.5.1 Staff training and development

The Educator support unit **must** maintain records of staff training to be held in the shared data base. The Director of Medical Education is responsible for identifying opportunities for staff development through membership of professional societies, attendance at conferences, and participation in

educational scholarship and research. Records of staff attendance at development events **must** be held in the shared data base.

5.3.8.5.2 Encouragement of good practice

The Director of Medical Education and the Programme Executive **must** ensure that staff are encouraged to identify through scholarship opportunities for quality enhancement. The Programme Executive must have a regular agenda item to consider possible innovations in the course, and staff encouraged to innovate.

5.3.8.5.3 Evaluation of innovation

All interventions approved by the Programme Executive **must**, at a minimum, be evaluated through student reaction before and after the intervention. Where possible more sophisticated evaluation should be employed with a view to disseminating innovation to other medical schools through presentations at conferences and published papers.

5.3.8.6 Report to the Medical School, stakeholders and GMC

5.3.8.6.1 Annual Reports

The Lead of each EPU **must** provide a report to the Medical School at least annually, which is held in the Shared evidence database. The key element of this report should be an update on the risk register maintained by the EPU with a commentary on the strengths as well as weaknesses of the provision, any broader issues that may be impacting upon the delivery of its functions within the curriculum and any successes that might be generalisable to other EPUs.

The EPU Quality Group **must** consider the report. The Quality Lead uses the information provided by each individual EPUs' annual report in the creation of the UBMS Quality Lead annual report.

The Medical School quality report is made to the governance structures, in particular the Board of Studies for the MB ChB.

The quality report should be a standing item to be discussed on agendas of placement provider visits.

5.3.8.6.2 Other Reports

The Shared Evidence database **must** hold all records of communications relating to quality, including:

- Reports to Programme management and governance structures
- Reports to University Quality structures
- Reports to students
- Reports to Stakeholders such as partner organisations and patient representatives
- Reports to Regulators

The EPU Quality administrator **must** submit all records of communication from the EPUs into the shared evidence database in a timely fashion. The Quality Unit **must** receive the reports and ensure that the information is available in the shared evidence base and circulated to the relevant governance structures

5.3.9 Managing the Shared Evidence Database

5.3.9.1 Document Compliance

All documentation entered into the Quality shared evidence database **must** adhere to the UBMS documentation preparation guidelines and be presented on appropriate UBMS templates.

Key information **must** be submitted with all evidence, this includes: Title, Originator, Date, version history and where appropriate board approval and date.

The Quality Unit **must** operate a revision control system, allowing only the most recent versions of policies to be accessible but recording document histories to allow an audit trail if necessary.

5.4 EPU Visits and Checks

All organisations providing (mainly) clinical teaching under contract **must** be visited as part of the UBMS Quality management process. EPUs within the University structure **should** meet at regular intervals with the Quality Lead to report on quality issues but will not be subject to formal visits unless there is a need formally to respond to a concern.

5.4.1 Visits to Secondary Care placement providers

All secondary care placement providers **must** be visited at least annually. It is the responsibility of the Quality Unit to organise the visit.

The visit to a secondary care placement provider takes a standard format.

The University of Buckingham Medical School shall be represented by:

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

The LEP is 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 responsible for quality control.

The agenda for the visit includes:

Consideration of the shared evidence relating to the provision at that EPU.

- Review and validation of the risk register
- Consideration on progress by the EPU in relation to resolving issues identified in the risk register
- Identification of an action plan to address any issues arising from that evidence.
- Review of facilities provided for students 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 **must** be produced by the Quality Unit and held as part of the shared evidence base. The process of evidence collection and visits may engage with the Quality Management processes of the postgraduate Deanery through sharing of evidence.

5.4.2 Visits to General Practices

The process operates differently for General Practices and **should** be coordinated through the GP Quality Lead. Just as with other Education Provider Units evidence **must** be held in the Shared Evidence Base, but given the number of practices, and their size, the visits processes are 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 should be similar to secondary providers.

After each visit the GP Quality Lead **must** produce a report to be held in the Shared Evidence Base. Should a concern arise then a Quality concern **must** be raised and the practice may be visited much more frequently.

5.5 Quality Concern Process

Concerns about educational quality may be raised by any route and **must** always be taken seriously. Information on how to raise a concern **must** be available to students and stakeholders on the virtual learning environment.

- 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.

Concerns **must** be recorded in a standard format in the shared evidence data base. This may be completed by the member of Medical School staff who is informed of the concern, or by the individual raising the concern. The University and Medical School has a clear 'whistle-blowing' policy which **must** be followed to protect anyone raising concerns.

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

A concern warranting response **must** be serious, and judged by the Quality Lead, in consultation with the Director of Medical Education to have the potential to significantly disrupt the learning of a group of students. This may include persistent failure to deliver teaching, inadequate resources for learning, inadequate opportunities for clinical experience or inadequate support of students. They may also relate to the conduct of teachers or other staff.

In most cases the concern should be addressed by the Quality Lead convening an action group, made up of:

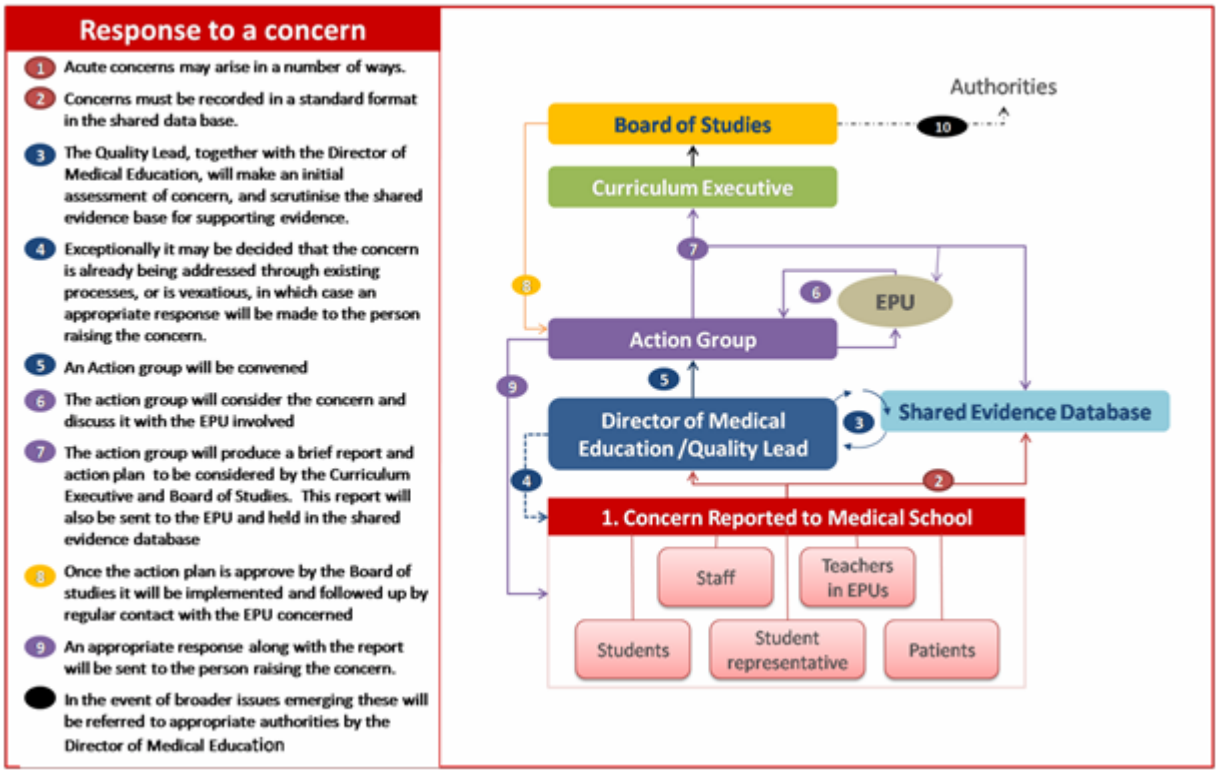
- The Quality Lead
- The Director of Medical Education or representative
- An appropriate Curriculum or Assessment Lead
- A student representative

The action group **must** consider the concern, discuss it with the Education Provider Unit(s) involved, a targeted meeting or visit may be necessary. A brief report and action plan for addressing the concern **must** be produced with the EPU(s) involved. The Quality Lead **must** submit this to the quality shared evidence database and send it to be considered by the Programme Executive and MB ChB Board of Studies.

The Quality lead should ensure there is regular follow up contact with the EPU concerned. The EPU Lead **must** update the Quality Lead of the achievement of the milestones within the action plan which **must** be reported to the Programme Executive and Board of Studies.

Inevitably environments that give rise to educational concerns may also raise other concerns about broader issues of clinical provision. In the event of broader issues emerging these **must** be referred to appropriate authorities by the Director of Medical Education, on the approval of Board of Studies.

In the event of a concern being raised about the Director of Medical Education or the Quality Lead a member of the Programme Executive should take over the concerns process, and convene an appropriate group to take it to completion.



5.6 *MB ChB Risk Register*

The MB ChB Risk register is a global risk register supplemented by a record of the individual risk registers defined within the EPUs.

The **global risk register must** be maintained by the Quality Lead in consultation with the Director of Medical Education and should identifies the risks to the provision in each domain defined by the General Medical Council in *Promoting Excellence – Standards for Medical Education and Training' (2015).* For each paragraph in that document the risk register holds information on:

- Medical School and EPU policies underpinning the standard, together with their date(s) of approval and review
- Responsible person for that activity
- Actions taken or being taken to ensure compliance with the standard concerned with timeline
- Estimate of current compliance with the standard
- Key risks to the maintenance of compliance with that standard
- Estimates of the likelihood and impact of those risks
- Record of actions taken to mitigate risk

- A status assessment using the traffic light colour designations; Red, Amber or Green (Overall RAG rating for that standard)

The quality processes **must** be reactive, proactive, preventive, predictive, and pre-emptive. The risk register is designed to identify, address and eliminate any potential events that may affect the Medical School's ability to meet the standards prescribed.

Each EPU **must** maintain a **local risk register** in the same format to identify and manage risks to standards emanating from the activities of that EPU. The EPU **must** submit the local risk registers to the Quality unit. The Quality Lead, in consultation with the Director of Medical Education, **must** consider the local risk registers of the EPUs to produce the global risk register. The Programme Executive and the MB ChB Board of Studies **must** receive regular updates on the risks identified by the MB ChB Risk register.

5.7 Quality management of quality process

The Director of Medical Education is responsible for the quality management of the quality management systems.

The Quality Lead **must** ensure that a broad overview of Quality is taken at least once a year. The Quality Lead **must** consider the evidence of quality within the Quality register and shared evidence database.

- It is expected that the process of collection and analysis of the Shared Evidence may reveal issues. The Quality Unit **must** identify broad quality themes, and suggest enhancement activities or curriculum change to address them.
- The Quality Lead **must** create a MB ChB risk register. The Quality Lead **must** liaise with the EPU/Domain Quality Lead to produce an action plan to mitigate risks and manage its implementation.
- The Quality team **must** also consider good practice in quality control mechanisms and processes within EPUs. The Quality team should identify areas of good practice annually and disseminate it through the EPUs and domains.
- The Quality Unit should also perform audits of the evidence of quality within the Quality register and shared evidence database to regularly assess the quality and utility of the data being held.

The Quality Lead **must** produce an annual report that collates this information for the consideration of the MB ChB Board of studies. The Quality Lead annual report should identify broad quality themes, specific issues based on risk analysis, continual improvements and areas of good practice. This report should be widely available to stakeholders including students, partner organisations such as NHS Trusts & GPs. The Quality report **must** be a standing item to be discussed on agendas of placement provider visits.

5.8 University Governance of Quality Management

The Director of Medical Education and the Quality Lead are responsible to the Board of Studies for engagement with University Quality Assurance procedures which run in parallel with the Medical School Quality Management processes.

5.8.1 Annual reporting

The Quality Lead will be responsible for producing an annual report. Following approval by the Board of Studies, this should 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.

5.8.2 Periodic Review

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

6 Quality Control Systems of the MB ChB

Quality Control (QC) is the processes used by each provider to ensure medical students receive education and training in accordance with the standards defined by the Medical School in order to meet the standards defined by the General Medical Council.

Quality control systems operate within structures that are overseen by quality management systems. This section codifies the processes underpinning these elements, and records the approved processes operating in each Education Provider Unit.

6.1 Standards for approval of Quality Control Systems

Each education provider unit **must** put in place quality control structures which ensure that, at a minimum, the following requirements are met. The Medical School approves the mechanisms in each EPU against these standards.

6.2 Quality control infrastructure

6.2.1 Organisational structures for quality control

Each Education Provider Unit **must** have a designated senior person responsible for quality control, The Quality Control Lead, with administrative support appropriate for the workload in that EPU. In the case of EPUs delivering education under contract to the University the EPU quality lead **must** hold a senior position in the management of the organisation concerned, have appropriate reporting lines in their organisation, and be in a position to influence overall organisational policy so as to ensure that quality issues may properly be addressed.

The quality lead in each EPU **must** convene a quality group to consider evidence of quality, identify quality issues, maintain a local risk register, and formulate action plans. That quality group **must** be empowered to act within the organisation.

The EPUs will inform the Quality Unit of any changes of local management structures, staff and or facilities as part of their annual report.

6.2.1.1 Record of current Service Level Agreements

Those EPU's who provide service to the Medical School under contract are bound by Service Level Agreements. The Quality lead **must** ensure, where appropriate, EPUs have a current SLA. The Quality Lead **must** record the contract dates and **must** inform the relevant management structures within the University and EPU 6 months prior to SLA expiry.

The quality shared evidence database **must** hold a current signed copy of those agreements and the quality register should detail the process of renewal and the person, or persons, responsible for the agreement within the EPU.

6.2.2 *Organisational policies for quality control*

Each Education Provider unit **must** establish and gain approval of policies to underpin local quality control mechanisms. In the case of EPUs that operate within the Medical School these may refer to generic Medical School policies supplemented by policies, standards and codes specific to the EPU. The EPU Quality control Lead will submit new or re-versioned policies to the UBMS Quality administrator prior to implementing it. In the case of EPU's providing placements under contract the organisation **must** have equivalents to each Medical School policy, plus policies and codes specific to that EPU.

As a minimum each EPU **must** have or refer to policies for:

- Supervision and patient safety
- Whistle blowing
- Raising concerns about student conduct
- Equality & Diversity
- Supporting students in difficulty
- Staff training and appraisal
- Maintenance of educational facilities

6.3 *Collection of Evidence about Quality*

The EPU **must** have in place systems either to collect evidence directly and submit to the Medical school shared evidence database or to access evidence collected by systems in the Medical School and held within the Shared Evidence database. Each EPU **must** collate data with respect to:

6.3.1 *Evidence of student reaction*

This will normally be through student evaluation of curriculum elements or processes. As a minimum these data should be collected through the use of questionnaires, normally administered by the Medical School, but they may be supplemented by other methods such as focus groups. Where data are not collected directly by the Medical School they **must** be lodged with the Medical School in the shared data-base as soon as possible after collection.

For elements of the curriculum, student evaluation will be collected on every occasion that the curriculum element runs, using a standard questionnaire format. The EPU may add up to three questions specific to that EPU. For other curriculum processes evaluation should be conducted at least annually using an appropriate questionnaire.

6.3.2 *Evidence of Student Learning*

Each EPU should, wherever relevant, seek data relating to evidence of student learning impacted by the activity of that EPU. This **must** include evidence of student performance in assessments. The assessment unit will provide a breakdown of student performance in summative assessments according to elements of the curriculum as far as is possible in an integrated assessment system. Each EPU **must** reflect on lessons from that breakdown for the operation of the EPU. For those EPUs that support elements of the curriculum there will normally also be data about the performance of students in formative assessments. Where staff involved in the EPU are also part of marking teams for constructed response questions, or act as OSCE examiners there are also lessons to be learned about student learning from that activity, and the EPU should have processes to capture such lessons whenever possible.

6.3.3 Evidence of Student Behaviour

Mechanisms should be in place to collect information about student behaviour, normally through recording the observations of staff. In many situations these data will be collected by the Medical School and held in the shared data base, but whenever appropriate the EPU should solicit the views of staff about the actual performance of students in the learning environment or workplace. This will be particularly relevant for EPUs that provide clinical placements.

6.3.4 Evidence of Impact

Collection of this evidence is the responsibility of the Medical School, which will put in place systems for monitoring the progress of graduates of the school. Individual EPUs should reflect upon any lessons for their operation from the data that are eventually collected.

6.4 Evidence of action on quality

Each Education Provider Unit **must** have in place mechanisms for the systematic consideration of quality data in each of the categories quality evidence has been collected and held within the shared evidence database:

- Evidence of student reaction
- Evidence of Student Learning
- Evidence about student behaviour
- Evidence of Impact

6.4.1 Considering quality data

The EPU Quality control Lead **must** ensure that appropriate staff in the EPU meet periodically to consider the quality data and identify issues. Meetings **must** take place at least annually in the case of curriculum elements and processes within the Medical School, and at least termly in providers of placements. There **must** also be mechanisms in place to react rapidly to consider acute concerns identified by any route.

6.4.2 Identifying quality issues

Each Education Provider Unit **must** identify quality issues arising from the shared evidence quality data in a timely fashion. Each EPU **must** maintain a live risk register which identifies all ongoing quality issues, and each issue **must** be RAG rated.

The risk register for each EPU **must** include a description of action taken to address quality issues, including a time line for that action, an identified person responsible for that action and the criteria for identifying a successful intervention to deal with the issue. The risk registers **must** be held on the Medical School shared evidence data base.

6.4.3 Communication about quality issues

Each EPU **must** communicate the action(s) taken in response to identified quality issues. Each EPU **must** have a designated individual responsible for communication with the Medical School, and where appropriate with students. The Medical School will have mechanisms in place for communication with students through the Virtual Learning Environment, and EPUs should use this route, though they may communicate directly with student groups to deal with specific issue so long as that communication is reported to the Medical School.

6.4.3.1 Consider Learning environment and culture

The EPU Quality Group must consider the learning environment and culture as an agenda item as part of the Quality meeting. The EPU Quality register must outline the structures for the local management of undergraduate medical education within the EPU.

Each EPU **must** consider the education facilities and infrastructure which support undergraduate medical education within the EPU.

6.4.3.1.1 Staffing

The quality group of each EPU **must** produce and maintain a definition of responsibilities and a list of staff involved. It is the responsibilities of the EPUs to ensure that the staff who contribute to undergraduate medical education must be are appropriately selected, trained, supported and appraised.

6.4.3.1.2 Patient safety

The Quality group must review the evidence held in the shared evidence database, especially response to concerns to ensure that the safety of patients is not put at risk by student's duties. If analysis of the data identifies any issues which compromise patient safety the Medical School Response must be informed immediately. There must be mechanisms in place to react rapidly to consider acute concerns identified by any route.

6.4.3.1.3 Equality and Diversity

All EPUs must be able to demonstrate, with supportive evidence that processes within them are fair and based on the principles of equality.

6.4.4 Responding to concerns

The EPU **must** have in place mechanisms for students to raise concerns at a local level, and for the management of those concerns.

All concerns **must** be reported to the medical school, however minor.

6.4.5 Mechanisms for Enhancing Quality

Each EPU **must** define mechanisms for local quality enhancement, which include as a minimum:

- Structures and resources for staff training
- Appropriate inclusion of educational activity in appraisal
- Mechanisms for defining and spreading good practice within the EPU

6.4.6 Reporting to the Medical School

Each EPU **must** provide a report to the Medical School at least annually. The key element of this report should be an update on the risk register maintained by the EPU with a commentary on the strengths as well as weaknesses of the provision, any broader issues that may be impacting upon the delivery of its functions within the curriculum and any successes that might be generalisable to other EPUs. This report must be considered by the Quality Group and a report made to the MB ChB governance structures, in particular the Board of Studies for the MB ChB. In the case of placement providers, the report will be discussed at a visit that will take place at least annually for secondary care providers, and at least every five years for primary care providers (see below). Visits **must** take place more frequently if risks to quality are identified.

6.5 Visits including checks

The EPU **must** facilitate quality management visits in a timely fashion, and a contact person **must** be identified for the organisation of the visits.

The Medical School **must** conduct visits to those EPUs delivering educational services under contract, according to the processes described in section 5.4 above. Quality systems within EPUs **must** cooperate with the visit process and provide such information as is required. EPUs within the University structure **must** meet at regular intervals with the Quality Lead to report on quality issues, but will not be subject to formal visits unless there is a need formally to respond to a concern (see below).

6.6 Responses to concerns

Notwithstanding the routine operation of Quality Control and Management processes, procedures **must** be in place to manage acute concerns about quality arising from any source. The processes for managing concerns are described in section 5.5 above.

Any concern regarded as significant by the Medical School **must** be managed through the 'response to concerns process'. Quality systems within EPUs **must** cooperate with that process. Each EPU **must** have a designated responsible person to cooperate with the UBMS Quality Action Group and ensure the delivery of the action plan in a timely fashion

With the approval of the Medical School, some concerns regarded as minor by the Medical School may be managed locally through systems in the EPU, and systems should be in place to do this.

All records of concerns raised and how they were managed **must** be held in the Quality Shared Evidence Database.

7 Quality Control Mechanisms at EPUs in the Quality Register

7.1 The Phase 1 Course

Education Provider Unit	Phase 1 Course	
Quality Structures		
Role	*Person (s)*	*Accountable to*
Quality Control Lead	Phase 1 Lead	Director of Medical Education
Administrative Lead for Quality		Phase 1 Administrator
Quality Group	Phase 1 Quality Group – one unit lead from each term of the course.	Phase 1 Lead
Quality Control Processes – Evidence Collection		
Process	*Responsible for collecting*	*Responsible for Collating*
Evidence of student reaction	Medical School Quality Unit collects student feedback after every unit.	Phase 1 Administrator
Evidence of student learning	Medical School Assessment unit	Phase 1 Administrator
Evidence of student behaviour	Medical school Quality Unit Trust staff through meetings	Phase 1 Administrator
Evidence of impact	Medical School Quality Unit	Phase 1 Administrator
Quality control processes – Identifying & managing quality issues		
Process	*Responsible for action*	*Responsible for monitoring action*
Review of Quality Evidence	Phase 1 Quality Group reviews evidence and responses from individual unit leads to unit- specific issues	Phase 1 Administrator
Defining risk register	Phase 1 Lead	Phase 1 Administrator
Defining action plans	Phase 1 Management group	Phase 1 Administrator
Implementing action plans	Relevant Phase 1 unit leads	Phase 1 Lead
Communicating quality matters	Phase 1 Lead	Medical School Quality Unit
Quality control processes – Interaction with Medical School quality management.		
Process	*Responsible for action*	*Administrative support*
Annual report to Medical School	Phase 1 Lead	Phase 1 Administrator
Quality control processes – Response to concerns		
Process	*Responsible for action*	*Administrative support*
Initial contact about concern	Phase 1 Lead	Phase 1 Administrator
Managing concern	Phase 1 Lead plus relevant Phase 1 unit leads	Phase 1 Administrator
Liaison with Medical School action group	Phase 1 Lead	

7.2 Phase I Sub-EPU - Student Selected Components in Phase 1 –

Education Provider Unit	Student Selected Components (SSC)	
Quality Structures		
Role	*Person (s)*	*Accountable to*
Quality Control Lead	Phase 1 Lead	Director of Medical Education
Administrative Lead for Quality		Phase 1 Administrator
Quality Group	Phase 1 Quality Group – one unit lead from each term of the course.	Phase 1 Lead
Quality Control Processes – Evidence Collection		
Process	*Responsible for collecting*	*Responsible for Collating*
Evidence of student reaction	Medical School Quality Unit collects student feedback after every Student selected component.	Phase 1 Administrator
Evidence of student learning	Medical School Assessment unit	Phase 1 Administrator
Evidence of student behaviour	Medical school Quality Unit Trust Staff through meetings	Phase 1 Administrator
Evidence of impact	Medical School Quality Unit	Phase 1 Administrator
Quality control processes – Identifying & managing quality issues		
Process	*Responsible for action*	*Responsible for monitoring action*
Review of Quality Evidence	SSC Group reviews evidence and responses from student selected component leads to specific issues	Phase 1 Administrator
Defining risk register	Phase 1 Lead	Phase 1 Administrator
Defining action plans	SSC group	Phase 1 Administrator
Implementing action plans	Relevant SSC leads	Phase 1 Lead
Communicating quality matters	Phase 1 Lead	Medical School Quality Unit
Quality control processes – Interaction with Medical School quality management.		
Process	*Responsible for action*	*Administrative support*
Annual report to Medical School	Phase 1 Lead	Phase 1 Administrator
Quality control processes – Response to concerns		
Process	*Responsible for action*	*Administrative support*
Initial contact about concern	Phase 1 Lead	Phase 1 Administrator
Managing concern	Phase 1 Lead plus relevant SSC leads	Phase 1 Administrator
Liaison with Medical School action group	Phase 1 Lead	

7.3 Phase I Sub-EPU Clinical Skills Foundation Course

Education Provider Unit	Clinical Skills Foundation Course	
Quality Structures		
Role	*Person (s)*	*Accountable to*
Quality Control Lead	Phase I Lead	Director of Medical Education
Administrative Lead for Quality		Phase 1 Administrator
Quality Group	Phase 1 Quality Group – one unit lead from each term of the course.	Phase 1 Lead
Quality Control Processes – Evidence Collection		
Process	*Responsible for collecting*	*Responsible for Collating*
Evidence of student reaction	Medical School Quality Unit collects student feedback after the CSFC.	Phase 1 Administrator
Evidence of student learning	Medical School Assessment unit	Phase 1 Administrator
Evidence of student behaviour	Medical school Quality Unit Trust and General Practice staff through meetings	Phase 1 Administrator
Evidence of impact	Medical School Quality Unit	Phase 1 Administrator
Quality control processes – Identifying & managing quality issues		
Process	*Responsible for action*	*Responsible for monitoring action*
Review of Quality Evidence	Phase I Quality Group reviews evidence and responses from placement leads to component specific issues	Phase 1 Administrator
Defining risk register	Phase I Lead	Phase 1 Administrator
Defining action plans	Phase I Quality group	Phase 1 Administrator
Implementing action plans	Relevant CFC unit leads	Phase 1 Lead plus CSFC Lead
Communicating quality matters	Phase 1 Lead	Medical School Quality Unit
Quality control processes – Interaction with Medical School quality management.		
Process	*Responsible for action*	*Administrative support*
Annual report to Medical School	Phase 1 Lead	Phase 1 Administrator
Quality control processes – Response to concerns		
Process	*Responsible for action*	*Administrative support*
Initial contact about concern	Phase 1 Lead plus CSFC Lead	Phase 1 Administrator
Managing concern	Phase 1 Lead plus CSFC Lead	Phase 1 Administrator
Liaison with Medical School action group	Phase 1 Lead plus CSFC Lead	

7.4 The Phase 2 Course

Education Provider Unit	Phase 2 Course	
Quality Structures		
Role	*Person (s)*	*Accountable to*
Quality Lead	Phase 2 Lead	Director of Medical Education
Administrative Lead for Quality		Phase 2 Administrator
Quality Group	Phase 2 Quality group – Theme leads for curriculum. Quality group reviews quality data across Phase 2 for all providers of placements	Phase 2 Lead
Quality Control Processes – Evidence Collection		
Process	*Responsible for collecting*	*Responsible for Collating*
Evidence of student reaction	Medical School Quality Unit collects student feedback after every block.	Phase 2 Administrator
Evidence of student learning	Medical School Assessment unit	Phase 2 Administrator
Evidence of student behaviour	Medical school Quality Unit Trust staff through meetings	Phase 2 Administrator
Evidence of impact	Medical School Quality Unit	Phase 2 Administrator
Quality control processes – Identifying & managing quality issues		
Process	*Responsible for action*	*Responsible for monitoring action*
Review of Quality Evidence	Phase 2 Quality Group reviews evidence and responses from individual block leads to block-specific issues	Phase 2 Administrator
Defining risk register	Phase 2 Lead	Phase 2 Administrator
Defining action plans	Phase 2 Management group	Phase 2 Administrator
Implementing action plans	Implementation in conjunction with quality management of activity in placement providers through shared risk registers	Phase 2 Lead
Communicating quality matters	Phase 2 Lead	Medical School Quality Unit
Quality control processes – Interaction with Medical School quality management.		
Process	*Responsible for action*	*Administrative support*
Annual report to Medical School	Phase 2 Lead	Phase 2 Administrator
Quality control processes – Response to concerns		
Process	*Responsible for action*	*Administrative support*
Initial contact about concern	Phase 2 Lead	Phase 2 Administrator
Managing concern	Phase 2 Lead plus relevant Phase 2 block leads	Phase 2 Administrator
Liaison with Medical School action group	Phase 2 Lead	Phase 2 Administrator

7.5 Milton Keynes Hospital NHS Foundation Trust

Organisation	Milton Keynes Hospital NHS Foundation Trust	
Quality Structures		
Role	*Person (s)*	*Accountable to*
Quality Control Lead	Trust Director of Medical Education or deputy	Medical Director/Chief Executive
Administrative Lead for Quality	Undergraduate quality administrator.	Trust Director of Medical Education
Quality Group	DME, Deputy DME, Assistant Director Education, Interim Medical & Dental Education Manager & UoB MS Manager, Professor of Clinical Education, Buckingham Medical School, Program Manager, Medical Education & Medical School Manager, Quality Support Officer UBMS Phase 2 lead and Quality Lead invited members Meets at least every six months.	Trust Director of Medical Education
Quality Control Processes – Evidence Collection		
Process	*Responsible for collecting*	*Responsible for*
Evidence of student reaction	Medical School Quality Unit collects student feedback after every block Block administrators in Trust collect additional feedback through meetings with students	Trust Quality admin lead
Evidence of student	Medical School Assessment unit	Trust quality admin
Evidence of student behaviour	Medical school Quality Unit Trust staff through meetings	Trust quality admin lead
Evidence of impact	Medical School Quality Unit	Trust quality admin
Quality control processes – Identifying & managing		
Process	*Responsible for action*	*Responsible for*
Review of Quality Evidence	Quality group chaired by Trust DME	Trust quality admin lead
Defining risk register	Trust DME	Trust quality admin
Defining action plans	Quality group	Trust quality admin
Implementing action plans	Trust lead for relevant curriculum component	Trust Director of Medical Education
Communicating quality	Trust quality admin lead	Medical School Quality
Quality control processes – Interaction with Medical		
Process	*Responsible for action*	*Administrative support*
Annual report to Medical School	Trust Director of Medical Education	Trust quality admin lead
Medical School Quality Visits	Trust Director of Medical Education	Trust quality admin lead
Quality control processes – Response to concerns		
Process	*Responsible for action*	*Administrative support*
Initial contact about	Trust DME	Trust Quality admin
Managing concern	Member of Trust quality group nominated by Trust DME	Trust quality admin lead
Liaison with Medical School action group	Trust quality admin lead	

7.6 South Warwickshire NHS Foundation Trust

Organisation	South Warwickshire NHS Foundation Trust	
Quality Structures		
Role	*Person (s)*	*Accountable to*
Quality Control Lead	Trust Director of Medical Education or deputy	Medical Director/Chief Executive
Administrative Lead for Quality	Undergraduate quality administrator.	Trust Director of Medical Education
Quality Group	Trust lead for Phase 1 placements and leads for each block in Phase 2. Chaired by Trust DME or nominated deputy. Meets at least every six months.	Trust Director of Medical Education
Quality Control Processes – Evidence Collection		
Process	*Responsible for collecting*	*Responsible for Collating*
Evidence of student reaction	Medical School Quality Unit collects student feedback after every block Block administrators in Trust collect additional feedback through meetings with students	Trust Quality admin lead
Evidence of student learning	Medical School Assessment unit	Trust quality admin lead
Evidence of student behaviour	Medical school Quality Unit Trust staff through meetings	Trust quality admin lead
Evidence of impact	Medical School Quality Unit	Trust quality admin lead
Quality control processes – Identifying & managing quality issues		
Process	*Responsible for action*	*Responsible for monitoring action*
Review of Quality Evidence	Quality group chaired by Trust DME	Trust quality admin lead
Defining risk register	Trust DME	Trust quality admin lead
Defining action plans	Quality group	Trust quality admin lead
Implementing action plans	Trust lead for relevant curriculum component	Trust Director of Medical Education
Communicating quality matters	Trust quality admin lead	Medical School Quality Unit
Quality control processes – Interaction with Medical School quality management.		
Process	*Responsible for action*	*Administrative support*
Annual report to Medical School	Trust Director of Medical Education	Trust quality admin lead
Medical School Quality Visits	Trust Director of Medical Education	Trust quality admin lead
Quality control processes – Response to concerns		
Process	*Responsible for action*	*Administrative support*
Initial contact about concern	Trust DME	Trust Quality admin lead
Managing concern	Member of Trust quality group nominated by Trust DME	Trust quality admin lead
Liaison with Medical School action group	Trust quality admin lead	

7.7 St Andrews Hospital

Organisation	St Andrews Hospital	
Quality Structures		
Role	*Person (s)*	*Accountable to*
Quality Control Lead	Trust Director of Medical Education or deputy	Medical Director/Chief Executive
Administrative Lead for Quality	Undergraduate quality administrator.	Trust Director of Medical Education
Quality Group	Phase 2 block lead. Undergraduate Medical Education Lead. Chaired by Trust DME or nominated deputy. Meets at least every six months.	Trust Director of Medical Education
Quality Control Processes – Evidence Collection		
Process	*Responsible for collecting*	*Responsible for Collating*
Evidence of student reaction	Medical School Quality Unit collects student feedback after every block Block administrators in Trust collect additional feedback through meetings with students	Trust Quality admin lead
Evidence of student learning	Medical School Assessment unit	Trust quality admin lead
Evidence of student behaviour	Medical school Quality Unit Trust staff through meetings	Trust quality admin lead
Evidence of impact	Medical School Quality Unit	Trust quality admin lead
Quality control processes – Identifying & managing quality issues		
Process	*Responsible for action*	*Responsible for monitoring action*
Review of Quality Evidence	Quality group chaired by Trust DME	Trust quality admin lead
Defining risk register	Trust DME	Trust quality admin lead
Defining action plans	Quality group	Trust quality admin lead
Implementing action plans	Trust lead for relevant curriculum component	Trust Director of Medical Education
Communicating quality matters	Trust quality admin lead	Medical School Quality Unit
Quality control processes – Interaction with Medical School quality management.		
Process	*Responsible for action*	*Administrative support*
Annual report to Medical School	Trust Director of Medical Education	Trust quality admin lead
Medical School Quality Visits	Trust Director of Medical Education	Trust quality admin lead
Quality control processes – Response to concerns		
Process	*Responsible for action*	*Administrative support*
Initial contact about concern	Trust DME	Trust Quality admin lead
Managing concern	Member of Trust quality group nominated by Trust DME	Trust quality admin lead
Liaison with Medical School action group	Trust quality admin lead	

7.8 General Practices

Organisation	General Practices	
Quality Structures		
Role	*Person (s)*	*Accountable to*
Quality Control Lead	GP Quality Lead	UBMS Director of Medical Education
Administrative Lead for Quality		GP Quality Lead
Quality Control Group	GP Lead, GP Quality Lead. A Phase I Lead from a Phase I GP practice, a lead from Phase 2 GP practices. CSFC Lead, Practical procedures lead. Chaired by GP Quality Lead or nominated deputy. The group subdivide to consider Phase 1 and Phase 2 data separately Meets at least every six months.	GP Lead
Quality Control Processes – Evidence Collection		
Process	*Responsible for collecting*	*Responsible for Collating*
Evidence of student reaction	Medical School Quality Unit collects student feedback after every placement. GP administrators collect additional feedback through meetings with students	GP Quality lead
Evidence of student learning	Medical School Assessment unit	GP Quality lead
Evidence of student behaviour	Medical school Quality Unit Trust staff through meetings	GP Quality lead
Evidence of impact	Medical School Quality Unit	GP Quality lead
Quality control processes – Identifying & managing quality issues		
Process	*Responsible for action*	*Responsible for monitoring action*
Review of Quality Evidence	GP Quality group chaired by GP quality Lead	GP Quality lead
Defining risk register	GP Quality Lead	GP Quality lead
Defining action plans	GP Quality group	GP Quality lead
Implementing action plans	GP lead for relevant placement	GP Quality lead
Communicating quality matters	GP Quality lead	Medical School Quality Unit
Quality control processes – Interaction with Medical School quality management.		
Process	*Responsible for action*	*Administrative support*
Annual report to Medical School	GP Lead	GP Quality lead
Medical School Quality Visits	GP Quality Lead and Lead of placement	Quality Administrator
Quality control processes – Response to concerns		
Process	*Responsible for action*	*Administrative support*
Initial contact about concern	GP Lead	GP Quality lead
Managing concern	GP Quality lead	Quality Administrator
Liaison with Medical School action group	GP Quality lead	

7.9 Selection

Education Provider Unit	Selection	
Quality Structures		
Role	*Person (s)*	*Accountable to*
Quality Control Lead	Selection Lead	Director of Medical Education
Administrative Lead for Quality	Selection administrator	Selection Lead
Quality Group	Selection Lead, Director of Medical Education, Quality Lead, Equality and Diversity Lead, Operations Manager, Medical School Admissions Officer, Admissions & Marketing Administrator, Recruitment & Communications Officer, Operations Assistant.	Selection Lead
Quality Control Processes – Evidence Collection		
Process	*Responsible for collecting*	*Responsible for Collating*
Evidence of student reaction	Medical School Quality Unit collects student feedback after every selection event.	Selection Administrator
Evidence of student performance	Medical School Assessment unit	Selection Administrator
Evidence of student behaviour	Medical school Quality Unit	Selection Administrator
Evidence of impact	Medical School Quality Unit	Selection Administrator
Quality control processes – Identifying & managing quality issues		
Process	*Responsible for action*	*Responsible for monitoring action*
Review of Quality Evidence	Selection Management Group reviews evidence from admission and selection events.	Selection Administrator
Defining risk register	Selection Lead	Selection Administrator
Defining action plans	Selection Management Group	Selection Administrator
Implementing action plans	Selection Management Group	Selection Lead
Communicating quality matters	Selection Lead	Medical School Quality Unit
Quality control processes – Interaction with Medical School quality management.		
Process	*Responsible for action*	*Administrative support*
Annual report to Medical School	Selection Lead	Selection Administrator
Quality control processes – Response to concerns		
Process	*Responsible for action*	*Administrative support*
Initial contact about concern	Selection Lead	Selection Administrator
Managing concern	Selection Lead	Selection Administrator
Liaison with Medical School action group	Selection Lead	

7.10 Learner Support

Education Provider Unit	Learner Support	
Quality Structures		
Role	*Person (s)*	*Accountable to*
Quality Control Lead	Student Support Lead	Director of Medical Education
Administrative Lead for Quality		Student Support Lead
Quality Group	Learner Support Group – Pastoral Lead, One Personal Tutor, Staff Development Lead, Phase I and Phase 2 leads, One unit Lead, One block lead, Career Guidance representative, Student representative, Member of Concerns Group and Fitness to Practice Panel	Student Support Lead
Quality Control Processes – Evidence Collection		
Process	*Responsible for collecting*	*Responsible for Collating*
Evidence of student reaction	Medical School Quality Unit collects student feedback.	Student Support Administrator
Evidence of student learning	Medical School Assessment unit	Student Support Administrator
Evidence of student behaviour	Medical school Quality Unit Concerns Process E-portfolio	Student Support Administrator
Evidence of impact	Medical School Quality Unit	Student Support Administrator
Quality control processes – Identifying & managing quality issues		
Process	*Responsible for action*	*Responsible for monitoring action*
Review of Quality Evidence	Learner Support group	Student Support Administrator
Defining risk register	Student Support lead, Pastoral Lead and Staff development lead will create individual risk registers which will be collated by the Student Support Lead	Student Support Administrator
Defining action plans	Learner support group	Student Support Administrator
Implementing action plans	Learner Support Group	Student Support Lead
Communicating quality matters	Student Support Lead	Medical School Quality Unit
Quality control processes – Interaction with Medical School quality management.		
Process	*Responsible for action*	*Administrative support*
Annual report to Medical School	Student Support Lead	Student Support Administrator
Quality control processes – Response to concerns		
Process	*Responsible for action*	*Administrative support*
Initial contact about concern	Student Support Lead	Student Support Administrator
Managing concern	Student Support lead, the relevant lead of the area concern rising; Pastoral, Curriculum	Student Support Administrator
Liaison with Medical School action group	Student Support Lead	

7.11 Educator Support

Education Provider Unit	Educator Support	
Quality Structures		
Role	*Person (s)*	*Accountable to*
Quality Control Lead	Educator Support Lead	Director of Medical Education
Administrative Lead for Quality		Educator Support Lead
Quality Group	Educator Support Group – Pastoral Lead, One Personal Tutor, Staff Development Lead, Phase I and Phase 2 leads, One unit Lead, One block lead, Equality Lead, Career Guidance representative, Student representative, Member of Concerns Group and Fitness to Practice Panel	Educator Support Lead
Quality Control Processes – Evidence Collection		
Process	*Responsible for collecting*	*Responsible for Collating*
Evidence of student reaction	Medical School Quality Unit collects student feedback.	Educator Support Administrator
Evidence of student learning	Medical School Assessment unit	Educator Support Administrator
Evidence of student behaviour	Medical school Quality Unit Concerns Process E-portfolio	Educator Support Administrator
Evidence of impact	Medical School Quality Unit	Educator Support Administrator
Quality control processes – Identifying & managing quality issues		
Process	*Responsible for action*	*Responsible for monitoring action*
Review of Quality Evidence	Educator Support group	Educator Support Administrator
Defining risk register	Educator Support lead	Educator Support Administrator
Defining action plans	Educator Support group	Educator Support Administrator
Implementing action plans	Educator Support Group	Educator support Lead
Communicating quality matters	Educator Support Lead	Medical School Quality Unit
Quality control processes – Interaction with Medical School quality management.		
Process	*Responsible for action*	*Administrative support*
Annual report to Medical School	Educator Support Lead	Eductaor Support Administrator
Quality control processes – Response to concerns		
Process	*Responsible for action*	*Administrative support*
Initial contact about concern	Educator Support Lead	Educator Support Administrator
Managing concern	Educator Support lead, the relevant lead of the area concern rising;	Educator Support Administrator
Liaison with Medical School action group	Educator Support Lead	

7.12 Assessment Phase

Education Provider Unit	Assessment – phase I	
Quality Structures		
Role	*Person (s)*	*Accountable to*
Quality Control Lead	Assessment Lead	Director of Medical Education
Administrative Lead for Quality	Assessment administrator	Assessment Lead
Quality Group*	The Assessment Leads Chair, The Director of Medical Education, The Phase Leads, three unit leads from Phase 1 of the Curriculum. Three block leads from Phase2 of the curriculum, One theme lead, One Clinical Educator	Assessment Lead
Quality Control Processes – Evidence Collection		
Process	*Responsible for collecting*	*Responsible for Collating*
Evidence of student reaction	Medical School Quality Unit collects student feedback after every assessment.	Assessment Manager
Evidence of student learning	Medical School Assessment unit E-portfolio	Assessment Manager
Evidence of student behaviour	Medical school Quality Unit Marking staff through meetings	Assessment Manager
Evidence of impact	Medical School Quality Unit	Assessment Manager
Quality control processes – Identifying & managing quality issues		
Process	*Responsible for action*	*Responsible for monitoring action*
Review of Quality Evidence	Assessment strategy group Board of Examiners	Assessment Manager
Defining risk register	Assessment lead	Assessment Manager
Defining action plans	Assessment strategy group	Assessment Manager
Implementing action plans	Assessment operational Groups	Assessment Lead
Communicating quality matters	Assessment Lead	Medical School Quality Unit
Quality control processes – Interaction with Medical School quality management.		
Process	*Responsible for action*	*Administrative support*
Annual report to Medical School	Assessment Lead	Assessment Manager
Quality control processes – Response to concerns		
Process	*Responsible for action*	*Administrative support*
Initial contact about concern	Assessment Lead	Assessment Manager
Managing concern	Assessment lead plus term assessment strategy group	Assessment Manager
Liaison with Medical School action group	Assessment Lead	

* While the main group responsible for Quality Control will be the Assessment strategy group. The Quality Control function may, at times, be devolved to other assessment sub-groups or the Board of Examiners. The Board of Examiners for the MB ChB is responsible for monitoring the quality of assessments, setting appropriate standards they will discuss the quality evidence from a specific examination and the individual grades attained.

Annex 1 – Student Questionnaire

EvaSys	End of Unit Feedback Form - MED 15	Electric Paper

The University of Buckingham Medical School — THE UNIVERSITY OF BUCKINGHAM MEDICAL SCHOOL

Mark as shown: ☐☒☐☐☐ Please use a ball-point pen or a thin felt tip. This form will be processed automatically.
Correction: ☐■☐☒☐ Please follow the examples shown on the left hand side to help optimize the reading results.

1. The University of Buckingham Medical School is very interested in your feedback. Please take a moment to complete this brief survey to provide your candid opinions about the course. Your responses will remain anonymous.

1.1	I am clear about the learning objectives of the course	Strongly disagree	☐	☐	☐	☐	☐	Strongly agree
1.2	The teaching is well-focused	Strongly disagree	☐	☐	☐	☐	☐	Strongly agree
1.3	The unit organisers are knowledgeable	Strongly disagree	☐	☐	☐	☐	☐	Strongly agree
1.4	I feel able to ask the questions I want	Strongly disagree	☐	☐	☐	☐	☐	Strongly agree
1.5	I feel I am being well prepared for my profession	Strongly disagree	☐	☐	☐	☐	☐	Strongly agree
1.6	The atmosphere encourages learning during group work	Strongly disagree	☐	☐	☐	☐	☐	Strongly agree
1.7	The workbook is a useful resource	Strongly disagree	☐	☐	☐	☐	☐	Strongly agree
1.8	The workbook encourages me to be an active learner	Strongly disagree	☐	☐	☐	☐	☐	Strongly agree
1.9	I am confident about passing this year	Strongly disagree	☐	☐	☐	☐	☐	Strongly agree
1.10	The teachers are good at providing feedback to the students	Strongly disagree	☐	☐	☐	☐	☐	Strongly agree
1.11	Last years work has prepared me well for this years work	Strongly disagree	☐	☐	☐	☐	☐	Strongly agree

1.12 Please use this box to provide any additional constructive feedback, especially if you disagreed with any of the above statements

Thank you.

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Annex 2 – Patient Questionnaire

Clinical Skills Foundation Course - Patient Feedback Form

Thank you very much for taking part in teaching of the Medical Students. Your participation is very much appreciated; we recognise the time and commitment you have given to take part.

We are very interested in your feedback following the interactions you have had with our students and would like to find out how you would rate your experience. The information you provide is essential in helping us strive for excellence in the provision of our student training.

Please fill in as appropriate:

CSFC	Hospital:
	GP Practice:

Date form completed: _____
Cohort:

Your consent was sought prior to meeting the medical students. **Yes / no**

You would be willing to take part in teaching /training sessions for medical students in the future. **Yes / no**

Please evaluate each of the following aspects of your experience:

	Strongly agree	Agree	Neutral	Disagree	strongly disagree	Not applicable
The practice/hospital provided you with appropriate information prior to your contact with medical students to prepare you for the encounter						
The Medical Student(s) were polite						
The Medical Student(s) showed respect for the information you gave them						
The Medical student(s)were able to make you feel at ease						
The Medical Student(s) listened to you appropriately						
Comments:						

Phase 2 Block Patient Feedback Form

DRAFT

EvaSys	Phase 2 Patient Feedback	Electric Paper

THE UNIVERSITY OF BUCKINGHAM MEDICAL SCHOOL

Mark as shown: ☐■☐☐☐ Please use a ball-point pen or a thin felt tip. This form will be processed automatically.
Correction: ☐■☐■☐ Please follow the examples shown on the left hand side to help optimize the reading results.

1. Dear Patient,

The University of Buckingham Medical School is very interested in your feedback following the interactions you have had with our students; we would like to find out how you would rate your experience today. The information you provide is essential in helping the Medical School strive for excellence in the provision of our student training.

Please take a moment to complete this questionnaire, there are no right or wrong answers and the medical student will not be able to identify your individual responses.

1.1	I consent to this feedback being used for research purposes			No ☐			☐ Yes
1.2	Your consent was sought prior to meeting the medical students			No ☐			☐ Yes
1.3	The Practice/Hospital provided you with appropriate information prior to your contact with the medical students	Strongly dis-agree ☐	☐	☐	☐		☐ Strongly agree
1.4	The medical students were polite in communicating and showed regard/respect for the information you gave them	Strongly dis-agree ☐	☐	☐	☐		☐ Strongly agree
1.5	The medical students were able to make you feel at ease with the consultation(s), listening to you appropriately	Strongly dis-agree ☐	☐	☐	☐		☐ Strongly agree
1.6	The medical students were professional at all times	Strongly dis-agree ☐	☐	☐	☐		☐ Strongly agree
1.7	You would be willing to take part in teaching/training sessions for medical students in the future			No ☐			☐ Yes

1.8 Please provide any additional comments below

Patient Safety is our primary consideration. If you felt concerned there was a risk of harm to you by an action of a medical student please notify the Practice/Hospital staff without hesitation.

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DRAFT

Phase 2 Mental Health Block - Patient Feedback Form (Easy Read)

DRAFT

EvaSys	Phase 2 Patient Feedback	Electric Paper

THE UNIVERSITY OF BUCKINGHAM MEDICAL SCHOOL

Mark as shown: ☐■☐☐☐ Please put a cross in the box for your answer
Correction: ☐■☐■☐ If you change your mind colour the box in black and put a cross in the box for your new answer

1. Dear Patient,

The University of Buckingham Medical School train people to become doctors.

You have met some of the Medical Students and the University would like to ask you some questions to find out:
- what you thought was good
- what you thought could be better
- anything else you might want to say

You do not need to put your name on the form, it is confidential. By filling out this form you are helping the University think about how to make their training better for medical students.

1.1	Someone spoke to you before the medical students came and asked you if you would like to meet them	No ☐				☐ Yes
		Strongly disagree				Strongly agree
		☹	☹	😐	☺	☺
1.2	You were given information that you could understand about the students before they arrived	☐	☐	☐	☐	☐
1.3	The medical students were polite and made you feel respected when you spoke to them	☐	☐	☐	☐	☐
1.4	You felt that the medical students listened to you and gave you the time you needed to talk	☐	☐	☐	☐	☐
1.5	The medical students were professional	☐	☐	☐	☐	☐
1.6	You would be happy to meet medical students again	No ☐				☐ Yes

1.7 Please write anything else you would like to say about meeting the medical students in this box

If you are worried about something that was said or happened when you met a medical student, please talk to your care team

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