



THE UNIVERSITY OF
BUCKINGHAM

MEDICAL SCHOOL

MB ChB

UBMS Standards for Management of the MB ChB Programme

1 Introduction

This document sets standards for the roles and responsibilities of individuals and groups responsible for the management and governance of the MB ChB programme at the University of Buckingham Medical School (UBMS) to the standards defined by the General Medical Council (GMC) in its document *'Promoting Excellence – Standards for Medical Education and Training'* (2015).

In this document, as with all standards at the University of Buckingham Medical School, 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 normally 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.

The Medical School **must** have a clear distinction between *management* structures responsible for the delivery of medical education to GMC standards, and *governance* structures that oversee the work of the managers and hold them to account.

1.1 Programme management

The general principle of Programme *management must* be individual accountability for standards through effective leadership of integrated teams of appropriate academic and administrative staff sharing responsibility for effective delivery. The principle **must** apply at all levels, from high level strategic management through to operational delivery of individual programme elements.

The **responsible person** for the delivery of undergraduate medical education at Buckingham **must** be the **Director of Medical Education**, who **must** be directly accountable to the Vice-Chancellor of the University for meeting GMC standards.

Responsibility for meeting groups of prescribed standards **should** be delegated to 'Domain Leads', each accountable to the Director of Medical Education, and leading an appropriate team of academic and administrative staff. The Domains are mostly those identified in *'Tomorrow's Doctors' (2009)*, but responsibilities have been allocated to accommodate the revised standards in *'Promoting Excellence: standards for medical education and training'* (2015)

The Director of Medical Education and the Domain Leads **must** constitute a '**Programme Executive**' which **must** meet regularly to coordinate all aspects of medical education. Within each domain, the relevant leads **must** also meet in **management groups** as appropriate to coordinate activity.

1.2 Programme Governance

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

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

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.

The following sections define the remit and responsibilities of each element of the Programme governance and management structures.

1.3 Programme Governance

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

1.3.1 The Board of Studies for the MBChB

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 **must** be made up of the 'Programme Executive' plus a majority of 'non-executive' members drawn from lay members, University staff, NHS staff, and students.

1.3.1.1 Membership

Lay Chair	ex-officio
The Dean of Medicine –	ex-officio
The Pro-Vice Chancellor for Health Sciences	ex-officio
The Programme Executive, comprising	
The Director of Medical Education	ex-officio
The Domain Leads for each of the domains, including both	
Curriculum and Assessment Leads	ex-officio
Three teaching staff from the Medical School who are not part of the Programme Executive	
Four clinical teachers from the NHS drawn from at least three different NHS organisations	
The local branch of Health Education England, or nominated representatives	ex-officio
Three current medical students, elected by the student body	
Two further lay representatives	

1.3.1.2 Frequency of meetings

The Board of Studies **should** meet at least three times in each academic year, but **may** meet more frequently if necessary. Responsibility for calling meetings and the construction of the agenda, in consultation with the Programme Executive and board members, **must** lie with the Domain Lead for quality assurance, review and evaluation (the Quality Lead).

1.3.1.3 Responsibilities of the Board of Studies

Specifically, the Board of Studies **must** be responsible for:

- Oversight and approval of the overall strategy for the MBChB, including the curriculum philosophy & approach, the assessment strategy, and the management structures for effective delivery to GMC standards
- Monitoring the effective delivery of the MB ChB to GMC standards through receipt of quality reports from the Programme Executive and other data as appropriate
- Oversight and approval of Codes of Practice and Standards for the operation of the curriculum and assessment
- Oversight and approval of high level course documentation
- Oversight and approval of proposals for curriculum change.

- Oversight of interactions with the General Medical Council, including annual reports and periodic visits

1.4 Governance of Assessments

The Board of Studies **must** oversee and approve the assessment strategy and approach, which **must** be incorporated into the *Code of Practice for Assessment*. Responsibility for the delivery of assessments according to the Codes of Practice **must** lie with the Director of Medical Education, normally delegated to the Assessment Lead, who leads the assessment unit.

1.4.1 The Board of Examiners

The Board of Examiners **must** be directly responsible to the University Senate for the overall governance of assessments and for ensuring standards by approving decisions about individual student grades and progress. These decisions **should** be made on the recommendation of the assessment lead, and the **Mitigating Circumstances Group** (see '*Code of Practice for Assessment*'). Boards of examiners **must** be chaired by the Director of Medical Education except in the most exceptional circumstances where one or other of the Phase Leads may chair.

The detailed membership of the Board **must** be defined in the Code of Practice for Assessment, but in summary, it **should** be comprised of a mixture of executive members from the assessment group plus a majority of other members drawn from internal and external examiners and lay representatives.

1.4.2 The Mitigating Circumstances group

The **Mitigating Circumstances Group** considers applications from individual students for consideration of mitigating circumstances which may be relevant to progress decisions. It **must** be an absolute rule that mitigating circumstances can never alter the outcome of an assessment in terms of pass/fail or grade, but **may** determine the consequences of that outcome for re-assessment of a Student Selected Component (SSC) or repeat years.

Detailed operation of the Assessment Unit and the Mitigating Circumstances group **must** be defined in the *Code of Practice for Assessment*, and it is that code which **must** take precedence in the event of confusion between the *Standards for Management* and the *Code of Practice for Assessment*.

2 Management of the MB ChB Programme

The responsible person for the delivery of undergraduate medical education at Buckingham **must** be the **Director of Medical Education**, who **should** be directly accountable to the Vice Chancellor for delivery of the Medical Curriculum to the standards defined by the General Medical Council.

Responsibility for meeting prescribed standards related to each of the domains originally defined in *Tomorrow's Doctors* (2009) **should** be delegated to a 'Domain Lead' (or leads in the case of more complex domains), each accountable to the Director of Medical Education, and leading an appropriate team of academic and administrative staff. In the complex domain of curriculum and assessment there should be a set of leads each responsible to the Director of Medical Education for an aspect of the domain. The Medical School has decided to preserve the role and titles of 'Domain' Leads despite the change to themes in the standards prescribed in **'Promoting Excellence – Standards for Medical Education and Training' (2015)**. This is to avoid confusion with the title 'Theme Lead' in the programme management structure, and to preserve the programme management team of the Medical School. Accordingly, the standards and requirements of **'Promoting Excellence – Standards for medical education and Training' (2015)** have been allocated appropriately to Domain Leads according to the sections below, ensuring that at least one programme leader has specific responsibility for each requirement.

The Director of Medical Education and the Domain Leads **must** constitute a **'Programme Executive'** which **must** meet regularly to coordinate all aspects of medical education. Within each domain, the relevant Leads **must** also meet in management groups as appropriate to coordinate activity.

2.1 Responsibilities of the Director of Medical Education

The responsibilities of the Director of Medical Education **must** be to lead a team of programme leaders and administrators and work with clinical placement providers in order to ensure that:

- **S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.**
- **S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.**
- **S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.**
- **S2.2 the educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.**
- **S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.**
- **S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.**
- **S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.**
- **S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.**

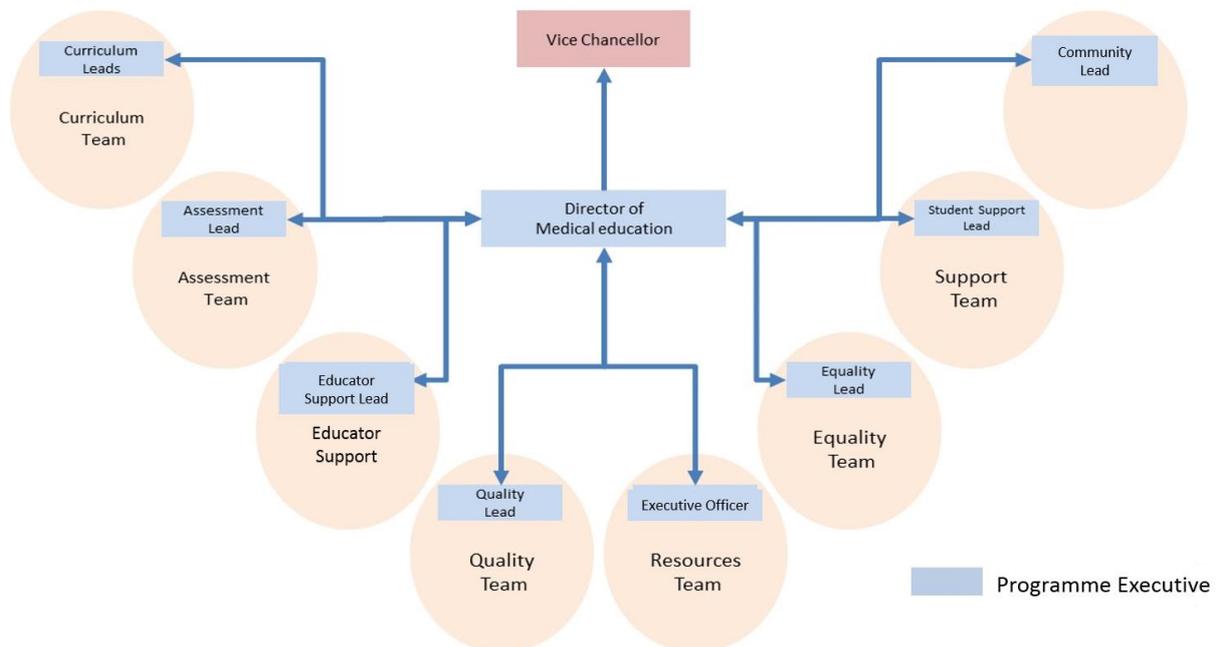
- **S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.**
- **Working with the team of curriculum managers to ensure that all requirements subsidiary to these standards are met**

The Director of Medical Education **must** act have overall responsibility for the management of any Educational concerns and act upon them through appropriate process.

2.2 The Domain Leads

There **should** be a lead person or persons responsible to the Director of Medical Education responsible for ensuring that groups of the 'requirements' defined in the GMC document '**Promoting excellence – Standards for Medical Education and Training' (2015)** are met. The 'Domain Lead' structure is derived from the domains defined in 'Tomorrow's doctors' (2009). The responsibilities of each Lead have, however, been allocated according to the new standards and requirements of '*Promoting Excellence: standards for medical education and training' (2015)*. Collectively the Director of Medical Education, Domain Leads and the General Practice Lead comprise the '**Programme Executive**'. The term 'Domain Lead' has been preserved to ensure distinction between these roles and the 'Theme Leads' responsible for subject themes across the curriculum.

Management of the MB ChB at UBMS



2.3 Development and Implementation of the Curriculum and Assessment

This complex domain **must** be led by a set of Leads each responsible to the Director of Medical Education for a different aspect of the domain, but working collectively to ensure that the curriculum is designed, delivered and assessed to ensure that graduates demonstrate all the '*Outcomes for Graduates*' prescribed by the GMC.

The **Phase Leads must** be jointly responsible to the Director of Medical Education for leading a team of curriculum component Leads and teachers to ensure that:

- **S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.**
- **S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.**

Working with the other Domain Leads, teams and Clinical Placement providers the Phase Leads **must** ensure that the following requirements are met:

- **R5.1** Medical school curricula must be planned and show how students can meet the outcomes for graduates across the whole programme.
- **R5.2** The development of medical school curricula must be informed by medical students, doctors in training, educators, employers, other health and social care professionals and patients, families and carers.
- **R5.3** Medical school curricula must give medical students:
 - a) early contact with patients that increases in duration and responsibility as students progress through the programme
 - b) experience in a range of specialties, in different settings, with the diversity of patient groups that they would see when working as a doctor
 - c) the opportunity to support and follow patients through their care pathway
 - d) the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds, with a range of illnesses or conditions and with protected characteristics
 - e) learning opportunities that integrate basic and clinical science, enabling them to link theory and practice
 - f) the opportunity to choose areas they are interested in studying while demonstrating the learning outcomes required for graduates
 - g) learning opportunities enabling them to develop generic professional capabilities
 - h) At least one student assistantship during which they assist a doctor in training with defined duties under appropriate supervision, and lasting long enough to enable the medical student to become part of the team. The student assistantship must help prepare the student to start working as a foundation doctor and must include exposure to out-of-hours on-call work.
- **R5.4** Medical school programmes must give medical students:
 - a) sufficient practical experience to achieve the learning outcomes required for graduates
 - b) an educational induction to make sure they understand the curriculum and how their placement fits within the programme
 - c) the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of teachers, before using skills in a clinical situation
 - d) experiential learning in clinical settings, both real and simulated, that increases in complexity in line with the curriculum
 - e) the opportunity to work and learn with other health and social care professionals and students to support inter-professional multidisciplinary working

- f) Placements that enable them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress.
- **R1.4** Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong - known as their professional duty of candour - and help them to develop the skills to communicate with tact, sensitivity and empathy.
 - **R1.8** Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.
 - **R1.9** Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.
 - **R1.13** Organisations must make sure learners have an induction in preparation for each placement that clearly sets out:
 - a) their duties and supervision arrangements
 - b) their role in the team
 - c) how to gain support from senior colleagues
 - d) the clinical or medical guidelines and workplace policies they must follow
 - e) How to access clinical and learning resources.

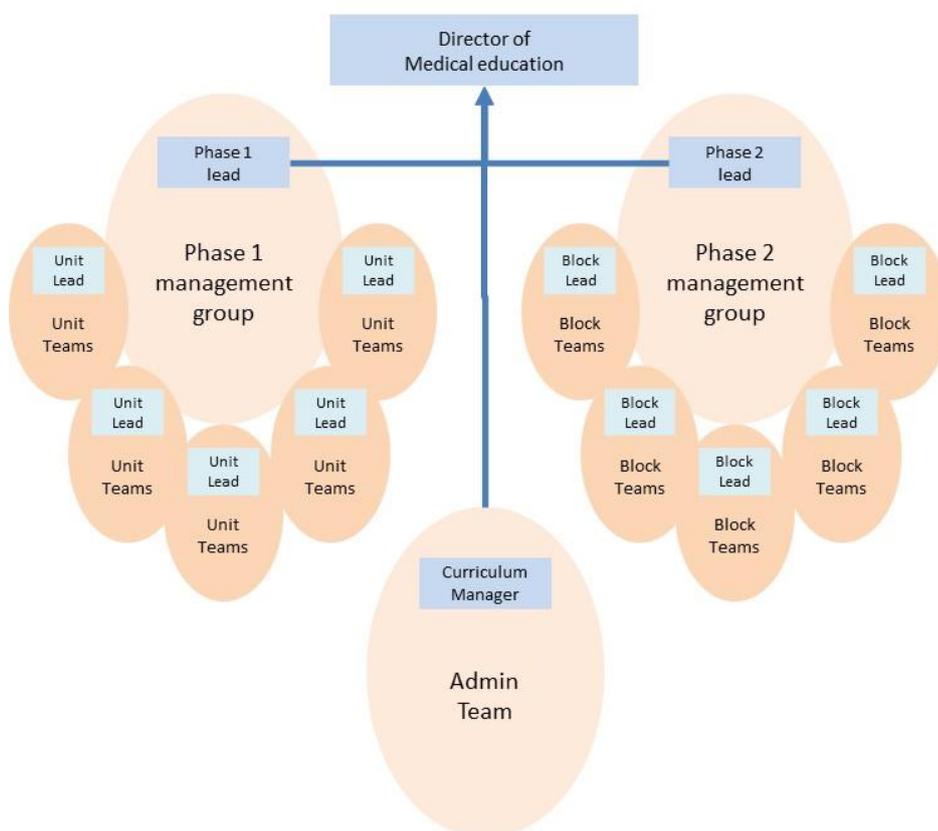
As part of the process, learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.

- **R1.17** Organisations must support every learner to be an effective member of the multi-professional team by promoting a culture of learning and collaboration between specialties and professions.
- **R1.20** Learners must have access to technology enhanced and simulation-based learning opportunities within their training programme as required by their curriculum.
- **R1.22** Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.
- **R2.11** Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
- **R2.13** Medical schools must have one or more doctors at the school who oversee medical students' educational progression. They must have one or more doctors at each LEP who coordinate training of medical students, supervise their activities, and make sure these activities are of educational value.
- **R2.19** Organisations must have systems to make sure that education and training comply with all relevant legislation.

- **R3.6** When learners progress from medical school to foundation training they must be supported by a period of shadowing† that is separate from, and follows, the student assistantship. This should take place as close to the point of employment as possible, ideally in the same placement that the medical student will start work as a doctor. Shadowing should allow the learner to become familiar with their new working environment and involve tasks in which the learner can use their knowledge, skills and capabilities in the working environment they will join, including out of hours.
- **R3.7** Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.

The team structures and responsibilities for the delivery of the curricula are defined below. .

Design & Delivery of the Curriculum



2.4 Management of curriculum delivery

The Director of Medical Education, working with the Phase Leads **must** ensure effective curriculum delivery through a set of curriculum component Leads and their teams.

Each Phase of the curriculum (phase 1 and phase 2) **must** be led by a **Phase Lead**. Each component within the phases **must** be led by a *Unit or Block lead*, coordinating a team of teachers and support staff to deliver effectively according to structure and standards approved by the Board of Studies on the recommendation of the Programme Executive. The Phase Lead and Unit or Block Leads for each phase **must** together constitute a phase management group which **must** meet regularly to

coordinate operational curriculum delivery, make recommendations to the Programme Executive for enhancement, and respond to quality management processes.

2.4.1 Phase Leads

The Phase 1 Lead

The Phase 1 Lead **must** be responsible to the Director of Medical Education for the effective delivery of Phase 1 of the curriculum.

The specific duties of the role **must** be to:

Lead a team of Unit Leads to coordinate the delivery of the Phase 1 curriculum by:

- Production of appropriate course documentation.
 - Liaison with Unit Leads and other unit staff to ensure effective delivery of all parts of the curriculum.
 - Coordination of curriculum content across units and facilitation of cooperation between Unit Leads to ensure appropriate coverage of the overall curriculum outcomes.
- Work with the Quality Lead to coordinate the evaluation of Phase 1 teaching, respond to quality issues as they arise and make regular quality reports to the Board of Studies.
- Lead curriculum development in Phase 1 within guidelines approved by the Board of Studies on the recommendation of the Programme Executive.
- Chair the Phase 1 Management Group.
- Be a member, ex officio of the Board of studies, Phase 1 Board of Examiners, and other relevant Boards and Committees.

2.4.2 Phase 1 Unit Leads

Each unit in the core curriculum, including the clinical stream, **must** be the responsibility of a Unit Lead, appointed by the Programme Executive with the approval of the Board of Studies.

Unit Leads **must** be responsible to the Director of Medical Education via the Phase 1 Lead, for the effective delivery to students of the unit as specified in the course documentation. The Unit Lead **must** act as a point of focus for all matters concerning that unit and its relationship to the rest of the curriculum. Collectively, with appropriate Theme Leads and administrative representation the Unit Leads **should** comprise the **Phase 1 Management Group**.

The specific responsibilities of Unit Leads **must** be to:

- Ensure that the unit, as described in the course document, is delivered effectively to students.
- Coordinate the production of relevant curriculum materials for the unit.
- Liaise with appropriate curriculum management structures to ensure that staff are available to deliver the unit.
- Liaise with other Unit Leads to ensure coordination and integration of curriculum delivery
- Monitor the progress of students through the unit and maintain appropriate records of performance and attendance.
- Report to the '*concerns group*' any student obviously experiencing problems during the unit
- Lead continuing discussions with the unit team on further development of the unit and present proposals for change to the Programme Executive, after discussion at the Phase 1 Management Group if appropriate
- Facilitate dissemination of good practice across units by discussion with other Unit Leads

- Monitor delivery of the unit formally and informally and deal with problems as they arise
- Receive and respond to formal unit evaluations and report action taken to the Phase 1 Management Group and Programme Executive

2.4.3 *The Phase 2 Lead*

The Phase 2 Lead **must** be responsible to the Director of Medical Education for the effective delivery of Phase 2 of the curriculum. Collectively, with appropriate Theme Leads and administrative representation the Block Leads **should** comprise the **Phase 2 Management Group**.

The responsibilities of the Phase 2 Lead **must** be to:

- Liaise with Clinical Block Leads to ensure effective delivery of the agreed programme of clinical education for students.
- Identify suitable clinical placements for each clinical block in phase 2 and choose the most appropriate to meet the needs of students at various stages of the curriculum.
- Oversee the allocation of students to clinical sites and resolve issues arising from placements.
- Work with the Quality Lead to monitor the quality of clinical placements by scrutiny of student feedback, formal and informal comments from students and other information as necessary.
- Participate in regular review meetings with providers of clinical education.
- Work with the Student Support Lead and concerns group to oversee the monitoring of the progress of individual students through Phase 2 and supervise the provision of appropriate remedial action.
- Work with the Assessment Lead to ensure effective delivery of formative and summative assessments in Phase 2.
- Work with the Medical Education team to facilitate curriculum development and evaluation
- Chair the Phase 2 Management Group.
- Be a member, ex officio of the Board of Studies, Examination Boards and other Committees and groups as appropriate.

2.4.4 *Clinical Block Leads*

Each block in phase 2 **must** be the responsibility of a team of clinical educators and clinical teachers, led by a Clinical **Block Lead**. Clinical block leads **may** be supported by a deputy block lead.

The specific responsibilities of the Clinical Block Lead **must** be to:

- Ensure that the clinical block, as described in the course documentation is delivered effectively to all students across all clinical sites providing that block
- Work with the medical curriculum administrator allocated to that block to ensure effective day to day organisation of clinical education
- Coordinate the production of relevant curriculum materials such as workbooks
- Liaise with Clinical Education Leads in appropriate clinical directorates and sites to ensure that clinical and other staff are available to deliver the block as described in a broadly equivalent way for all students
- Work with other Clinical Block Leads to ensure coordination and integration of curriculum outcomes, content and delivery
- Work with assessment to ensure curriculum outcomes are assessed appropriately

- Monitor the progress of students through the block and oversee the maintenance of appropriate records of student attendance and performance
- Ensure, with the support of the medical curriculum administrator allocated to the block that, at the end of each block the Medical School Office receives a list of students who have:
 - Attended satisfactorily during the block
 - Completed satisfactorily appropriate assignments and assessments, including clinical skills
 - Behaved in a consistently professional manner
- Provide at the end of the block a list of students who have not completed the block satisfactorily, together with a specification of weaknesses that they must address during later remediation
- Report to the Concerns Group any student in difficulties during the module so that appropriate action may be taken quickly
- Lead continuing discussion with the block team for further development of the block and present proposals for change to the Phase 2 Management Group and Programme Executive.
- Monitor delivery of the block formally and informally and deal with problems as they arise.
- Receive and respond to quality data, including student feedback, for the block and report actions taken to the Phase 2 Management Group.
- Facilitate dissemination of good practice across the curriculum through formal and informal discussions with other Block Leads.
- Liaise with appropriate NHS Trust management to ensure resources are available for delivery of the block across sites

The Phase 1 and 2 Leads **must** be supported by the Curriculum Manager.

2.4.5 Theme Leads

Theme Leads **must** be responsible to the Director of Medical Education for ensuring appropriate cross-curricular coverage of themes that span units, blocks and phases. There **should** be designated Leads for:

- Professionalism
- Patient safety
- Pharmacology
- Imaging
- Infection
- Pathology
- Public Health
- Inter-professional Education

The role of Theme Leads **must** be to:

- Define appropriate content relating to their theme for each part of the curriculum
- Liaise with unit and Block Leads to ensure incorporation of material in all appropriate parts of the course
- Ensure appropriate representation of their theme material in formative and summative assessments
- Contribute to management of the curriculum through membership of phase management groups and other bodies.

The **Theme Lead for Patient Safety must** work across the curriculum, and together with NHS partner organisations, to ensure that:

- **S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.**

Working with the other Domain Leads, teams and Clinical Placement providers the Safety Lead **must** also ensure that the following requirements are met:

- **R1.1** Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
- **R1.2** Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
- **R1.3** Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.
- **R1.4** Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong - known as their professional duty of candour - and help them to develop the skills to communicate with tact, sensitivity and empathy.
- **R1.5** Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.
- **R1.6** Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.
- **R1.10** Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.
- **R1.11** Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.

The Safety Lead **must** also coordinate education about patient safety across the curriculum, working with Curriculum and Assessment Leads to ensure that patient safety issues are appropriately embedded at all stages in a coordinated approach.

2.4.6 The Curriculum Manager

The Curriculum Manager **should** be a key member of the curriculum management team, supporting the Phase Leads in the delivery of the curriculum. The Curriculum Manager **must** be accountable to the Director of Medical Education, and **must** be responsible for:

- Working with the Phase 1 Lead to ensure appropriate administrative support for the effective delivery of Phase 1

- Working with the Phase 2 Lead to ensure appropriate administrative support for Phase 2 within the Medical School, and liaison with administrative staff within LEPs to coordinate delivery of the curriculum in the clinical environment
- Working with the Phase 2 Lead and Clinical Block Leads to identify appropriate student placements
- Under the general oversight of the Phase 2 Lead, supervising the allocation of students to placements
- Overseeing the management on a day to day basis of the allocation of students to placements, and any ongoing changes which are necessary
- Liaison with Clinical Block Leads, and Curriculum Administrators to coordinate overall curriculum delivery
- Preparation of detailed student placement plans to inform the funding allocation process to Trusts
- Support of the Assessment Lead and Phase 2 Lead in the management of summative assessments in Phase 2

2.4.7 *Medical curriculum administrators*

The Medical Curriculum Administrators **should** be NHS staff who assist the Clinical Block Leads with the delivery of clinical education and assessment across multiple clinical sites

The specific responsibilities of the post **must** be to:

- Support the Clinical Block Leads for one or more clinical blocks in the day to day operation of clinical block
- Coordinate teaching timetables and liaise with the Block Lead and Clinical Education Leads to ensure that scheduled teaching events are delivered effectively
- Ensure that appropriate physical resources, such as rooms, audio-visual equipment etc are available for all scheduled teaching sessions in the block
- Coordinate clinical placements within blocks across multiple sites
- Produce, in liaison with the Block Lead and the Medical School appropriate course documentation, including block workbooks and log books
- Maintain accurate records of student attendance at all scheduled teaching events and clinical placements
- Coordinate assessment activities including scrutiny of workbooks and records of completion of specified activities and assignments and collation of reports on student performance to be provided to the Medical School within two weeks of the end of each block
- Liaise on a day to day basis with students and be the first point of contact to resolve issues as they arise
- Organise any formative assessments associated with the block
- Work with other curriculum administrators to assist with the delivery of summative clinical assessments, including the Intermediate Clinical and Final Professional Examinations

3 Management of Assessments

3.1 The Assessment Lead

The **Assessment lead**, supported by the assessment manager, **must** be accountable to the Director of Medical Education for effective leadership of the **Assessment Unit** to ensure that the following standard prescribed by the General Medical Council is met:

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

Working with the other Domain Leads, teams and Clinical Placement providers the Assessment lead **must** ensure that the following requirements are met:

- **R5.5** Medical schools must assess medical students against the learning outcomes required for graduates at appropriate points. Medical schools must be sure that medical students can meet all the outcomes before graduation. Medical schools must not grant dispensation to students from meeting the standards of competence required for graduates.
- **R5.6** Medical schools must set fair, reliable and valid assessments that allow them to decide whether medical students have achieved the learning outcomes required for graduates.
- **R5.7** Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.
- **R5.8** Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the medical student's performance and being able to justify their decision.
- **R2.12** Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.
- **R3.13** Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.
- **R3.15** Learners must not progress if they fail to meet the required learning outcomes for graduates or approved postgraduate curricula.

The **assessment lead**, supported by the assessment unit, **must** also be accountable to the Director of Medical Education for:

- Making recommendations to the Programme Executive concerning the overall philosophy, strategy and detailed operation of the assessment scheme and its component parts at the University of Buckingham Medical School, to ensure that GMC standards are met in the context of the overall educational philosophy of the course.
- Regular review and maintenance of a comprehensive '*Code of Practice for Assessment*' to ensure consistent and defensible operation of assessment processes.
- Working with the Assessment manager and a wide range of stakeholders to put in place operational systems to:
 - Construct appropriate assessment blueprints to ensure that all the 'Outcomes for Graduates' prescribed by the GMC are tested repeatedly in an appropriate range of contexts across the course.

- Construct individual assessments to those blueprints that are valid and reliable.
- Ensure the effective delivery of those assessments and their scoring by appropriately qualified and trained examiners.
- Oversee the standard setting of all assessments using recognised methods.
- Oversee the preparation of psychometric reports on all assessments and present them to the Board of Examiners
- Work with the quality unit to oversee an independent quality check of assessment processes for each assessment
- Prepare definitive results lists for consideration by the Board of Examiners.
- Publish results to students individually together with appropriate feedback
- Devising and delivering, or ensuring the delivery of, appropriate training for examiners
- Quality control of assessments to ensure that they are sufficiently valid and reliable to meet GMC standards, making appropriate reports to the Quality unit, and responding effectively to quality concerns.
- Regularly reviewing standard operating procedures to ensure that operational processes work effectively and reliably with the minimum risk of error.
- Maintaining a realistic risk register for assessment processes and preparation of action plans to mitigate risks.
- Allocating between themselves or others specific accountabilities for the major parts of the assessment scheme, so that it is clear who is responsible for what within the overall umbrella of the assessment unit. This should include responsibility for:
 - Written assessments across the course
 - Objective Structured Clinical Assessments across the course
 - Assessments of Student Selected Components
 - Assessment of the 'Narrative Medicine' course
 - Summative assessment of the e-portfolio
- Sharing responsibility for chairing the Assessment Strategy Group (see below)
- Contributing as appropriate to the operational groups responsible for aspects of assessment processes (see below)
- Attending and making regular written or verbal reports to:
 - The Programme Executive
 - The Board of Examiners
 - The Board of Studies for the MB ChB
- As members of the Programme Executive, making a full contribution to the broader management of the Medical School
- Contributing as appropriate to Quality Assurances processes undertaken by the visiting team from the General Medical Council
- Working to enhance the external reputation of the Medical School by appropriate scholarship, attendance at conferences and publication.

3.1.1 *The Assessment Manager*

The Assessment Manager **must** be responsible for leading a team of assessment administrators accountable to the Assessment Lead and the Director of Medical Education for ensuring the effective operational delivery of the functions of the Assessment Unit, including:

- Systematic commissioning, banking and tagging of quality controlled assessment items available to the Assessment Leads for the construction of valid and reliable individual assessments.
- Arrangements for the consideration of draft assessments by an appropriately constituted validation group and recording and implementation of necessary changes to drafts in consultation with the assessment leads and others
- Preparation of final versions of assessments, submitting them to external examiners for comment and overseeing modification in response to those comments.
- Preparation of quality-controlled written and other materials for assessments, except for specific clinical equipment required for Objective Structured Clinical Examinations
- Working with the assessment leads and others, identification of appropriate numbers of appropriately qualified examiners for assessments.
- Organisation of training sessions and training materials for examiners
- Effective, secure delivery of the final versions of assessments to students, following robust examination procedures.
- Secure collection, processing and storage of assessment scripts and data.
- Convening and servicing of appropriate scoring groups and accurate, quality controlled data entry of the results.
- Storing and processing definitive scores in robust IT systems
- Convening and servicing appropriate standard setting operational groups and processing their decisions.
- Preparing data for psychometric analysis and liaising with the Quality Unit to facilitate independent quality monitoring of assessment processes.
- Preparation and individual publication of results to students, together with feedback as defined by the relevant Code of Practice
- Maintenance of IT systems to support all activities and maintain secure records of student performance, in particular ensuring the accuracy and integrity of the formal record of student assessment performance held within EMER

3.1.2 *The Assessment Strategy Group*

The Assessment Strategy Group **should** be chaired by the Assessment Lead and is responsible for the discussion and approval of proposals for assessment strategy, policies and processes to be considered by the Programme Executive and Board of Studies for the MB ChB.

Membership of the Assessment Group:

The Assessment Lead

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

The Assessment Strategy Group **must** meet at least once each term and report to the Programme Executive. To be quorate a meeting **must** be attended by the Assessment Lead, at least one Phase lead, or the Director of Medical Education, and at least two others.

The **remit** of the Assessment Group is to:

- Support the assessment lead in the formulation of the overall strategy of the Assessment scheme for the MB ChB to ensure that the standards prescribed by the General Medical Council are met in the context of the overall educational philosophy of the course.
- Consider and advise on the development of the '*Code of Practice for Assessment*' as the assessment scheme evolves.
- Consider and advise on the development and delivery of policies and processes to ensure that:
 - Appropriate assessment blueprints are constructed to ensure that all the '*Outcomes for Graduates*' prescribed by the GMC are tested repeatedly in an appropriate range of contexts across the course.
 - Individual assessments that are valid and reliable are constructed to those blueprints.
 - Those assessments are delivered and scored by appropriately qualified and trained examiners.
 - All assessments are standard set using recognised methods.
 - Psychometric reports on all assessments are considered and appropriate action plans for mitigation of issues created and implemented
 - Reports from the quality unit are considered and action plans prepared to address issues
 - Accurate, definitive results lists are considered by the Board of Examiners.
 - Accurate results are published to students in a timely manner with appropriate feedback.
- Consider and approve the live risk register for assessment systems and action plans to mitigate risks

3.1.3 *The Assessment Operational Groups*

The detailed work for the construction and delivery of assessments **must** be undertaken by **Operational Groups** that meet as frequently as is necessary to ensure the smooth operation of the assessment scheme. Different Operational Groups **should** discharge different functions, but all groups:

- **Must** be facilitated by a member of the assessment unit
- **Must** be made up of at least four appropriately qualified staff, increased as necessary to complete the work of the group in an effective and timely manner.
- **Should** include at least one senior medically qualified member of staff
- **Should** include junior doctors working as Clinical Educators

At a minimum, there **must** be operational groups for:

Validation of written assessments and Objective Structured Clinical Assessments

These groups consider draft assessments in detail and make recommendations for refinement and improvement to ensure validity and fairness to students.

Scoring of written assessments including SSC and Narrative medicine, and the examiner group for OSCEs

These groups **should** contain as many staff as is appropriate to score assessments in a timely manner. The assessment unit **must** ensure that all staff on scoring groups are appropriately trained for their role and records of that training kept.

Standard setting of all types of assessment

For each written assessment, there **must** be a standard setting group whose composition follows the general rules above, but has at least six members trained to the standard setting method being employed.

Moderation of marking of constructed response assessments

All written assessments, including SSC and Narrative Medicine, **must** be subject to appropriate moderation by a suitably qualified moderation group.

Assessment of Student Selected Components in Phase 1 and Phase 2

These groups **must** work under the ambit of the assessment unit so that all processes are coordinated. The definitive records of student performance **must** be held within the assessment unit and published by the assessment unit.

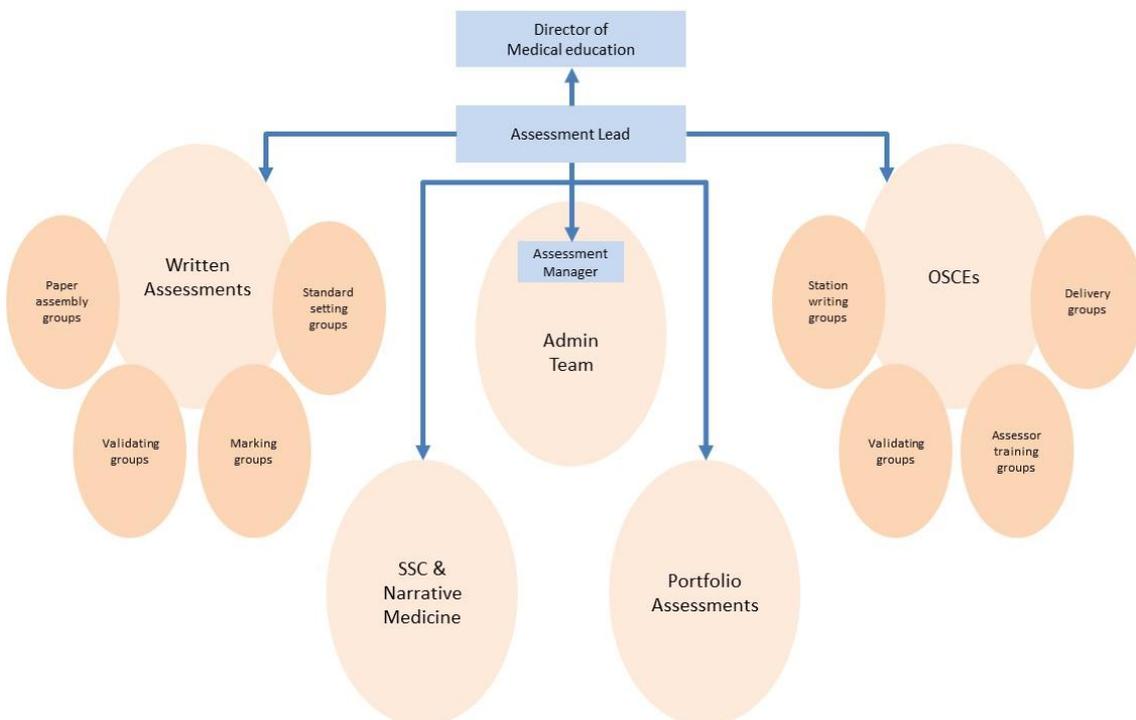
Assessment of the Narrative Medicine course

This group **must** work under the ambit of the assessment unit so that all processes are coordinated. The definitive records of student performance must be held within the assessment unit and published by the assessment unit

Summative assessment of the student portfolio

This group **must** work under the ambit of the Assessment Unit so that all processes are coordinated. The definitive records of student performance must be held within the assessment unit and published by the Assessment Unit.

Design & Delivery of Assessments



3.2 Support of Students

The **Student Support Lead must** work with the Director of Medical Education and a team of student support staff to ensure that students receive academic, pastoral and general guidance and support, including when they are not progressing well and giving cause for concern.

The Support Lead **must** be responsible to the Director of Medical Education, and **must** be responsible, working appropriately with colleagues within and outside of the Medical School for:

- **S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.**

Working with the other Domain Leads, teams and Clinical Placement providers the Student Support Lead **must** ensure that the following requirements are met:

- **R3.1** Learners must be supported to meet professional standards, as set out in Good Medical Practice and other standards and guidance that uphold the medical profession. Learners must have a clear way to raise ethical concerns.
- **R3.2** Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including:
 - a) confidential counselling services
 - b) careers advice and support
 - c) Occupational health services.
- Learners must be encouraged to take responsibility for looking after their own health and wellbeing.
- **R3.3** Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
- **R3.4** Organisations must make reasonable adjustments for disabled learners, in line with the Equality Act 2010. Organisations must make sure learners have access to information about reasonable adjustments, with named contacts.
- **R3.5** Learners must receive information and support to help them move between different stages of education and training. The needs of disabled learners must be considered, especially when they are moving from medical school to postgraduate training, and on clinical placements.
- **R3.6** When learners progress from medical school to foundation training they must be supported by a period of shadowing† that is separate from, and follows, the student assistantship. This should take place as close to the point of employment as possible, ideally in the same placement that the medical student will start work as a doctor. Shadowing should allow the learner to become familiar with their new working environment and involve tasks in which the learner can use their knowledge, skills and capabilities in the working environment they will join, including out of hours.
- **R3.7** Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.
- **R3.9** Medical students must have appropriate support while studying outside medical school, including on electives, and on return to the medical programme.
- **R3.13** Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators,

other doctors, health and social care professionals and, where possible, patients, families and carers.

- **R3.14** Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.
- **R3.16** Medical students who are not able to complete a medical qualification or to achieve the learning outcomes required for graduates must be given advice on alternative career options, including pathways to gain a qualification if this is appropriate. Doctors in training who are not able to complete their training pathway should be given career advice.
- **R1.21** Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal adviser as frequently as required by their curriculum or training programme.
- **R2.16** Organisations must have systems and processes to identify, support and manage learners when there are concerns about a learner's professionalism, progress, performance, health or conduct that may affect a learner's wellbeing or patient safety.
- **R2.17** Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training.
- **R2.18** Medical schools (and the universities of which they are a part) must have a process to make sure that only those medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification. Medical students who do not meet the outcomes for graduates or who are not fit to practise must not be allowed to graduate with a medical degree or continue on a medical programme. Universities must make sure that their regulations allow compliance by medical schools with GMC requirements with respect to primary medical qualifications. Medical schools must investigate and take action when there are concerns about the fitness to practise of medical students, in line with GMC guidance. Doctors in training who do not satisfactorily complete a programme for provisionally registered doctors must not be signed off to apply for full registration with the GMC.

The Support lead, must also be accountable to the Director of Medical Education for working to enhance the external reputation of the Medical School by appropriate scholarship, attendance at conferences and publication.

The Support Lead **must** lead a group of staff responsible for different aspects of this provision.

The Support Lead, supported by the curriculum manager, **must** take responsibility for ensuring that the information provided to students by all parts and processes in the curriculum is comprehensive, consistent and clearly expressed. This will be achieved through the dissemination of basic course documentation, (overall course documents, descriptions of support services, codes of practice for assessment etc).

The Support Lead **must** coordinate the student '*concerns process*'.

3.2.1 Pastoral Support Lead

A Pastoral Support Lead **must** be responsible to the Support Lead for the provision of pastoral support to students including

- Organisation of the provision of personal tutors and their training and briefing.
- Provision of further, accessible pastoral support for students in difficulty which maintains a clear separation from active management of concerns or disciplinary issues, so that students

may have independent pastoral support even when under investigation or undergoing fitness to practise proceedings.

- Definition of referral pathways and guidance for referral of students to support services in the wider University and beyond, and maintenance of liaison with those services both in general and in the case of individual students in difficulty.

3.2.2 Careers Guidance

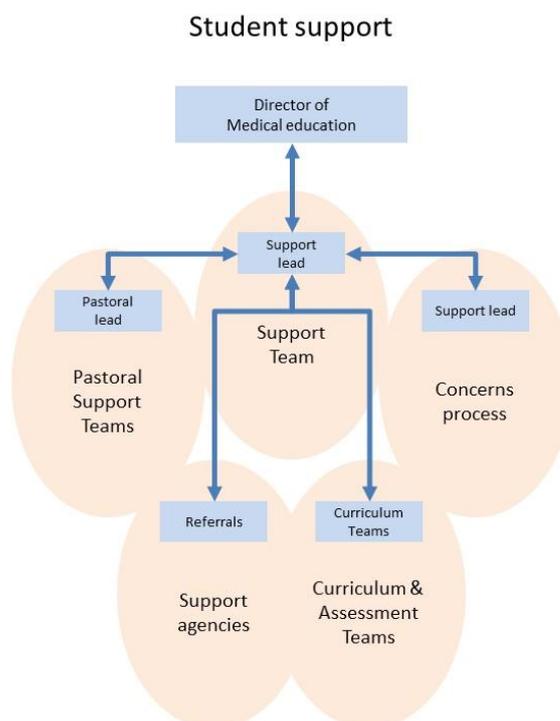
The Support Lead **should** work with the local branch of Health Education England and other organisations to coordinate a programme of careers advice across the curriculum and with the Curriculum Leads to provide opportunities for students to sample specialties as appropriate, and receive guidance on application for Foundation places.

3.2.3 The Concerns Group

This group **must** be responsible for the ongoing monitoring of the performance of students who are giving cause for concern. It **must** receive reports from the Boards of Examiners, Unit and Block Leads or any other individual or group having concerns about the academic progress, professionalism or health of a student. It **must** meet regularly, maintains a register of students at risk, and coordinates interventions to manage those students with the aim of facilitating success on the course and development of appropriate professional attitudes. The group **should** refer students to support mechanisms as appropriate, and on to formal systems such as the Fitness to Practise Committee as appropriate.

3.2.4 Fitness to Practise

The Support Lead **must** be responsible for ensuring that Fitness to Practise policies, processes and procedures are in place, but **must** not take any part in the deliberations of the Fitness to Practise Committee for individual students.



3.3 Staff Development

The **Staff Development Lead must** work with the Director of Medical Education and a variety of agencies to ensure that educators are appropriately selected, trained and appraised.

The Staff Development Lead **must** be responsible to the Director of Medical Education, and **must** be responsible, working appropriately with colleagues within and outside of the Medical School for ensuring that:

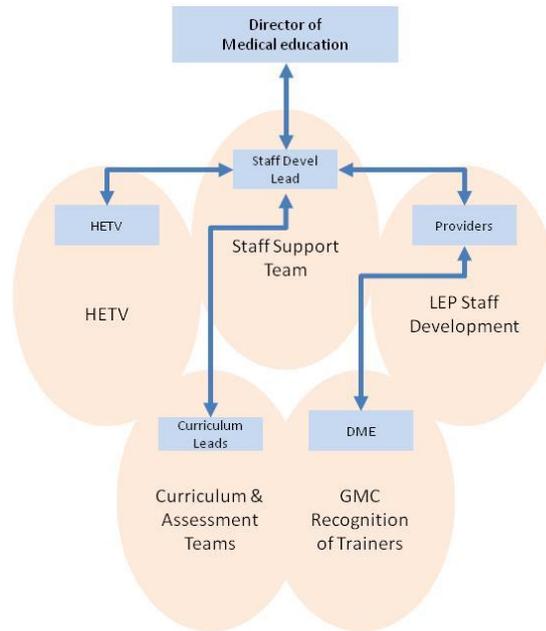
S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.

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

Working with the other Domain Leads, teams and Clinical Placement providers the Staff Development Lead **must** also ensure that the following requirements are met:

- **R4.1** Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.
- **R4.2** Trainers must have enough time in job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.
- **R4.3** Educators must have access to appropriately funded resources they need to meet the requirements of the training programme or curriculum.
- **R4.4** Organisations must support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.
- **R4.5** Organisations must support educators to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties and professions.
- **R4.6** Trainers in the four specific roles must be developed and supported, as set out in GMC requirements for recognising and approving trainers.
- Liaison with LEPs to maintain records of relevant training undertaken by NHS staff, though local mechanism that may be shared with postgraduate medical education.
- Working with the Medical Education Research group to provide opportunities for enhancement of educational expertise and exposure to the leading edge of current medical education developments.
- Working to enhance the external reputation of the Medical School by appropriate scholarship, attendance at conferences and publication.

Staff Development



3.4 *Quality Assurance, review and evaluation*

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

The Quality Lead **must** be responsible to the Director of Medical Education for ensuring that:

- **S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.**
- **S2.2 the educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.**

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

- **R2.1** Organisations must have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.
- **R2.2** Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.
- **R2.3** Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.
- **R2.4** Organisations must regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training.
- **R1.22** Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.
- **R1.5** Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.
- **R2.5** Organisations must evaluate information about learners' performance, progression and outcomes - such as the results of exams and assessments - by collecting, analysing and using data on quality and on equality and diversity.
- **R2.6** Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.
- **R2.7** Organisations must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns.
- **R1.2** Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.
- **R2.8** Organisations must share and report information about quality management and quality control of education and training with other bodies that have educational governance

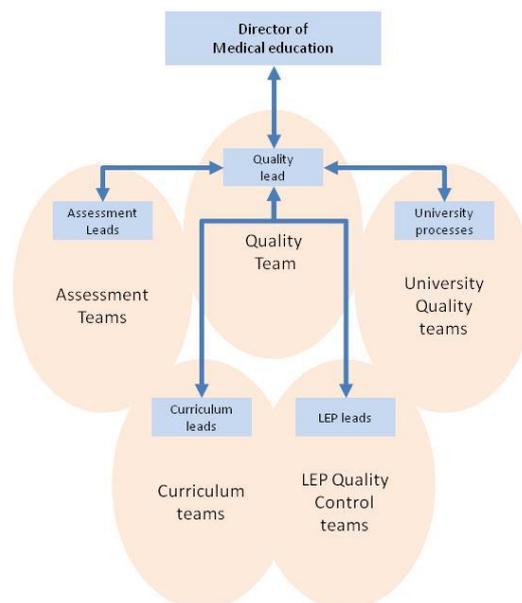
responsibilities. This is to identify risk, improve quality locally and more widely, and to identify good practice.

- **R2.9** Organisations must collect, manage and share all necessary data and reports to meet GMC approval requirements.
- **R2.10** Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.
- Working to enhance the external reputation of the Medical School by appropriate scholarship, attendance at conferences and publication.

The Quality Lead **must** also be responsible for coordinating the preparation of reports to University Quality Assurance procedures, including annual monitoring documentation and University Periodic review. The Quality Lead **should** work with the Director of Medical Education and other Leads to prepare documentation for GMC quality assurance process, including the Medical Schools Annual Report, and Quality Assurance visits.

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

Quality assurance, review and evaluation



3.5 Educational Resources & Capacity

The **Executive Officer** of the Medical School **must** work with all other Leads and curriculum teams to ensure that the educational facilities and infrastructure are appropriate to deliver the curriculum.

The Executive Officer, working with University resourcing systems and the NHS, **must** be responsible to the Director of Medical Education for ensuring that the following requirements are met:

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

Working with the Director of Medical Education, University Systems and Clinical Placement providers the Executive Officer **must** ensure that the following requirements are met:

- **R1.7** Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.
- **R2.20** Organisations must make sure that recruitment, selection and appointment of (learners and) educators are open, fair and transparent.
- **R1.18** Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.
- **R1.19** Organisations must have the capacity, resources and facilities* to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
- **R2.10** Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.
- **R4.2** Trainers must have enough time in job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.
- Ensure students have access to appropriate learning resources and facilities, including libraries, computers, lecture theatres, seminar rooms and appropriate environments to develop and improve their knowledge, skills and behaviour.
- Ensure that facilities are supported by a facilities management plan which provides for regular review of fitness for purpose of the facilities with recommendations and improvements made where appropriate, including facilities for students with disabilities.

3.6 Student Selection

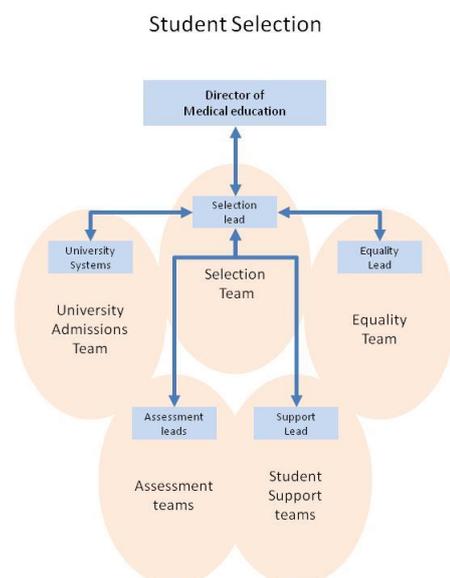
The **Selection Lead must** work with the Director of Medical Education and other Leads to ensure that the correct numbers of the most suitable applicants for the MB ChB are selected by processes which are open, objective and fair.

The Selection Lead **must** be responsible to the Director of Medical Education for ensuring that:

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

Working with the other Domain Leads, teams and Clinical Placement providers the Selection Lead **must** also ensure that the following requirements are met:

- **R2.20 Organisations must make sure that recruitment, selection and appointment of learners (and educators) are open, fair and transparent.**
- Ensure that the Medical School publishes information about the admissions systems, including guidance about the selection process, and the basis upon which places will be offered. Ensure that selection criteria and processes take account of the personal and academic qualities needed in a doctor as set out in Good Medical Practice, and the capacity to achieve the outcomes for graduates defined in 'Tomorrow's Doctors' (2009).
- Ensuring through collaboration with the Assessment Leads and teams that the selection processes adopted are valid, reliable and objective
- Ensuring that selection processes include input from people with a wide range of expertise and knowledge, and that they are all trained to apply selection guidelines consistently and fairly.
- Liaison with the Equality Lead to ensure that those involved in selection are also trained to promote equality and diversity, and to follow current equal opportunities legislation and good practice
- Working with University systems to ensure smooth operation of the processes of recruitment and selection
- Managing mechanisms to deal with queries and complaints from applicants
- Working with University systems to ensure that the numbers of applicants recruited are consisted with appropriate quotas for each category of applicant



3.7 Equality, Diversity and Opportunity

The **Equality Lead** must work with all other Leads and teams to ensure that Undergraduate Medical Education at Buckingham is fair and based on principles of equality.

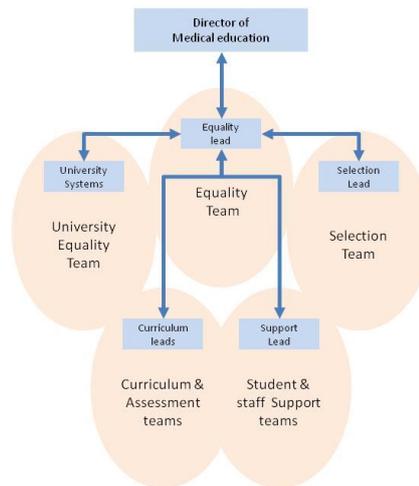
The Equality Lead **must** be responsible to the Director of Medical Education for:

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

Working with the other Domain Leads, teams and Clinical Placement providers the Equality Lead **must** also ensure that the following requirements are met:

- **R2.3** Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.
- **R2.5** Organisations must evaluate information about learners' performance, progression and outcomes - such as the results of exams and assessments - by collecting, analysing and using data on quality and on equality and diversity.
- **R2.20** Organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent.
- **R3.3** Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
- **R3.4** Organisations must make reasonable adjustments for disabled learners, in line with the Equality Act 2010. Organisations must make sure learners have access to information about reasonable adjustments, with named contacts.
- **R5.12** Organisations must make reasonable adjustments to help disabled learners meet the standards of competence in line with the Equality Act 2010, although the standards of competence themselves cannot be changed. Reasonable adjustments may be made to the way that the standards are assessed or performed (except where the method of performance is part of the competence to be attained), and to how curricula and clinical placements are delivered.
- Working with the Director of Medical Education and Domain Leads to ensure that the School acts promptly over any concerns about equality and diversity, by implementing and monitoring any necessary changes in practice.
- Working to enhance the external reputation of the Medical School by appropriate scholarship, attendance at conferences and publication.

Equality, Diversity & Opportunity



4 Role of the Dean of Medicine

The role of the Dean of Medicine at Buckingham is unlike that of other medical schools. The Dean **should** have no direct responsibility for the delivery of the Undergraduate Medical Course. The Dean of Medicine **must** be an ambassadorial role, responsible to the Vice Chancellor for:

- Strategic oversight of University developments in post-graduate and undergraduate medical education
- High level liaison with Government, regulators and other organisations and individuals to promote the interests of medicine at Buckingham
- Fund raising for the support of medical education and research at Buckingham

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