

UNIVERSITY OF GLASGOW

Academic Standards Committee – 22 March 2019

Periodic Subject Review: Review of Undergraduate Medical School held on 20 and 21 November 2018

Mrs Catherine Omand, Clerk to the Review Panel

Review Panel:

Professor Frank Coton	Vice Principal (Academic and Educational Innovation) Panel Convener
Professor Alan Denison	University of Aberdeen, External Subject Specialist
Professor Lindsay Farmer	Senate Assessor on Court
Ms Hannah Todd	Student member
Professor Simon Guild	School of Life Sciences, Cognate member
Dr Michael McEwan	Learning Enhancement and Academic Development Service
Mrs Catherine Omand	Senate Office and Clerk to the Panel
Mr Chris Buckland	Registry (Observer)

1. Introduction

- 1.1.1 The Undergraduate Medical School is part of the School of Medicine, Dentistry and Nursing, which is one of three schools within the College of Medical, Veterinary and Life Sciences (MVLS). Within the College, there are also seven Research Institutes.
- 1.1.2 Undergraduate provision offered by the Undergraduate Medical School (UMS) consists of: the MBChB (accredited by the General Medical Council (GMC)) and a one-year intercalated BSc (Med Sci) Clinical Medicine programme. Students enter the intercalated programme from the MBChB programme.
- 1.1.3 The last review was undertaken in March 2012. The Panel was impressed with the action taken in response to the recommendations made at the last Review, which had clearly been embedded into School practice and procedures. In particular, the support mechanisms and relationships established with NHS staff, Problem Based Learning (PBL) facilitators and Case Based Learning (CBL) tutors and the student support mechanisms introduced. The Panel was pleased to note significant improvement in the National Student Survey (NSS) results as well as in the national rankings: 33rd in 2010 to 2nd in the most recent Good University Guide (2018 and 2019) and 3rd in the Complete University Guide (2018). The Panel **commends** the Undergraduate Medical School for the improvements made in the NSS and University rankings.
- 1.1.4 Preparation of the Self Evaluation Report (SER) was led by Professor John Paul Leach, Head of the UMS. A number of staff had been consulted, including Year Directors, Deputy Heads of UMS, Heads of Quality Assurance, Admissions and Student Support, Assessment and Learning and Teaching Conveners, Intercalated Programme Coordinator and senior administrative staff. The Head of the School of Medicine, Dentistry and Nursing, Professor Matthew Walters, was provided an opportunity to

review the draft SER. A student consultation exercise was undertaken with Student Representatives from Years 4 and 5.

1.1.5 The Review Panel met with Professor JP Leach, Mrs E Duncan (UMS Manager), Dr H Lloyd (UMS Administrator), Professor M Walters (Head of the School of Medicine, Dentistry and Nursing), Professor M Bain (Dean of the College of MVLS) and Professor A Dominiczak (Head of College and Vice Principal). The Panel also met with 8 Year 1 to 3 students, 10 Year 4&5 and Intercalated students, 10 members of staff, 3 early career staff, 9 Hospital Sub Deans/Supervisors/Speciality leads and 8 PBL/CBL/Vocational Studies Facilitators/Tutors and GTAs.

1.1.6 Dr J Harris, Teaching and Learning Centre Manager, provided the Panel with a tour of facilities at the Learning and Teaching Centre, based at the Queen Elizabeth University Hospital. The addition of the Learning and Teaching Centre was a significant change since the last review. This is a joint development with the NHS that provides state-of-the-art clinical and classroom-based teaching facilities. A large proportion of teaching in the second half of the Medical curriculum is undertaken here and at the New Lister Building at the Glasgow Royal Infirmary. The intercalated degree is also based at the Learning and Teaching Centre.

2. Context and Strategy

2.1 Staff

Staffing was complex due to the affiliated nature of the curriculum. The SER indicated that the School of Medicine, Dentistry and Nursing has a total staff of c305, of whom c125 are academic/clinical staff affiliated with the School of Medicine, Dentistry and Nursing. Of these, 15 were dedicated to the management and teaching provision for the Undergraduate Medical School. There are c20 Professional Services staff. Other School staff contribute to clinical and research aspects of the programme. Over 800 NHS staff (the majority of whom are NHS consultants and General Practitioners) are given honorary status, with sessional time bought out for specific roles. This includes Hospital Sub-Deans who provide an educational link between the UMS and teaching hospital. There are 40 PBL Facilitators (including clinical academic and NHS staff, staff and Graduate Teaching Assistants (GTAs) from the School of Life Sciences and a small number of hourly paid staff). There are 200 Case Based Learning tutors and 60 Vocational Studies tutors employed each year.

2.2 Students

As of September 2018, student FTEs were 1,389 for MBChB and 109 for the intercalated BSc degree:

Students	Headcount
Year 1	296
Year 2	254
Year 3	293
Year 4	269
Year 5	277
BSc Med Sci	109
Undergraduate Total	1498

2.3 Strategic Approach to Enhancing Learning and Teaching

- 2.3.1 It was evident to the Panel that the UMS had undertaken a significant overhaul of teaching provision and strategy over the last few years and, with the new teaching facilities, this had led to greatly improved student satisfaction and significant increases in rankings. This was reflected in the highly satisfactory review by the General Medical Council (GMC) in November 2017. The GMC had highlighted five areas that were working well: The responsiveness of the UMS to feedback from learners and educators; Clear and effective quality management systems to manage and control medical education and training; the UMS's approach to widening participation; a well-planned curriculum which demonstrated clearly how students met the outcomes for graduates and the choice and range of subjects available for the student selected components. There were only two recommendations, the UMS should 1) monitor time in job plans for undergraduate educators to ensure there was sufficient time for educational responsibilities and 2) monitor the consistency of assessments carried out by supervisors. The UMS was rightly pleased with this excellent outcome.
- 2.3.2 In 2017, the School of Medicine, Dentistry and Nursing introduced the Glasgow Access Programme (GAP), a one-year premedical course for 20 students. This initiative was funded by the Scottish Government which strongly endorses widening participation. The School has since secured funding for 25 students for GAP until 2023. At the meeting with the Head of the UMS, the Panel was informed that the first cohort completed in Summer 2018. Of the 21 participants, 19 had successfully achieved the required final grade to be offered a place to study medicine. This fitted with College and University strategy for widening participation and the School was justifiably proud of this success, which the Panel **commends**. At the meeting with Hospital Sub Deans, there was great support from the NHS community for the developments the School was making in relation to widening participation.
- 2.3.3 The UMS also offer the Certificate in Higher Education, a pre-medical/dental/veterinary foundation course. This takes approximately 20 students each year and offers international students an opportunity to study on the professional degree programmes. A focus on sciences and bespoke language classes along with experience in a clinical environment prepare students for further study.
- 2.3.4 The SER indicated that there were plans to increase student funded places from 2019 and it was unclear to the Panel how this would be supported in terms of both staffing, academic and administrative, and physical capacity. At the meeting with the Head of the UMS, Professor Leach agreed that it would be challenging, with numbers anticipated to increase from c250 entrants to c300 and that teaching methods would need to be modified to accommodate. No significant change to the curriculum was anticipated but it was likely that changes would be made to PLB and Vocational Studies provision. Associated assessment demands, and appropriate administrative support would require careful consideration. Clinical placements brought further challenges and the UMS was in discussion with the NHS on how it would accommodate the increased numbers. The Panel **recommends** that the Undergraduate Medical School works with the College, the Central Timetabling Unit and local Education providers to develop a forward plan to support the predicted growth in student numbers. This plan should include specification of how teaching will be delivered, associated space and staff requirements.
- 2.3.5 In relation to the reconfiguration of the NHS, the UMS continued to develop strong relationships with local education providers. The UMS agreed with the GMC that it was necessary to ensure dedicated time for teaching was incorporated into clinical job plans with greater transparency of how ACT funding (Additional Cost of Teaching) was used to ring fence teaching. The UMS had identified the need to establish a contributors' database to ensure adequate teaching provision was provided as well as to define an

appropriate tariff for teaching contribution. The UMS relied heavily on good will, which was recognised as not providing a long-term sustainable model.

- 2.3.6 At the meeting with the Head of UMS, the Panel was informed that the role of teaching was valued and considered as part of the Performance and Development Review. It was noted that two staff on Learning, Teaching and Scholarship contracts had recently been promoted to professor. The Panel **commends** the approach of the School and wider university in valuing teaching scholarship in the career development of academic staff.
- 2.3.7 The Panel queried whether the UMS had any intention to offer the Intercolated Degree to all students, as other institutions had introduced this. Current access was based on a ranking system. The Head of the UMS questioned the value of this, recognising the further demands this would place on students. The additional year also had financial implications with the likelihood that it would have a detrimental impact on widening participation students who were already undertaking an additional pre-medical year.

3. Enhancing the Student Experience

3.1 Admissions, Retention and Success

Admissions

- 3.1.1 The Admission process, which is based on a combination of exam results, a clinical aptitude test and an interview, was considered very comprehensive by the Panel. There was high demand for places to study medicine at Glasgow, with approximately 800 applicants invited to attend for interview. The interview itself was structured with each applicant interviewed by two panels members, randomly selected from a pool of 250 interviewers. All interviewers provide proof of having completed equality and diversity training and must attend training sessions every 3 years. After each diet of interviews, focus groups are held and written feedback is sought from both the applicants and interviewers on their experience of the process. Feedback suggests that the level of satisfaction with the recruitment process has increased with a preference stated to the more personal touch as compared to the multiple mini interviews used by some Medical Schools. Interviewers also receive feedback on their performance. Following the admissions process each year, the UMS has held an open 'So you didn't get into Medicine' Q&A event to provide advice and information to applicants who may wish to apply again to Glasgow or other medical schools. At the meeting with the Head of UMS, it was confirmed that the GMC was satisfied with the Admission process and had found it to be transparent and fair. The UMS was confident that the system was robust but would continue to regularly monitor. The Review Panel **commends** the responsiveness and robustness of the Undergraduate Medical School Admissions processes.
- 3.1.2 The admissions process for the GAP programme had a different timeline and interview style. The admissions criteria reflect the challenges that this specific applicant pool have faced. The programme is designed to ensure that students have requisite skills, knowledge and professional values to facilitate a smooth transition to Year 1 of the MBChB programme.

Progression and Retention

- 3.1.3 The SER and documentation highlighted that the UMS had monitored attrition rate and other measures of exam attainment by gender, race, socio-economic status and registered disability and found no significant difference across the five years. Progression data on all categories of Widening Participation and international students is examined to identify whether any group would benefit from tailored support. The UMS also review teaching and assessment structures to ensure no group of students is

disadvantaged. The Panel **commends** the Undergraduate Medical School for the level of attention given to monitoring progress to ensure no group of students is disadvantaged.

3.2 Equality and Diversity

3.2.1 From feedback received in the staff survey, it was indicated that there was a gender imbalance in the Management team. At the meeting with the Head of the UMS, this was acknowledged. The UMS was working towards improving gender/ethnicity balance and applying for a Silver Athena Swan Award. The UMS was reliant on NHS staff for leadership roles and all senior roles were advertised openly. At the meeting with Years 4 and 5, gender diversity was discussed. The students confirmed that it very much depended on the hospital. Representation would continue to be monitored.

3.3 Supporting Students in their Learning

3.3.1 The UMS had established several student support mechanisms. This included a Head of student support, a Consultant Psychiatrist, who met with each Year Group during induction. The Head of Student Support also liaised with various University Student Support Services. She also provided training on student welfare throughout the Medical School, including GP tutors, clinical teaching fellows and Educational Supervisors. The SER indicated that groups of 12-15 students were allocated to an Adviser of Studies, with Advisers required to meet their advisees at least once in Years 1 to 2 and to make contact at least once in Years 3-5. New medical students in both Year 1 and Direct Entry Year 3 were allocated a student 'medic family' for informal peer support. The Panel **commends** the level of support provided (but please see 3.3.2 to 3.3.4).

3.3.2 At both student meetings, it was indicated that there was inconsistency of support provided by Advisers' of Studies, with different levels of engagement. Some students had not met with their Adviser of Studies. The onus was on the student to make initial contact, but the students suggested that Advisers' of Studies should arrange the first meeting early in the semester to introduce themselves. This would make it easier for students to approach. The students further suggested that a meeting arranged prior to examinations would be useful. Access to Advisers' of Studies was also difficult for students on placement. At the meeting with staff, the Panel was advised that the role of Adviser was intended to be pastoral, and therefore engagement would vary according to student need. It was agreed that it could be difficult for students to contact Advisers whilst on placement. The role was explained during induction with students informed that they should arrange a meeting before the 14 December. In addition, staff highlighted that any issues should be picked up CBL and PBL facilitators who taught in small group environments. Significant absence would trigger a meeting with the Year Director. The staff considered the number of safeguards in place to be sufficient. The Review Panel **recommends** that the Undergraduate Medical School considers training for Advisers' of Studies to address concerns of inconsistency.

3.3.3 The Panel agreed that the School has put in place an impressive range of pastoral support for students, but discussion with the Years 1-3 students indicated that they were anxious regarding accessing support. The students suggested that support mechanisms were perceived to be intimidating due to concern regarding possible implications on 'Fitness to Practise' and being reported to GMC. It was also unclear to the students who was the best person to contact for more general or minor issues. The Year 1 and 2 students the Panel met with, confirmed that they had several tutors who they considered approachable due to the good relationships developed, but there was less opportunity to establish this in Year 3. The students on the Intercalated Programme expressed satisfaction with support provided, clarifying that this may be due to it being a smaller group of students and therefore changes to behaviour were more likely to be observed.

At both meetings with students, the University's Counselling and Psychological Services was considered ineffective due to perceived long waiting times to see a counsellor. International students arriving at the School in later years, advised that it was not always clear from communications what was official support or what was more informal or student-led.

- 3.3.4 The issues raised by students in relation to support were discussed at the meeting with staff who expressed surprise and informed the Panel that there were very few referrals to 'Fitness for Practise' and that the UMS placed emphasis on providing support. The Head of the Student Support team advised that the team developed good relationships with students and, due to small group activities, staff got to know students well. The Panel **recommends** that the Undergraduate Medical School engage with the student body to determine more effective ways to signpost the support provided, including how and when to access the different kinds of support and to improve student confidence in doing so. Information should be included in the Student Handbooks which should also signpost University-wide Support Services.
- 3.3.5 At the meeting with both sets of students, the Panel was advised that, similarly, peer support provided by 'the Medic family' very much depended on the students involved and therefore varied. As this was student-run, it was an informal arrangement. Some students kept in contact with their families throughout their studies, whilst others had limited contact. The students would welcome opportunities organised by the UMS to meet with students in other years.
- 3.3.6 The Year 1-3 students highlighted the very different ways of studying between school and University, with University having a very strong focus on independent study. PBL classes could also contain a mix of students with different breadth of experience, which could be overwhelming. The students suggested that it would be helpful if this could be emphasised during induction. Different teaching techniques could also be overwhelming with some staff including a high level of detail. The Panel **recommends** that the Undergraduate Medical School consider further what could be done during induction to support students in their preparation for independent learning.
- 3.3.7 The international students who transferred into the UMS in later years, indicated to the Panel that it was difficult integrating into the School and difficult to establish friendships when on placement. Some students were supported by their Medic Family but as discussed under 3.3.4, this depended on the family affiliated with. The different types of assessment were also difficult for some international students due to lack of familiarity. Some formative practice would be welcomed. Opportunities to practise OCSE would also be valuable. The Panel noted that students could book equipment to practice unsupervised before OCSE.
- 3.3.8 Students on the intercalated degree programme advised that a refresh session would be welcomed following 18 months away from clinical work. The students agreed that this would be useful for any student who may take time out from studies for whatever reason.
- 3.3.9 At the meeting with the Year 1-3 students, there was a perception that there was no time for them to commit to University sport clubs. It was noted classes could be timetabled for Wednesday afternoons, the time normally dedicated for participating in a sport. The UMS should consider whether it was feasible to not timetable classes on Wednesday afternoons to provide students an opportunity to undertake sporting and other non-academic activities.
- 3.3.10 The Year 4 and 5 students confirmed that they identified collectively with the Wolfson Medical School Building, particularly as the Library was based there. The final year students confirmed that they considered themselves well prepared for becoming doctors. The students particularly valued Vocational Studies and preparation for practice in the Foundation Programme. The students also acknowledged that they were familiar

with GMC requirements and expectations. The e-portfolio cases referenced Outcomes for Graduates and the requirements for fulfilling criteria were explicit.

3.3.11 The Head of the UMS expressed the view that induction, responsiveness to student feedback, on-line support resources and training for clinical teachers ensured students were well supported. At the staff meeting, the Panel was informed that two workshops were held every year to share experiences on student support.

3.3.12 At the meeting with Hospital Sub-Deans, it was considered important that students 'belonged' in the hospital and, when under pressure in a clinical environment, there was someone students felt they could approach. Early intervention by the UMS on identifying students possibly struggling was flagged to hospitals and this was considered extremely helpful to establish appropriate support.

Graduate Attributes

3.3.13 Graduate attributes and employability are informed by the GMC. As such, there is comprehensive engagement with attribute development throughout the curriculum. Graduate employment rates are around 99%.

3.4 Student Engagement

Feedback mechanisms

3.4.1 The Panel found evidence of strong effective feedback mechanisms. The SER indicated that the UMS used various methods to provide students with an opportunity to give feedback and there was evidence that the UMS responded to that feedback. This was verified at both student meetings where it was confirmed that students raising issues felt listened to. The "you said, we did" mechanism was highlighted as providing students an opportunity to have input. The University's EvaSys course evaluation software was used at the year-end in early phases and at the end of each clinical block in Years 3-5. The UMS had adopted Red-Amber-Green charts when responding to course evaluation, providing a focus on areas for improvement as well as identification of good practice. The Summary and Response Documents viewed by the Panel confirmed that thorough attention was given to the issues raised by the students. At the meetings with the Head of UMS and with staff, the declining response rate was discussed with the UMS considering introducing compulsory completion of evaluation. The SER highlighted that Staff:Student Liaison Committee minutes were posted on Moodle and NSS results were provided to incoming Year 4 and 5 with commentary on how the School was addressing the issues raised. The UMS also used its in-house VALE software¹ to provide examination performance feedback. Students in Years 3-5 could also use VALE to submit questions to Year Directors, which were either responded to individually or via an email to the class. Year Directors also held FAQ sessions at least once per semester, the outputs of which were then collated for the Year Group. It was evident to the panel that effective engagement through these mechanisms had created a strong sense of community between students and staff in the UMS. The Panel **commends** the number and range of feedback mechanisms employed.

3.4.2 The Staff:Student Liaison Committee (SSLC) operated effectively, with the Year 1-3 students confirming that feedback was acted upon. Previous year action was provided at the first meeting of the SSLC the following session. The students confirmed that staff were willing to make changes based on feedback provided. At the meeting with staff, it was highlighted that in addition to SSLCs, Block co-ordinators dealt with any issues arising on a weekly basis.

¹ a bespoke Student Records system that records student electives, group work, PBL, hospital placements etc as well as provide feedback on exam performance

4. Enhancing the Student Experience

4.1 Learning and Teaching

Curriculum Design

- 4.1.1 The MB ChB is regulated and approved by the GMC. It was evident to the Panel that the curriculum had been carefully designed with strong quality assurance processes in place to ensure Glasgow UMS graduates met the GMC requirements set out in 'Outcomes for Graduates'. Since the last Review, a major revision of the curriculum had been undertaken with the MB ChB organised into 4 Phases over the 5 years with vertical themes continuing throughout the programme. The Panel **commends** the impressive work undertaken on the design of the curriculum.
- 4.1.2 In 2016, an external review of the Vocational Studies element of the early phases had been undertaken and the SER indicated that the recommendations arising from this report had now been embedded. At the meeting with the Head of UMS, it was confirmed that no changes had been made since, but it was envisaged that it would be evaluated once it had been running for 5 years in the current format.
- 4.1.3 At the meeting with Hospital Sub Deans, it was confirmed that clinician opinion was sought in some areas of the curriculum, such as Year 3 Pathology, and on assessment and examinations. Changes were also made following student feedback.
- 4.1.4 Following the review, the Convener received notification regarding the Genetics/Genomics teaching week in Year 3 of MB ChB. This had regularly been shortlisted for a student teaching award since 2012. The Lead considered this to reflect up-to-date teaching, incorporating the latest genomics developments delivered in an interactive way to make a complex topic as intelligible and exciting as possible.
- 4.1.5 Staff and students both identified Phase 3 of the MB ChB curriculum as putting a disproportionately large load onto students. The messaging used by the School also contributed to the student perceptions of this additional load. The Review Panel **recommends** that the Undergraduate Medical School reviews the early stages of the curriculum with a view to providing a more balance workload for the students in the earlier years.
- 4.1.6 Students in Year 4 and 5 indicated that there was little time off during the academic year with, electives taken during the Easter and summer months. This meant that there was little time available for examination preparation. The Review Panel **recommends** that the School review the current phasing of activity in the later stages of the curriculum with a view to ensuring student welfare is appropriately supported.

Approach to Intended Learning Outcomes

- 4.1.7 As a GMC-regulated and approved degree programme, ILO's are specified by the GMC's 'Outcomes for Graduates'. The curriculum has been well constructed to demonstrate how students met these Outcomes. The GMC has commended the School on its medical programme.

Study abroad

- 4.1.8 The SER stated that there were formal elective exchange programmes in place or in development between Glasgow and the Japanese Medical Education Foundation, Sun Yat Sen (China), Orebro (Sweden), and University of Sydney (Australia). Around 30-40% of students undertake a period of elective study abroad each year. At the meeting with final year students, those who had elected to study abroad indicated that they had enjoyed it, had found it beneficial and had been well supported.

Technology Enhanced Learning and Teaching

- 4.1.9 There was good evidence of effective use of technology-enhanced learning and teaching within the UMS. The NHS e-Portfolio system, which allows students to collate, archive and evidence learning as well as record achievements, had been adopted. This could also be used within the clinical years. Regular quizzes, chat rooms and virtual tutorials were used in Moodle (the University's VLE). Several academic staff had developed podcasts and a number of lectures had been recorded for students to view online. Students also have access to e-book versions of core medical texts. A few other initiatives had been considered but broadband availability across campus had proved challenging. At the meeting with the Year 1-3 students, it was confirmed that Moodle was a well utilised resource, but that content could be inconsistent. It was further highlighted that not all lectures were recorded and that standardisation in this area would improve the student experience.
- 4.1.10 The SER stated that the School of Medicine, Dentistry and Nursing was committed to integrating technology-enhanced learning into the medical curriculum. It had appointed an E-Learning Officer to work with academic and NHS staff to produce e-learning resources to enhance the medical curriculum. At the meeting with staff, it was confirmed that the E-Learning Officer also supported lecture recording and was considering ways to adapt Moodle to support on-line marking and assessment. However, developments appeared to be reactive rather than part of a planned and mapped out approach to teaching and technology. There was appetite within the School for change, but this was perceived to be hindered by current technology (Moodle and VALE).
- 4.1.11 The PSR staff survey indicated that there were issues regarding inadequate IT support, which was having an impact on both academic and administrative staff. At the meeting with the Head of UMS, the Panel was informed that the College had centralised IT support resulting in the loss of local UMS IT staff. Remaining local support was insufficient to provide rapid responses. IT staff were firefighting leaving limited ability to develop solutions. Issues were exacerbated by the aging IT software being used, notably VALE. The UMS recognised the need for a new system that could possibly link with other systems, but due to the complexity of requirements, it had proven difficult to find a suitable replacement. VALE was stable and secure and used for a variety of purposes, but it was old and inflexible with little automation and would continue to be problematic, particularly when student numbers increased. At the meeting with staff, Staff viewed Moodle as also unsuitable for the type of teaching and assessments the UMS wished to adopt. The Review Panel **recommends** that the Undergraduate Medical School articulates an overall Technology Enhanced Learning and Teaching (TELT) strategy and develops a requirement specification for IT systems that support teaching within the Undergraduate Medical School, engaging with the University's Assessment and Feedback project to identify what elements of the specification could be delivered centrally. The Undergraduate Medical School should seek to secure College support for its delivery. The Review Panel further **recommends** that the College and School should review and, where appropriate, reconfigure IT support for the School to improve its effectiveness. In doing so, it should consider how staff and students in the School use IT and how it can evolve to improve resilience.

4.2 Assessment and Feedback

- 4.2.1 The GMC in its visit in 2017 had recommended that the UMS monitor the consistency of assessments carried out by supervisors. At the meeting with the Head of the UMS, it was indicated that the UMS was confident in its established quality assurance processes and that any issues arising in clinical placements would be picked up. The UMS would continue to work with clinicians to ensure greater consistency.

- 4.2.2 As identified in the NSS results, improving Assessment and Feedback was a main priority in the College Learning and Teaching Plan 2018-2021 whereby there would be a number of College-wide initiatives which UMS would participate in. The students the Panel met with, highlighted inconsistency of feedback on assessed work, with some staff providing limited information. Other feedback could be confusing with grading not reflecting comments. The students also raised issues with the consistency and timeliness of feedback. No difference was perceived between academic and clinical staff. The Year 1-3 students agreed that some formative feedback was provided following MCQs and short answer questions but again, this could be inconsistent. It was confirmed that no standard marking sheet was used by the UMS. Clearer demarcation and connection with GMC outcomes would be useful. The Review Panel **recommends** that the Undergraduate Medical School work with Learning Enhancement and Academic Development Services (LEADS) to review its assessment feedback practice, including exploring methods for providing more standardised feedback.
- 4.2.3 At the meeting with the Head of UMS, the Panel queried as to whether the UMS had considered the potential impact of the proposed GMC Medical Licensing Assessment (MLA)². Professor Leach confirmed that due to the well-established OCSE arrangements, the UMS considered itself well placed to meet the demands of the MLA, if it were to be introduced.
- 4.2.4 At the meeting with students, anxiety was expressed regarding written summative examinations and the inability to review previous past papers. The Panel was informed that some students would ask older students for materials, whilst others did not have access to this, which was considered unfair. Some students used Peerwise to share and discuss questions, but this was not universally used. The students agreed that a mock examination paper with example questions and specimen answers would allow them to understand what was expected, how to prepare and would be fairer. Previous intercalated papers were provided on Moodle for the intercalated students and this was considered useful. The Review Panel **recommends** that the Undergraduate Medical School review the opportunities that students have to gain formative feedback on assessments that replicate the methodology used in summative assessments, before the summative assessments are undertaken.

4.3 Resources for Learning and Teaching (staffing and physical)

Learning and Teaching Space

- 4.3.1 The Teaching & Learning Centre at the QEUH opened in 2015. This represents a major strategic investment in both UG and PG clinical education and has greatly increased the amount of space available to the UMS. The SER and the PSR staff survey indicated issues with loss of rooms within the Wolfson Medical School Building (WMSB) on the Gilmorehill site which were being used to accommodate non-teaching activity and other subject areas. At the meeting with staff, there was concern over the decrease in usage of the WMSB space for Medical Education, the impact has been mitigated by greater availability at the QEUH. Issues were also being experienced with the Centralised Room Booking system which staff were finding a hindrance to organising events.

IT support

- 4.3.2 During the tour of facilities, computer facilities reserved for NHS did not appear well utilized. At the meeting with students, it was highlighted that, at certain points during the week, access to desktop computers was an issue. In relation to IT, the Review Panel **recommends** that the Undergraduate Medical School monitors the demand for desktop

² The GMC is developing a nationwide assessment scheme commencing 2022. The assessment would consist of an applied knowledge test (AKT) and a clinical and professional skills assessment (CPSA)

computers at the Queen Elizabeth University Hospital and explore the potential for students to access NHS desktop machines, if NHS use is not required at these times.

Staffing

- 4.3.3 As highlighted in Section 2.1, there was a wide and diverse range of staff contributing to teaching across multiple campuses and sites and, at the meeting with the Head of the UMS, the Panel sought to understand how teaching was coordinated and supported and how the UMS ensured consistency. A number of mechanisms were highlighted, including the relationship established with each Hospital Sub Dean who were the clinical leads in each hospital and who provided in-house training for consultants. Learning objectives had been better defined in training with greater awareness placed on Intended Learning Outcomes (ILOs). The established relationships with the Hospital Sub Deans had made a significant difference to engagement with teaching. Introduction of Speciality Leads had also enhanced engagement. (see 4.4)
- 4.3.4 The SER, PSR Staff survey and at all the PSR meetings with staff, a shortage of experienced teaching support administrative staff within the School was highlighted. This was having a significant impact on both administrative and academic staff. The Review Panel **recommends** that the Head of the School of Medicine, Dentistry and Nursing work, in consultation with the Head of College, to identify and resolve any issues causing staff turnover and develop and implement a plan to resolve current administrative difficulties in a manner that is resilient to the planned future growth.

4.4 Engaging and Supporting Staff

- 4.4.1 Due to the complexity of staffing, it was evident to the Panel that considerable effort had been given to establishing relationships and encouraging engagement with the curriculum. A number of events and workshops were held across the year. Clinical and Speciality Leads appeared committed to the importance of their role in teaching. The UMS was confident that teaching support was better connected and strived to continue to improve this.
- 4.4.2 The UMS organised Education days at the beginning of the Academic Session for clinicians. A series of on-line resources were currently being developed which should be an important method for maintaining consistency. All clinical staff providing teaching for Year 1-3 had induction and training. From discussion with the Hospital Sub Deans, Educational Supervisors and Speciality leads, the Education days were very well received, providing an opportunity to meet other staff as well as learn about current L&T practices. In addition, training sessions were organised throughout the year. The GP lead advised that Moodle was used to keep in touch with over 200 GPs across Scotland. The Panel was pleased to note that the support and relationship with the UMS had significantly improved with clinical staff feeling personally developed by participation in teaching provision. The Panel **commends** the Undergraduate Medical School's engagement with clinical staff at hospital sites and CPD for clinicians.
- 4.4.3 The Recognition of Trainers, piloted by Undergraduate Medical Schools in partnership with NHS Education Scotland where NHS trainers were appraised for their educational role within their annual clinical appraisal was considered a good form of support, providing an opportunity to keep skills up-to-date for the NHS staff. Teaching training and other qualifications were available for clinical staff to undertake. There was a new tutor training evening arranged for the GP group.
- 4.4.4 Regular feedback was sought at the end of each clinical block. When areas of good practice were identified, this was recorded on QA reports prepared by the QA team. Where other areas received less satisfactory feedback, the QA team would provide links to areas that had received good feedback or to areas where concerns had previously been raised but have since been rectified. This enabled sharing of best practices and

enabled staff to develop. The Clinicians welcomed student feedback which was used to improve courses. From 'end of block' feedback, it was evident that clinical responsibilities were given priority over teaching. The UMS was in ongoing discussion with Health Boards on how to ensure teaching was appropriately supported, including ring fencing Additional Cost of Teaching (ACT) funds as discussed under 2.3.5.

- 4.4.5 The CBL and PBL Facilitators and Tutors the Panel met with expressed satisfaction and enthusiasm in relation to their contribution to teaching, predominately undertaking teaching due to their commitment to supporting future doctors. The NHS staff the Panel met with felt well supported by the UMS. Some suggested processes could be better explained to new staff, however, there was consensus that the support provided in relation to learning and teaching had greatly improved over the last few years. The SER stated that PBL Facilitators participate in a peer-observation-of-teaching (POT) scheme and that the UMS was exploring piloting a similar scheme with clinical educators. An opportunity for all to participate in peer observation and greater involvement with course changes would be welcomed.
- 4.4.6 The PBL facilitators advised that they did not receive student feedback unless they specifically asked. The tutors arranged amongst themselves group chats where they could meet to discuss any challenges and good practice. One of the CBL tutors advised, that due to the type of employment contract she had, she did not have a university email and was missing communications. This was raised at the final meeting with the Head of School and College where it was confirmed that this was an oversight and would be corrected. As it was not apparent to the Panel how the UMS provided feedback or recognised the efforts of facilitators and tutors the Panel **recommends** that the School provides annual feedback to PBL/CBL/VS facilitators to allow them to improve their practice and to assure them that the value of their contribution is recognised.
- 4.4.7 Staff progression and promotion was encouraged as part of the P&DR process. At staff induction events, staff are encouraged to apply for further roles. All staff were encouraged to attend learning and teaching events within the School. At the meeting with staff, it was acknowledged that the introduction of the new promotion criteria for staff on the Learning, Teaching and Scholarship track had improved career development opportunities. However, it was still perceived to be difficult for senior lecturers to be promoted, due to the pressure of teaching and administrative duties, which limited time available to undertake scholarly activity.
- 4.4.8 At the staff meeting, it was unclear as to how the whole School community was consulted in relation to learning and teaching strategy and what opportunity was given to have input into decision making. The Review Panel **recommends** that the Undergraduate Medical School reviews communication, engagement and inclusion of all staff to ensure all staff are given an opportunity to contribute to strategy and teaching developments in an open and transparent environment.
- 4.4.9 From the PSR staff survey, the Panel perceived staff morale to be low. The staff confirmed that academic staff felt overstretched in relation to their teaching loads. This combined with current administrative and IT constraints, was placing all categories of staff under considerable pressure. The Review Panel **recommends** that the UMS develop systems to anticipate and react to sources of stress and pressure, particularly in light of the imminent significant numbers of students.
- 4.4.10 The SER indicated that new Professional Services staff were supported by regular probation review meetings in addition to the P&DR process. Administration in the UMS had been arranged into teams which provided mutual support, particularly for new staff. Staff were encouraged to attend training courses and consideration was given to support formal qualifications.

4.4.11 It was brought to the Panel's attention that the University of Dundee offered clinicians a discounted rate to undertake the PG Cert at Dundee. As a result, staff tended to go to Dundee rather than Glasgow. It was suggested that consideration should be given to making the Glasgow PG Cert more visible and financially attractive to Healthcare staff.

Early Career Staff

4.4.12 All new and promoted staff participate in the Early Career Development Programme (ECDP) and are allocated a mentor. At the meeting with staff, the ECDP was considered well intentioned and staff appreciated support for career development, but it also brought pressure Particularly for Non-clinical staff. There was a perception that it was easier for Research and Teaching (R&T) staff to progress than those on the L&TS track, through more limited opportunities for scholarship. It was acknowledged that the University was attempting to address this. Support for scholarship activity was included in workload models and staff sought to engage with this. Realistically, prioritisation of other teaching and administrative commitments made this difficult.

4.4.13 The early career staff indicated that the ECDP website was difficult to navigate, particularly for new members of staff. There did not appear to be any College provision or guidance in relation to supporting staff on the L&TS track in relation to scholarship. It was acknowledged that the Learning Enhancement and Academic Development Service (LEADS) had introduced scholarship provision into the programme this year. More opportunities to undertake scholarship activity would be welcomed. An opportunity to create a sense of identity and community for L&TS staff would also be valued. The Review Panel **recommends** that the UMS work with the LEADS to address these issues.

4.4.14 Staff who had undertaken the PGCAP had found it useful, particularly for those undertaking a teaching role for the first time. It was further acknowledged that the online MEd in Learning and Teaching in Higher Education was a great benefit to career development.

4.4.15 Early career staff welcomed opportunities to gain feedback from students and found it rewarding when their teaching was valued by students. Feedback was provided both from course evaluation and from direct feedback. Staff considered they were able to form good relationships with students.

4.4.16 The early career staff informed the Panel that they had limited contribution to curriculum design but not at a strategic level. Due to the complexity of staffing, communication was considered challenging. Please refer to 4.4.8.

4.4.17 The SER indicated that the School of Medicine, Dentistry and Nursing recently introduced a pilot Mentoring Scheme for all job families. This would be evaluated quarterly with outcomes considered by the School Athena Swan Mentoring Working Group. The early career staff that the Panel met with, indicated that they were not aware of a formal mentoring system, but informal mentoring had been arranged amongst the staff.

5. Academic Standards

5.1.1 The Review Panel considered that the Undergraduate Medical School had a variety of robust and effective procedures in place which ensured that it is engaged in a continual process of self-reflection and self-evaluation regarding academic and pedagogical practice.

Currency and Validity of Programmes

5.1.2 The MBChB is regulated and approved by the General Medical Council (GMC) and it was evident that the curriculum was carefully monitored with strong quality assurance processes in place.

The Review Panel **commends** the systems the School has developed for quality management of the curriculum, which are detailed and proportionate.

6. Summary of perceived strengths and areas for improvement

6.1 Key strengths

The Review Panel identified the following areas as key strengths:

- A well-designed curriculum recently commended by the GMC
- Well established feedback mechanisms where the student voice is taken seriously and acted upon
- Commitment to the widening participation agenda with the introduction of the Glasgow Access Programme (GAP)
- Responsive and robust admissions process
- Impressive student support mechanisms in place
- The attempts made to ensure a cohesive student experience is attained over a wide and diverse range of teaching staff
- Engagement with clinical staff at hospital sites ensuring that both staff and students are supported in a clinical environment
- CPD for clinicians and training days
- Excellent clinical and classroom-based teaching facilities at the Queen Elizabeth Teaching Hospital
- Positive culture in the student body
- Progressive improvement in NSS results

6.2 Areas for improvement

The Review Panel highlighted the following areas as opportunities for improvement:

- Development of a strategy for managing future growth in terms of staffing, student support and facilities
- Appropriate resource and arrangement of administrative staff to enhance support across the curriculum for learning and teaching
- Development of appropriate IT specification to support multiple requirements
- Consideration of some minor alterations to the curriculum to ensure an improved workload balance in the earlier years and a review of activity in the later stages to ensure students are appropriately supported
- Development of assessment feedback practice in consultation with LEADS
- Provision of opportunities for all staff to be consulted in relation to strategy and teaching developments
- Better signposting of student support

Specific recommendations addressing these areas for work are listed below.

7. Conclusion

The Review Panel was impressed with the good practice that the Undergraduate Medical School had instigated since the last review. It was evident that the Undergraduate Medical School had worked hard to establish a wide range of support for their students as well as to provide a supportive and inclusive environment for the diverse range of staff contributing to teaching. The enthusiasm and commitment to teaching demonstrated to the Panel by the NHS staff and the Vocational Studies, Case Based Learning and Project Based Learning facilitators was commendable. The Panel recognised that this was, in no small part, due to the efforts undertaken by the Undergraduate Medical School to provide good communication and support. The students the Panel met with, although emphasising the pressure they were under, also clearly expressed their satisfaction with their experience which is reflected in the excellent NSS survey results. The Panel congratulates the School for these achievements which were clearly recognised by the GMC on their recent visit.

The current pressures on administrative support and provision of IT within the School were highlighted in the SER, the PSR staff survey and staffing meetings during the Review. There are difficulties associated with support for teaching, including assessment and the IT systems that support these. For example, the future of VALE appears uncertain and there is a sense that most change is reactive. This placed the Undergraduate Medical School in a vulnerable position and it is important that the School of Medicine, Dentistry and Nursing and College of MVLS address this.

8. Commendations

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

Commendation 1

The Review Panel **commends** the Undergraduate Medical School for the improvements made in the NSS and University rankings. [Paragraph 1.1.3]

Commendation 2

The Review Panel **commends** the recently introduced and successful Glasgow Access Programme (GAP), a one-year premedical course [Paragraph 2.3.2]

Commendation 3

The Panel **commends** the approach of the School and wider university in valuing teaching scholarship in the career development of academic staff. [Paragraph 2.3.6]

Commendation 4

The Review Panel **commends** the responsiveness and robustness of the Undergraduate Medical School Admissions processes. [Paragraph 3.1.1]

Commendation 5

The Panel **commends** the Undergraduate Medical School for the level of attention given to monitoring progress to ensure no group of students are disadvantaged. [Paragraph 3.1.3]

Commendation 6

The Panel **commends** the level of support provided [Paragraph 3.3.1] but please see recommendations below

Commendation 7

The Panel **commends** the number and range of feedback mechanisms employed. [Paragraph 3.4.1]

Commendation 8

The Panel **commends** the impressive work undertaken on the design of the curriculum. [Paragraph 3.5.1]

Commendation 9

Engagement with Clinical staff at hospital sites and CPD for clinicians and training days. [Paragraph 4.4.2]

Commendation 10

The Review Panel **commends** the systems the School has developed for quality management of the curriculum, which are detailed and proportionate. [Paragraph 5.1.2]

9. Recommendations

The following recommendations have been made to support the Undergraduate Medical School in its reflection and to enhance provision in relation to teaching, learning and assessment. The recommendations have been cross-referenced to the paragraphs in the text of the report to which they refer and are **grouped together** by the areas for improvement/enhancement and are **ranked in order of priority within each section**.

Strategic Planning for future growth

Recommendation 1

The Panel **recommends** that the Undergraduate Medical School works with the College, the Central Timetabling Unit and local Education providers to develop a forward plan to support the predicted growth in student numbers. This plan should include specification of how teaching will be delivered, associated space and staff requirements. [Paragraph 2.3.4]

For the attention of: The Head of Undergraduate Medical School

For information: The Head of School of Medicine, Dentistry & Nursing and Head of College & Vice Principal MVLS, Central Timetabling Unit and NHS Sub Deans

IT Support

Recommendation 2³

The Review Panel **recommends** that the Undergraduate Medical School articulates an overall Technology Enhanced Learning and Teaching (TELT) strategy and develops a requirement specification for IT systems that support teaching within the Undergraduate Medical School, engaging with the University's Assessment and Feedback project to identify what elements of the specification could be delivered centrally. The Undergraduate Medical School should seek to secure College support for its delivery. The Review Panel further **recommends** that the College and School should review and, where appropriate, reconfigure IT support for the School to improve its effectiveness. In

³ The reference to articulation of an overall TELT Strategy was an additional recommendation requested by Academic Standards Committee which has been agreed by the PSR Panel Convener

doing so, it should consider how staff and students in the School use IT and how it can evolve to improve resilience. [Paragraph 4.1.11]

For the attention of: The Head of Undergraduate Medical School

For information: Head of College and Vice Principal MVLS

Supporting staff

Recommendation 3

The SER, Staff survey and at all the PSR meetings with staff, issues with the administrative support for teaching within the School had been highlighted. This was having a significant impact on all staff. The Review Panel **recommends** that the Head of the School of Medicine, Dentistry and Nursing, should work, in consultation with the Head of College, to identify and resolve any issues causing staff turnover and develop and implement a plan to resolve current administrative difficulties in a manner that is resilient to the planned future growth. [Paragraph 4.3.4]. In addition, The Review Panel **recommends** that the UMS develop systems to anticipate and react to sources of stress and pressure, particularly in light of the imminent significant numbers of students. [Paragraph 4.4.9]

For the attention of: The Head of School of Medicine, Dentistry & Nursing

For information: Head of College & Vice Principal MVLS and Head of Undergraduate Medical School

Recommendation 4

At the staff meeting, it was unclear as to how the whole School community was consulted in relation to learning and teaching strategy and what opportunity was given to have input into decision making. The Review Panel **recommends** that the Undergraduate Medical School reviews communication, engagement and inclusion of all staff to ensure all staff are given an opportunity to contribute to strategy and teaching developments in an open and transparent environment. [Paragraph 4.4.8]

For the attention of: The Head of Undergraduate Medical School

Recommendation 5

It was not apparent to the Panel how the Undergraduate Medical School provided feedback or recognised the efforts of facilitators and tutors and therefore the Panel **recommends** that the School provides annual feedback to PBL/CBL/VS facilitators to allow them to improve their practice and to assure them that the value of their contribution is recognised. [Paragraph 4.4.6]

For the attention of: The Head of Undergraduate Medical School

Recommendation 6

The Review Panel **recommends** that the Undergraduate Medical School work with LEADS to consider opportunities for early career staff to undertake scholarship activity and create a sense of identity and community for L&TS staff. [Paragraph 4.4.13]

For the attention of: The Head of Undergraduate Medical School

For information: Director of LEADS and LEADS MVLS representative

Student support mechanisms

Recommendation 7⁴

The Panel **recommends** that the Undergraduate Medical School consider further what could be done during induction to support students in their preparation for independent learning. [Paragraph 3.3.6]

For the attention of: The Head of Undergraduate Medical School

For information: Director of LEADS and LEADS MVLS representative

Recommendation 8

The Panel **recommends** that the Undergraduate Medical School engage with the student body to determine more effective ways to signpost the support provided, including how and when to access the different kinds of support and to improve student confidence in doing so. Information should be included in the Student Handbooks which should also signpost University-wide Support Services. [Paragraph 3.3.4]. In addition, the Review Panel **recommends** that the Undergraduate Medical School considers training for Advisers' of Studies to address concerns of inconsistency. [Paragraph 3.3.2]

For the attention of: The Head of Undergraduate Medical School

For information: Staff:Student Liaison Committees

Curriculum design

Recommendation 9

Staff and students both identified Phase 3 of the MB ChB curriculum as putting a disproportionately large load on the students. The messaging used by the School also contributes to the student perceptions of this additional load. The Review Panel **recommends** that the Undergraduate Medical School reviews the early stages of the curriculum with a view to providing a more balance workload for the students in the earlier years. [Paragraph 4.1.5]. Students in the later stages of study indicated that there was little time allowed for examination preparation. The Review Panel **recommends** that the School review the current phasing of activity in the later stages of the curriculum with a view to ensuring student welfare is appropriately supported. [Paragraph 4.1.6]

For the attention of: The Head of Undergraduate Medical School

Assessment and Feedback

Recommendation 10

The Review Panel **recommends** that the Undergraduate Medical School work with Learning Enhancement and Academic Development Services (LEADS) to review its assessment feedback practice, including exploring methods for providing more standardised feedback. [Paragraph 4.2.2]

For the attention of: The Head of Undergraduate Medical School

For information: Director of LEADS and LEADS MVLS representative

Recommendation 11

The Review Panel **recommends** that the Undergraduate Medical School review the opportunities that students have to gain formative feedback on assessments that

⁴ Recommendation 7 was an additional recommendation requested by Academic Standards Committee which has been agreed by the PSR Panel Convener

replicate the methodology used in summative assessments, before the summative assessments are undertaken. [Paragraph 4.2.4]

For the attention of: The Head of Undergraduate Medical School

IT facilities

Recommendation 12

In relation to IT, the Review Panel **recommends** that the Undergraduate Medical School monitors the demand for desktop computers at the Queen Elizabeth University Hospital and explore the potential for students to access NHS desktop machines, if NHS use is not required at these times. [Paragraph 4.3.2]

For the attention of: The Head of Undergraduate Medical School