

UNIVERSITY OF GLASGOW

Academic Standards Committee – 20 March 2020

Periodic Subject Review: Responses to Recommendations arising from the Review of Undergraduate Medical School held on 20 and 21 November 2018

Mrs Catherine Omand, Clerk to the Review Panel

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

Response – Undergraduate Medical School:

Our intake of Scottish domiciled students has grown by around 40% in the last 3 years, and in addition to our Glasgow Access Programme (a 1-year premedical course) we anticipate a further increase in Scottish students in the coming 2 years. This increase will place further pressures on teaching capacity and real estate within the Wolfson Medical School Building and the broader university. We have carried out some refurbishment around WMSB to optimise teaching space for our early phase teaching and may require provision for ancillary spaces for live streaming of lectures if adequately sized lecture theatres are unavailable. The increase in class size in Year 3 has left us struggling for lecture theatre space and required sourcing of lecture spaces out with University campus. Priority booking for the large lecture theatre in the Queen Elizabeth University Hospital's Teaching and Learning Centre would be of benefit in reducing reliance on external venues for Year 3, mindful that many of the comments about poor organisation in the NSS reference the organisation within the earlier phases of the course. Flexibility in room size limits may allow some more agility in allocating rooms, allowing for the reality of less than 100% attendance at set lectures. The introduction of app-based timetabling has been trialled for Y1 in 19-20 and will be extended to Y2 in 20-21.

Future:

Despite the future growth, we need to ensure that our early phase small group teaching (Vocational Studies and Problem Based Learning) continues to take place within the WMSB, purpose built originally for such teaching, in order to maintain the quality of the student experience. The Level 3 PBL rooms have recently been placed on the central room booking system adding to the challenges of maintaining a good learning experience for the students. Proactive booking of teaching spaces to ensure in-house placement of the range of small-group teaching events will require significant and recurring administrative input.

Provision of clinical teaching time will require ongoing liaison with the surrounding Health Boards – the current project to ‘map’ the amount of teaching time allocated to each unit will help direct teaching funding where it is most needed, and allow for proactive recruitment of the most suitable teaching staff.

Further infrastructural changes will be needed in the years to come – attracting and confirming this from external sources (donations and ACT funding) will require some degree of certainty that the resultant facilities will be utilised predominantly for undergraduate medical education.

Response: Head of School of Medicine, Dentistry, Nursing and Health Care

This recommendation has been taken forward by the Undergraduate Medical School team. I receive regular progress updates of the action arising from this recommendation at the weekly meeting I hold with the heads of each clinical professional school and the head of school administration.

IT Support

Recommendation 2¹

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. [Paragraph 4.1.11]

For the attention of: The Head of Undergraduate Medical School

For information: Head of College and Vice Principal MVLS

Response:

The VALE system we are using has proved stable but inflexible in adapting to the increasing numbers of students and the increasing demand for granularity around monitoring of individual

¹ 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

progression and training. In order to mitigate this we have taken on a Lecturer with significant TELT responsibilities to ensure optimisation of Mahara's capabilities in tracking individual competencies and training, and maximising its potential as a longitudinal training portfolio that may inform undergraduate training. This should allow a seamless transition for use in the postgraduate arena. We are working with Central IT to enhance the utility of MyCampus to improve enrolment functionality and this will facilitate use of the timetabling app. We intend to extend app-based timetabling to the mid-point of the programme, after which students are primarily off campus on clinical placement.

Future:

The merger of the MVLS IT Team with IS has been utilised to look critically at the functionality that could be accessed from existing systems such as My Campus and Mahara. Increasing Mahara's role, and enhancing MyCampus, will significantly improve the student experience around organisation of timetables in the early years. The move away from an external ePortfolio will prove to be cost saving without impeding our organisation. The centralisation of IT services could lead to a dissociation between the College and IT which may hinder further progress. The reliance on VALE should become further reduced with the evolving attendance monitoring systems. The UMS is also, in partnership with IS, employing a Business Analyst to identify the gaps that would exist after this had been done. It is likely that "off the shelf" solutions would be sought for these gaps (eg Practique) rather than an ongoing reliance on a different internally produced system. The University has stated its desire to have VALE replaced, or at least rendered unnecessary by associated systems, partly due to its inflexibility, but also in anticipation of the increasing demands caused by increased student numbers.

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

Response: Head of School of Medicine, Dentistry, Nursing & Health Care

Since the visit, a review of administration within the Undergraduate Medical School has been undertaken. The aims of this initiative are to improve the efficiency of our administrative processes, to ensure that the significant skills and abilities of our administrative team are optimally deployed, and to harmonise the interfaces between the Undergraduate Medical School and important stakeholders, most particularly the Health Boards with whom we work to deliver high quality clinical teaching.

This review is now at an advanced stage with a view to implementation in 2020, and a new medical school manager has been appointed to take the process forward. It is worthy of note that staff turnover in our administrative teams is broadly aligned with other areas of the College, indeed other than the planned retirement of our previous medical school manager in 2018, no administrative colleague has left the Undergraduate Medical School.

Response – Undergraduate School of Medicine:

A plan is in place and in the early stage of being actioned to review the PSS staff supporting the MBChB to review and change the current organisation and job descriptions to make it more effective, efficient and more able to have the flexibility to anticipate and respond to change. The appointment of a new UMS Manager (Dr Helen Lloyd) has already allowed the UMS to take a massive step forward in addressing this area.

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

Response:

All members of University lecturing staff in the Early Phases will have access to the papers from the Teaching & Learning Committee and resulting minutes, alongside the minutes from subcommittee meetings. SoMDN 'Town Hall' meetings happen three times a year and are open to all staff in the School, including UMS staff, and aim, amongst other priorities, to keep staff informed of imminent and future developments to teaching and assessment practice. School communications to our academic, clinical and administrative staff has been improved through the use of Sympa mailing lists.

In order to promote best practice across all grades of clinical teachers, we are instituting annual Teaching & Learning Events (for GP tutors), as well as Educators' Days (for hospital clinicians). Teaching and training sessions will be held as our 'Mid-Wednesday' meetings for WMSB Lecturers during academic session. We intend to enhance our relationship with and contributions from our cadre of NHS clinical Honorary staff by establishing evening and afternoon teaching and training sessions for all members of our Honorary Staff to increase the range and quality of input. We are working with IS to complete the 'Contributors Database' which will provide information on all staff contributing to the MBChB and hugely facilitate targeted communications.

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

Response:

We have undertaken to provide enhanced training for our facilitators for Vocational Studies and PBL/CBL. This will take place during our TALE and Educators' Days as annual events as well as Wednesday meetings for WMSB lecturers which run during the academic session. A PBL Facilitators' Day ahead of the beginning of the academic session will be provided for training, with enhanced structured feedback for a proportion of our VS facilitators on a rolling basis each year. Feedback will be provided, although the way in which this is structured and delivered remains under consideration. It is aimed to roll out for session 20/21.

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

Response:

We recognise the benefits of monitoring and facilitating the academic output of our scholarship activities. Dr Shepherd (Deputy Head of UG Medicine) has undertaken the process of establishing a directory listing available scholarship projects and, where available, their outputs. This will provide further opportunities for staff wishing to take part, but also allow oversight and where necessary help us plan rationalisation of our scholarship activities. Annually those colleagues who have presented or published in the course of the year will be invited to showcase their scholarship across the School with colleagues from other areas at a Town Hall meeting.

Future:

Once it has been delivered, the Contributors' database will ensure that all staff are able to track their training and monitor background qualifications (eg Equality and Diversity training).

Student support mechanisms

Recommendation 7²

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

Response:

The current Year 1 induction programme includes a pre-attendance pack including information on University systems and services. This is delivered utilising online resources. All incoming students are strongly encouraged to take advantage of it and participation is monitored. We would welcome input from LEADS early in the first Semester of Year 1, specifically covering generic and transferable skills to facilitate the transition towards students becoming independent learners. We also note the provision of the mandatory Academic Writing Skills Programme for Year 1 students and propose to establish a project correlating uptake in this with progression through Phase 1 of the MBChB and beyond. This will be developed as part of the ongoing scholarship activity amongst the UMS lecturing staff. We are in discussion with the University Library about introduction of their Reach Out team to the medical school library from 20-21, offering roving library support and enhanced library skills advice to students. We are also giving consideration to how we can engage in more proactive discussion and advice to students around wellbeing. This theme will be facilitated by the introduction of a new Deputy Head of Welfare post.

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

Response:

We have augmented the Q&A sessions for all years on a regular basis, using informal and formal systems to answer questions and provide further feedback where necessary.

² Recommendation 7 was an additional recommendation requested by Academic Standards Committee which has been agreed by the PSR Panel Convener

As noted in the response to Recommendation 7, our formal Student Support provision is due to be further augmented, with advertising out for two clinical sessions to provide additional support for the increasing demand.

We are increasing the number of our Advisers of Study to reduce the student/advisor ratio and increase advisor availability to each student. Training is provided for all Advisers. We are in the processing of reviewing our AoS provision, with a medium-term aim of creating clearer differentiation between Advisers for students in our Early Phase and Late (Clinical) Phase, thereby providing targeted and more focused input at different stages of the MBChB. Working with CAPs, we have initiated training for our students to provide an increased number of trained Peer Supporters. This system is in its third year and 15 Peer Supporters are now trained and in place, providing weekly sessions.

Future:

Access to our Student Support services will be improved in the near future through the appointment of a Deputy Head of Welfare. This will be complemented through plans to establish a student support area in the WMSB by repurposing office space away from the main student thoroughfares. The current central reviews of student support services both by Robert Partridge and the Transforming Glasgow Team are being carefully followed. We would welcome an expansion and further investment particularly to services such as CAPS. The quick win signposting projects planned by WCG will be very helpful to us.

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

Response:

We acknowledge the need to alter delivery and messaging around Phase 3 which is intensive but has transformed student readiness for later phases. We have altered the Calendar for Years 3-5 to increase the number of weeks in between these sessions. This will lengthen the times to accommodate Elective periods of study, so reducing the possibility of 'burnout' after both Year 3 and Year 4. Additionally this shift will allow more time and flexibility for those students who may require remediation clinical blocks. The messages given by staff to students transitioning from Phase 2 to Phase 3 have been changed and improved. Phase 3 timetabling has been significantly altered to ensure Wednesday afternoons are free of fixed commitments to allow for sport, and additional free sessions created to allow study time. The cross section of timetable for each Specialty Week within Phase 3 is now set to enhance the consistency of

the student experience across the Phase. This results not only in a slight reduction in contact time, but allows provision of assessment and feedback at the end of each week.

Future:

In due course, the amendment of our Early Phases teaching will allow movement of some clinical specialty sessions from Phase 3 to Phase 1/2. This will result in a more logical flow to the information, but also provide for more non-contact time within Phase 3.

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

Response:

Feedback on structured Early Phases coursework has now been standardised to improve the quality and consistency of feedback, enhancing opportunity for learning and development. In Late Phase teaching, we are currently looking at different ways to optimise allocation of clinical sessions to ensure that the number of Educational Supervisor sessions in each attachment is sufficient to guarantee dedicated time for standardised and structured feedback. To facilitate this, the End of Block Assessment forms have been changed to provide more personalised and relevant feedback. Additionally, we have reduced the threshold within the End of Block Assessment for students meeting with their Year Director from three or more 'Below Expectations' to two. At the TALE and Educators' Day events, we emphasise the importance of providing feedback to students and, where appropriate to ensure that students are signposted to improvement opportunities in each clinical placement.

Future:

The introduction of the Practique platform for clinical assessment software is underway and will allow for more detailed evaluation and individualised student feedback from clinical examinations in Years 2,3 and 5.

Recommendation 11

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. [Paragraph 4.2.4]

For the attention of: The Head of Undergraduate Medical School

Response:

In each year, exemplar papers are provided with and without marking schemes to help students to develop skill in free text answers. In Early Phases the formative exams and coursework already mirror the subsequent summative assessment. The assessment processes in clinical placements include clinical assessments that are similar to the OSCEs. In preparation for the national Medical Licencing Assessment we will seek to improve the provision of 'mock OSCE' exams during clinical placements to ensure student readiness for the UK-wide Professional Skills Assessment due to be introduced in 2024. We have harmonised ILO's for different clinical specialties, introducing a clear progression from early to later attachments. This will lead to the development of better exam questions and, in turn, clearer marking schedules.

*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

Response:

From Phase 3 induction onwards, students have access to NHS clinical systems (Clinical Portal, Trakcare, PACS). Students undergo full training from NHS IT on governance and responsibilities. We have worked with University and NHS IT to ensure that earlier problems with wifi bandwidth in the QEUH TLC lecture theatre have now been resolved.