



Senate

Paper Title	Periodic Review of the School of Medicine and Dentistry 2011-12: Institute of Health Sciences Education
Outcome requested	Senate is asked to consider and approve the attached report from the IHSE (annexe A) on action taken in follow-up to the recommendations of the Review Panel (annexe B).
Points for Senate members to note and further information	<p>Periodic Review is an evaluation of a school or institute's systems and procedures for managing, maintaining and enhancing the academic quality and standards of teaching and learning. It is a key component of QMUL's quality assurance framework.</p> <p>It is College policy to review academic schools and institutes approximately once every six years.</p> <p>The Periodic Review of the School of Medicine and Dentistry was conducted in 2011-12. Separate meetings were held to review the academic provision of the individual institutes within SMD, and to review the (Faculty) level QA Systems for all programmes in the SMD with particular emphasis on the MBBS. The Institute of Health Sciences Education was reviewed on 16 May 2012.</p>
Questions for Senate to consider	<p>The Institute has considered all the recommendations in the review report (annexed at B) and has described its action on each.</p> <p>The recommendations to the Institute concerned:</p> <ul style="list-style-type: none">• the internal structures of the IHSE. On completion of the SMD restructuring, there should be appropriate structures and processes in place for the quality assurance of its major non MB BS functions and collaboration with other parts of SMD and QM (Annexe B, para. 45). The current re-organisation of the SMD will alter the role of IHSE. The IHSE Board will develop to reflect its new role and educational responsibilities once the SMD re-organisation is finalised;• teaching and learning strategy. There should be a clear Institute strategy for non-MB BS programmes that takes account of School-wide (SMD) and Centre-level strategies (Annexe B, para. 46). Various IHSE strategies

	<p>were provided after the review meeting;</p> <ul style="list-style-type: none"> • the Student Office. The Institute should ensure that the Student Office provides appropriate administrative and technical support for staff across SMD who contribute to the MB BS programme, and this support should be reviewed and specified annually (para. 47). The IHSE has reviewed the professional services it provides through the Student Office, and new structures for education administration and quality provision are in place. <p>There were also three recommendations to the School of Medicine and Dentistry concerning:</p> <ul style="list-style-type: none"> • the management of the workload and resource relating to the MB BS programme (Annexe B, para. 24). The remaining changes to the education income distribution method across SMD are expected to be applied in 2013-14; • the clarification of the level of staff resource and facilities available through SIFT to support the MB BS programme in the light of the merger of the three trusts to form Barts Health NHS Trust (Annexe B, para. 26). This is dependent on national discussions about the future funding method for medical student education; • the need to ensure that SMD had staff with expertise in e-learning and social media to underpin local and distance learning programmes and CPD (Annexe B, para. 41). In 2012-13 new academic staff with IT expertise were appointed to the posts of Head of E-Learning and MB BS Student Selected Components and will support the expansion of on-line education delivery. <p>The Vice-Principal for Teaching and Learning has discussed the faculty-wide recommendations from all the SMD reviews with the SMD Dean for Education and other colleagues with faculty-wide educational lead responsibilities, and will continue to monitor and review progress on their implementation.</p> <p>Senate is asked to consider the response to the recommendations of the review panel, noting that the current re-organisation of the SMD will alter the role of IHSE and that the context in which the review took place has changed under the re-organisation.</p>
<p>Regulatory/statutory reference points</p>	<p>The QM Quality Framework is key to the maintenance of academic standards and the quality of the student learning experience, see http://www.arcs.qmul.ac.uk/quality/index.html</p>
<p>Strategy and risk</p>	<p>Periodic Review supports the College's Learning, Teaching and Assessment Strategy. The Quality Assurance Agency expects all</p>

	providers of higher education to conduct some form of Periodic Review, and will look for evidence of this in its Higher Education Review processes.
Reporting/ consideration route for the paper	Senate to approve.
Authors	Mary Childs, ARCS
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25th September 2013

Professor Susan Dilly
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Ms Mary Childs
Assistant Academic Registrar
Quality Assurance
The Hive
Mile End

Dear Susan and Mary,

IHSE RESPONSE TO PERIODIC REVIEW COMMENDATIONS AND RECOMMENDATIONS

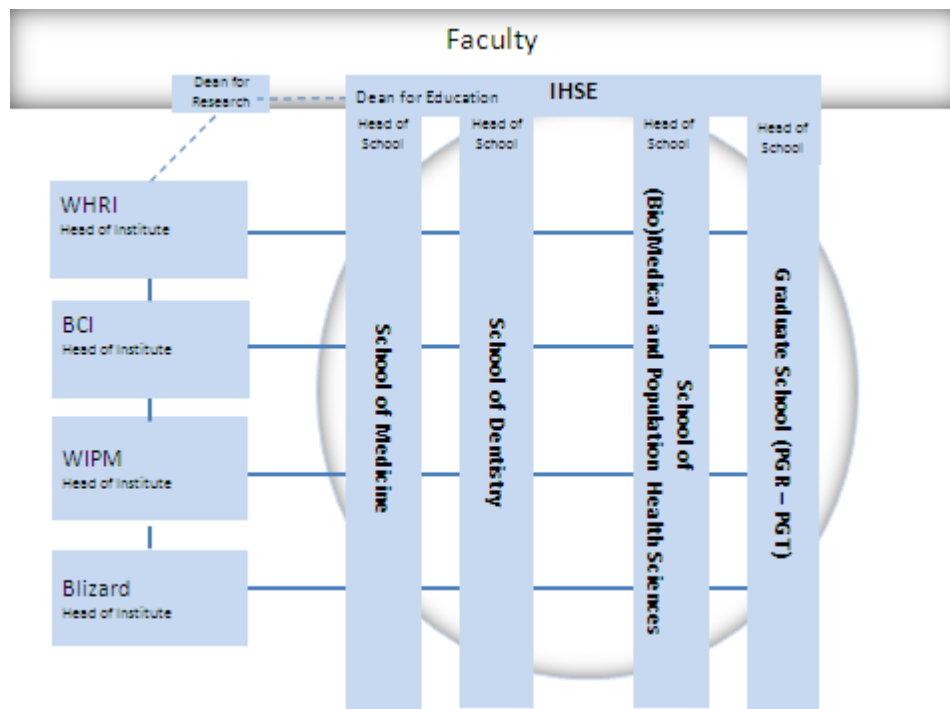
I have been asked by the IHSE Board to compose a response to the recommendations of the Periodic Review. Previous communications from Professor Anthony Warrens have included supplementary documents and agreement following discussions regarding the recommendations.

Commendations: We were pleased with the panel's commendations on the developments with the IHSE, including:

- *BSc in Medical Education:* We would like to assure the panel that their concern regarding student seniority to complete certain teaching activities has been noted for subsequent years of the award. This should not be an issue from 2014-15 when the programme [subject to approval by the QMUL Taught Programmes Board] will become an intercalated Masters award. One of the criteria for recruitment to programme will be successful completion of Year 3 of a medicine or dental programme [i.e. post-Level 6].
- *Faculty development:* We believe that the wealth of expertise and indefatigable efforts of the IHSE colleagues in faculty development initiatives have contributed positively to the student experience, as evidenced by our success in the most recent National Student Survey, i.e. joint 4th in the UK and number one medicine programme in London.
- *Research student community:* We are encouraged by the panel's comments, and assure them of our continued work in the progression of the research culture within the IHSE and collaborations across SMD.

Recommendation:

- *IHSE Strategy:* Previous communications from Professor Anthony Warrens have included the strategy for CME and CBME as well as a business plan for the latter. The current re-organisation of the SMD will alter the role of IHSE. This is currently the subject of an on-going discussion process the starting point for which is outlined in Figure 1.

Figure 1: Proposed New Structure of SMD

- *Internal Organisation of the IHSE:*
 - The professional services component of IHSE responsible for education delivery has gone through a re-organisation which is now 'bedded in' for 2013-14.
 - There is an IHSE Board on which Heads of the respective Centres, responsible for delivery of the MB BS curriculum delivery and faculty development are members, with colleagues co-opted as needed for specified areas of work. This Board will evolve on the basis of the outcome of SMD reorganisation.
- *Student Office:* Following the re-organisation of professional service, the new structures for education administration and quality provision are in place with regular meetings to discuss progress and support, e.g. Heads and Year and Lead Administrators Committee.

RECOMMENDATIONS FOR THE SCHOOL OF MEDICINE AND DENTISTRY

- *The financial implications for student education and training funded by SIFT:* This is under review throughout England, following the change in the financial and management structures and the formation of the local Health Education England subcommittees (formerly Local Education and Training Boards). We are in discussion with our NHS partners in education at multiple levels to share these changes and the new funding model for us as an established medical school [which appear to follow the similar trajectory of the new medical schools, i.e. ultimately 'funds will follow students']. Likewise with colleagues

Annexe A

within the SMD Institutes, education income distribution has been a two-stage process:

- Application of the financial model recognising management roles [which has been implemented this academic year].
 - Re-basing of the old “quota system” [expected to be applied in academic year 2013-14].
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- *E-learning expertise:* We continue to support the use of the virtual learning environment as a valuable resource for all SMD students [undergraduate and postgraduate]. In academic year 2012-13, we recruited new academics with IT expertise to the posts of Head of E-Learning and MB BS Student Selected Components as evidence of our commitment to expand our on-line education delivery.

Kind regards,

Yours sincerely,

Professor Olwyn M R Westwood
Associate Dean [Education Quality]

Final draft of Professor Anthony Warrens



SENATE

PERIODIC REVIEW OF THE SCHOOL OF MEDICINE AND DENTISTRY 2011-12

REPORT OF THE PERIODIC REVIEW OF THE INSTITUTE OF HEALTH SCIENCES EDUCATION

16 May 2012

SCOPE OF REVIEW

- 1 The Periodic Review encompassed the educational provision made by the Institute of Health Sciences Education, including degree programmes and staff training for the School of Medicine and Dentistry and Continuing Professional Development for internal and external staff. The review was conducted as part of the periodic review of teaching and learning in the School of Medicine and Dentistry (SMD) in 2011-12.

OBJECTIVES

- 2 The objective of the review was to assess the effectiveness of the quality management processes in place within the Institute of Health Sciences Education (hereafter "IHSE" or the Institute).
- 3 The aims of periodic review are set out in the QM Quality Assurance Handbook as follows:
 - to assess the effectiveness of the Institute's processes for managing academic quality and standards, and that QM's agreed policies and procedures are operating as intended to assure and enhance the standard of provision;
 - to consider how the Institute is developing and implementing its Learning, Teaching and Assessment strategy, and how QMUL's Statement of Graduate Attributes is reflected in the curriculum;
 - to evaluate the currency of the Institute's programmes in the context of developments in the discipline, and its success in achieving its aims, and to consider its future plans;
 - to review all partnership, or partner supported, delivery;
 - to commend and disseminate good practice;
 - to provide public information on the quality and standards of the Institute's programmes.

THE REVIEW PROCESS

Panel members

- 4 The following members of the Review Panel (appointed by the Vice-Principal, Teaching and Learning on behalf of Senate) conducted the review over half a day on 16 May 2012:

Professor Susan Dilly	Vice-Principal (Teaching and Learning)(Chair)
Professor Paola Domizio	Deputy Director of Teaching, the Blizzard Institute
Professor Sonja Gallhofer	Director of Taught Programmes, School of Business and Management
David Andrew	Head of Academic Practice, Learning Institute
George Ryan	President, Barts and the London Students' Association
Oscar Williamson	Vice-President Education and Welfare, Students' Union

The two external members of the Panel were:

Dr Ian McFadzean	Dean of Undergraduate Studies, School of Biomedical Sciences, King's College London (Nominated by the William Harvey Research Institute)
Professor Andy Hassell	Deputy Head of School of Medicine and Director of the Undergraduate programme, Keele University (nominated by the Institute of Health Sciences Education)

The Secretary to the review was Mary Childs, Assistant Academic Registrar, ARCS.

Review material

- 5 The Review Panel received a copy of the Institute's Self-Evaluation Document (SED), which had been produced by the Institute in accordance with the QM guidance informed by the Quality Assurance Agency's guidelines. The Panel also received several briefing documents setting out the School of Medicine and Dentistry's teaching and learning committee structures, the responsibilities of the institutes within SMD for teaching and learning matters, and the SMD's overarching framework for the provision of postgraduate taught courses and research degrees. A list of the additional briefing material provided to support the SED is provided in annexe A to the report.
- 6 The Panel thanked the Institute for the review documentation which had helped the Panel to prepare for the review meetings.

Meetings with staff and students

- 7 During the review the Panel met in discussion with the following members of the Institute's staff:
- Dr Vivien Cook – IHSE lead on faculty development, PGR student supervisor
 - Professor Annie Cushing, Head of Clinical and Communication Skills Unit
 - Prof Della Freeth – Lead for Qualitative Strand of Advanced Research Methods Module, Graduate Tutor and Supervisor

- Dr Jon Fuller – Head of the Centre for Medical Education & Academic Year Tutor MB BS Year 3
- Dr Danë Goodsman – MB BS Joint Lead for Interprofessional Education & Lead for Tutor Coaching Scheme
- Dr Paul McIntosh – Research Fellow
- Dr Sandra Nicholson – Head of Community Based Medical Education & Academic Year Tutor MB BS Year 5
- Dr Patricia Revest – Head of E-Learning and Head of MB BS Assessment
- Christine Sofianos - Institute Manager
- Professor Anthony Warrens - Institute Director and Dean for Education in the School of Medicine and Dentistry
- Professor Olwyn Westwood – SMD Associate Dean (Education Quality), PGR student supervisor

8 The Panel also met with undergraduate students on the Intercalated BSc in Medical Education. The Institute's two research students were unable to attend the meeting and were invited to submit written comments.

THE INSTITUTE CONTEXT

9 Previous reviews (formerly known as Internal Review) were conducted at School level. The last review of the then School of Medicine took place in 2006. This was a single review of all the undergraduate and postgraduate taught programmes provided by the School.

10 Given the size and complexity of the School of Medicine and Dentistry the review of the School was divided into five components. As such, this was the first time that the IHSE had been reviewed. The review considered the Institute's contribution to undergraduate teaching through the MB BS and its intercalated undergraduate degree programme, the BSc in Medical Education, as well as the effectiveness of the processes in place to support postgraduate research students. The IHSE did not offer postgraduate taught programmes.

11 The Institute of Health Sciences Education is one of six Institutes created following the re-structuring of the Barts and the London School of Medicine and Dentistry (SMD) in 2004. The Institute Director is also the Dean for Education and Dean for Taught Programmes of the SMD. In the previous academic year, re-structuring had led to a further change of configuration of the IHSE to three main centres with the move of the Centre for Health Sciences to the Blizard Institute and the Centre for Sports and Exercise Medicine to the William Harvey Research Institute. The IHSE Centres are:

- the Centre for Medical Education (CME) which plans and co-ordinates the MB BS programmes, undertakes education research, and supports faculty staff development and continuing professional development activity;
- the Academic Unit for Community-Based Medical Education (CBME) with specific responsibility for the community-based programme of undergraduate education for MB BS students;
- the Student Office which supports the cross-institute MB BS programme and intercalated degrees, some aspects of the BDS programme, IHSE based UG / PG programmes, and academic staff. The Student Office also supports the Dean for Education in his role as Faculty Dean for Taught Programmes. The Office had transferred recently to the IHSE from the Office of the Vice-Principal for Health (formerly known as the Warden's Office).

UNDERGRADUATE CURRICULA AND ASSESSMENT

- 12 Academic staff within the IHSE made a significant contribution to the MB BS curriculum in terms of teaching and management. In addition, the Institute offered what was the first intercalated degree programme in Medical Education in the UK.
- 13 The MB BS curriculum was delivered as a collaboration between all SMD Institutes, headed by the SMD Dean for Education, and the Deputy Dean, Professor Bruce Kidd. The Medical Education Committee, chaired by the Dean for Education, acted as the governing committee for management of the MB BS programme and intercalated degrees. The day-to-day administration of the MB BS curriculum, i.e. teaching, examinations and student support activity, was the main function of the Student Office located in the IHSE. The MB BS was considered in the separate review of the MB BS and SMD faculty-wide quality assurance arrangements held in November 2011.
- 14 Within the IHSE, Undergraduate MB BS teaching was managed by Dr Andrew Flett. Academic staff were recruited to carry out teaching activities such as problem-based learning (PBL) facilitation, student-selected components (SSC) supervision and assessment, and Objective Structured Clinical Examinations [OSCEs]. Subject-specific lecturers and SSC assessors were recruited directly by the module convenors.

Intercalated BSc in Medical Education

- 15 The BSc in Medical Education was the first such award to be offered in the UK. It can be taken as a one-year programme mid-way through the MB BS. The rationale for the programme emanated from the need to equip medical students with knowledge of educational principles, and teaching skills. This emphasis was highlighted as an essential professional role for doctors by both the General Medical Council and the British Medical Association.
- 16 Each module organiser had primary responsibility for monitoring the effectiveness of teaching provision in their module. The parameters assessed include (i) performance of students during end-of-module examinations, (ii) surveys of student satisfaction and (iii) external examiner reports. Areas of concern were discussed either with individual teachers, during BSc year planning meetings and/or relevant examination boards. The taught elements of the programme utilise a varied range of teaching methods, including problem based learning, interactive lectures and seminars. Students were expected to contribute and gain teaching experience in small group work in anatomy and clinical and communication skills workshops. They also carried out a research project of which students were encouraged to submit an abstract for either a poster or an oral presentation to the Association of Medical Education in Europe (AMEE) conference.
- 17 Assessment involved a blend of assessed coursework, written examinations and a research dissertation. Members of the BSc Committee analysed examination performance referenced against the historical data available to relevant examination boards and module-planning groups. Changes to modules were overseen by BSc planning groups, which were, in turn, responsible to the Intercalated Degrees Committee. Students entering the intercalated BSc programme were recruited from the top quartiles of the MB BS student body. The vast majority of students achieved a first class or upper second class honours degree; a very few students were awarded a lower second class degree. Students commented on the range of assessments, generally well spread out, but noted a clustering of deadlines for four assignments on the same day towards the end of Semester 1, the day after an examination, which had been a challenge to complete. The students thought that the workload in Semester 1 was heavy but manageable.
- 18 The BSc Medical Education students who met the Panel commented very favourably on the approachability of academic staff and the support they provided, and the opportunities to

gain teaching experience. All the students who met the Panel said that they would recommend the BSc to other students. The Panel considered the teaching experience gained by students on the course to be a strength of the programme.

- 19 The Panel therefore **commended** the quality of the student experience on the intercalated BSc in Medical Education, in particular the practical teaching component.
- 20 In response to comments made to the Panel by some students, the Panel observed that the teaching activities that students were asked to participate in should be appropriate to the previous experience they had had on the MB BS and their year of intercalation as students could intercalate as early as the end of the second year.
- 21 Some students also observed that they had experienced difficulties in making the transition from the MB BS to the more humanities-based BSc programme, especially in relation to essay writing skills, the style of assessments and understanding the assessment criteria, noting that some assessment methods were new to them, such as timed essays, and they had found the reading for Semester 1 PBLs quite a load as well as intellectually challenging. Also, students suggested that module learning outcomes could be set out more clearly, and one student mentioned that they had had the opportunity to contribute to a programme review meeting at which learning outcomes had been discussed. Some students also thought that more preparation for their research dissertation would be helpful. The Panel discussed these points with Institute staff who were clearly aware of the issues highlighted by the students. Examples of support provided to students included information on marking criteria in the BSc and a preparation course in Humanities Degree Thinking Writing skills. The previous year's BSc students also provided a useful source of advice for current students. The Institute acknowledged that the transition from the early years of the MB BS to a humanities-based BSc programme would always be a difficult one for some students and therefore they would expect to receive such comments in feedback. However, the results achieved by students demonstrated that the support provided to students during the transition was effective.

Resource allocation

- 22 The educational collaboration with the NHS in providing clinical training for medical and dental students and issues concerning SIFT funding were considered in the separate reviews of the MB BS and SMD faculty-wide quality assurance arrangements held in November 2011 and the review of the Institute of Dentistry held in April 2012. Given that the IHSE co-ordinated the MB BS and included the Student Office these issues were touched on briefly in the IHSE discussions.
- 23 It was noted that the HEFCE funding allocation for teaching was distributed to the Institutes through quotas for PBL (problem-based learning) and SSC (student-selected components) teaching and other education-related activities. This 'tariff' model was managed in collaboration with the Student Office. The 'tariff' model was currently undergoing a major review and reconfiguration. The revised plan for the allocation of funding included a two-stage process for education income distribution:
- i) application of the new financial model recognising management roles (implemented in 2011-12), and
 - ii) re-basing the old "quota system" (which it was expected would apply in 2012-13) using data held on the COMPAS system (the curriculum map for the MB BS) which each SMD institute would have the opportunity to check and approve each year.
- 24 The Panel noted these developments in resource allocation to the institutes to remunerate staff contributions to the MB BS. In supporting these discussions it **recommended**

that SMD should work with QM College level groups to ensure that the workload and resource relating to the MB BS programme were managed in a sustainable and transparent way in line with other QM programmes delivered through joint arrangements.

25 The review of the MBBS and SMD QA arrangements in November 2011 had considered SIFT funds (Service Increment for Teaching) paid to NHS Trusts by the Department of Health. The need for Trust partners collaborating in clinical training to be more accountable for the teaching funds they received and to be more transparent in their internal allocation of these funds was commented on at that review. The SMD had no contractual leverage on the Trusts to influence the allocation of NHS staff time for teaching. Its training agreements were with NHS London. The SIFT financial agreements were made between NHS London and the Trusts. The Dean for Education was taking action to clarify arrangements with the Trusts. He had visited the 11 main trusts which SMD students worked in. These Trusts had agreed to move towards more transparency in the allocation of teaching, and it was intended to agree a specific number of sessions to be provided in each unit in each Trust. Achieving these plans would also be dependent on the successor body to NHS London.

26 The Panel acknowledged the difficulties and complexities in the discussions with the Trusts, and the challenges these presented to the School in managing educational activity with the NHS. It therefore **recommended**

that in the light of the merger of the three trusts to form Barts Health NHS Trust, the SMD must rapidly ensure that there was clarity around the on-going level of staff resource and facilities available through SIFT to support the MB BS programme.

QUALITY OF LEARNING OPPORTUNITIES

UG student support arrangements and feedback

27 For the BSc in Medical Education students were offered individualised feedback from end-of-year examinations on their performance in the subject and skills domains of each examination, and detailed feedback for all in-course assessments. Feedback was provided with a two-week turnaround for written assessments. Verbal feedback was given to students after presentations or teaching exercises. Teachers and peers provided this feedback both verbally and in writing. Students also maintained portfolios to reflect on their learning. Written feedback was provided on portfolios, which were read by two members of academic staff.

28 Students needing additional help were given individual support by members of the BSc teaching team as appropriate. With effect from 2011-12 intercalating students had retained their MB BS Personal Mentor. Also BSc staff operated an open door policy for the BSc students.

29 The students who met the Panel confirmed that they received frequent feedback, but this could be brief, such as a specific positive comment and one area to improve on. More detailed feedback would be welcome, in particular more guidance on what could be improved on.

Research student provision

30 In the restructuring of the IHSE the year before all its then research students transferred to other SMD institutes with the centres they were working in. One of these students was jointly supervised between IHSE and the new institute. IHSE was starting to rebuild its own research student community. Two new PhD students joined in October 2011 (one full-time and one part-time), and one had been awarded a QM Principal's Studentship. The IHSE

planned to attract more funded studentships through its recent National Institute of Health awards supporting research linked to medical education. Ideally it would like to admit two-three research students per annum in either full-time or part-time modes.

- 31 Students had a supervision team comprising two internal supervisors and an external advisor. Supervisors were required to attend SMD and QM supervisor training to be eligible to supervise research students, and attendance at training was monitored by the Director of Graduate Studies. The number of staff with substantial, successful PhD supervision experience was limited. Therefore the IHSE supported the development of new and relatively inexperienced supervisors by pairing them with more experienced supervisors within IHSE and in other SMD institutes, and experienced IHSE supervisors also mentored new supervisors.
- 32 Research student progress was monitored through supervision and regular meetings of the supervisory panel. The IHSE followed the SMD framework of progression reviews for research students at 9, 18 and 30 months of registration (and equivalent review points for part-time students). This provided welcome academic input from beyond the supervision team.
- 33 In order to provide opportunities for its research students to work within a broader community of research students, the IHSE had maintained its links with the Centre for Primary Care and Public Health (PCPH) and their research students in the Blizard Institute. IHSE students were part of the PCPH Research Student Forum email group, and received updates on research training and research students' social events. Through this forum they also maintained contact with the student representative on the PCPH Research Degrees Committee. In addition, the IHSE Director of Graduate Studies was a member of this committee. The Institute planned to develop its own provision for research students as the critical mass of IHSE research students developed. Given the success of the current links, IHSE intended to maintain co-operation with PCPH.
- 34 With regard to doctoral training, all research students participated in a needs analysis process and maintained a training log which was monitored by the supervisory panel. Students were expected to participate in the College Researcher Development Framework (RDF), and in SMD, College and external development activities. The current IHSE research students were mid-career, senior professionals (one was based overseas) and therefore some aspects of the framework were not appropriate to their stage of personal and professional development needs. Nevertheless they and the Institute were finding ways to engage with the RDF, identifying specific training opportunities for each student under the RDF skill domains.
- 35 The IHSE's two research students had been invited to submit written comments to the review and had both indicated that they were content with their programme and the support provided by the Institute.
- 36 The Panel **commended** the IHSE's support for research students and encouraged the Institute to consider ways of continuing to ensure a good experience by working with the other institutes at the Whitechapel Campus to develop a campus-wide research community. Where appropriate, wider collaboration with other parts of SMD and QM should be encouraged.

FACULTY DEVELOPMENT ACTIVITIES

- 37 Another significant aspect of the Institute's activity considered by the Panel was its support for staff training and continuing professional development within the SMD and its work with staff involved in educational activities based in local NHS Trusts. The Institute also planned to develop training activities with UCL Partners once the opportunities for collaboration

were clearer. Much of this activity was delivered by the Centre for Medical Education. Examples of the provision included:

- teaching for the Certificate in Learning and Teaching (CILT) and the Postgraduate Certificate in Academic Practice (PGCAP) co-ordinated by the Learning Institute. This included sessions on communication and clinical skills, and the CME carried out all training for PBL facilitators;
- training in teaching and supervisions at Barts and the London NHS Trust since September 2010. In 2011 CME was awarded a contract with Barts as the Lead Education Provider (LEP) to provide teaching and supervision to an extended number of Trusts in the sector, targeted at senior doctors. CME also provided two 'training the trainers' events to build teaching expertise in the Trust;
- tailor-made courses in teaching for specialties: separate 1 day courses for psychiatrists, pharmacists and radiologists had been delivered in the last year;
- a Teacher-Coaching programme led by Dr Danë Goodsmann. This programme aimed to deliver expert observation of teaching and expert feedback to teachers on their performance in any teaching situation, from classroom to operating theatre, and to train a cohort of expert reviewers to enable the scheme to be rolled out across the faculty;
- faculty development in teaching for the MB BS curriculum. This included induction for teaching communication and clinical skills programmes, the 'Breaking Bad News' course, and tutor guides and resources;
- CME staff also supported the quality assurance of assessments on the MB BS programmes through question writing workshops, an annual external examiners symposium to bring internal and external examiners up-to-date with recent developments in assessment, both locally and nationally, and OSCE examiner training;
- the Doctors as Teachers and Educators programmes for all final year students. Nationally this was an area of innovation and good practice, and it had been recognised internationally. SMD was one of the few medical schools in the UK to provide this type of course for all students.

38 The Academic Unit for Community-Based Medical Education (CBME) also offered faculty development opportunities that reflected the GMC and Royal College of General Practitioners requirements for the training of UG GP tutors.

39 The Institute did not currently offer postgraduate taught programmes. The IHSE Faculty Development Groups were considering what opportunities might exist to develop postgraduate taught programme provision and the potential for a full Masters programme. This would include investigating the possibility of working with colleagues in other SMD Institutes for cross-institute collaborations in Masters' programme development.

40 The Panel was impressed by the provision described in the SED and discussed at the meeting, and advised the Institute to ensure that it regularly reviewed the processes for the quality assurance of these activities as the training portfolio developed and expanded. The Panel **commended** the breadth of faculty development initiatives for a wide variety of audiences, both internal and external.

41 In the discussion of internal and external faculty development the Panel noted the importance of having in place good IT facilities to support learning, and the Dean for Education confirmed that there were plans to appoint to a new lecturer post in e-learning. The Panel **recommended**

that SMD ensure that they have staff with interest and expertise in e-learning and social media to underpin local and distance learning programmes and CPD.

42 [Note. After the review meeting the Institute Director informed the Vice-Principal (Teaching and Learning) that the SMD Senior Executive Team had approved the advertisement of the

post of Lecturer in E-Learning.]

MAINTENANCE AND ENHANCEMENT OF STANDARDS AND QUALITY

- 43 The Panel discussed the structures and mechanisms in place for the educational oversight of programmes, strategic development, and quality assurance.
- 44 The Panel noted that the Faculty had a comprehensive committee and sub-committee structure in place for overseeing taught programmes and the management, delivery and quality assurance of the MB BS, reporting to the Medical Education Committee, Dental Education Committee and Postgraduate Studies Committee, and through these bodies reporting to the School Education Committee, chaired by the Dean for Education.

Institute structures

- 45 The Institute Director explained that the Institute's internal organisational structures were in a state of transition following the recent re-organisation of the institute and in light of the on-going review of SMD. In effect the Institute had been under review for at least 18 months and this had presented challenges for institute management and the establishment of new formal structures. During this transitional phase an Executive Group, with sub-committees for specific business (such as preparation for the annual Faculty Planning and Accountability Review), was meeting regularly. The Executive Group comprised the Institute Director, the Heads of CME and CBME, and the Institute Manager. Other individuals were invited to attend for specific items of business. These arrangements would be reviewed and final structures put in place once the restructuring of SMD was complete. In support of the Institute's plans to finalise its organisational structures the Panel **recommended**

that the Institute should ensure, on completion of the SMD restructuring, that it has appropriate structures and processes for performing and quality assuring its major non MB BS functions, for example to finish its work to formalize the terms of reference and membership of the IHSE Board and its other committees.

Strategy

- 46 The Panel also considered the SMD and Institute-level strategic plans covering teaching and learning. The MB BS, as a faculty-wide activity, was provided for in the "Learning and Teaching Strategy for Barts and The London, 2010-2015". The Institute itself also had strategic plans in place for the CME and CBME. When the SMD restructuring process was complete, the Institute would develop a new strategic plan encompassing the whole Institute. The appropriate location of responsibility for intercalated degrees, CPD and opportunities available through external partnerships was also considered. The Institute Director, in his role as SMD Dean for Education, explained that these were, by and large, school-wide/faculty activities and therefore the strategy for these themes should be held at faculty-level, rather than within a single institute's plans, managed through the relevant committees and reporting ultimately to the SMD Education Committee. The Panel acknowledged that the uncertainties caused by the SMD restructuring had made forward planning difficult for the Institute. In support of the Institute's plans to review its strategic direction once the outcomes of the Faculty re-organisation were announced, and to distinguish clearly between institute and faculty responsibilities, the Panel **recommended**

that the Institute should ensure that there is a clear Institute strategy for non-MB BS programmes that takes account of School-wide (SMD) and Centre-level strategies.

It was noted that the future plans for intercalated degrees and CPD should take into

account the opportunities available through UCL Partners.

The Student Office

- 47 The Institute Director explained that the IHSE was very keen to maintain the status of the MB BS as a pan-SMD course. The Student Office played an essential role in co-ordinating the MB BS and supporting staff across SMD who contributed to the programme. The method of funding the Student Office was discussed. Resources for the Student Office were ring-fenced from the combined teaching income from HEFCE and student fees before the distribution of funding to the institutes. The rationale for a single Student Office rather than administrative support being disbursed across the SMD institutes was discussed. A single office provided a more efficient and cost-effective service, and better co-ordination of activity across the MB BS. Another major service of the Student Office was to provide appropriate administrative and technical support for all components of the other SMD institutes contributing to the MBBS programme, irrespective of the institute in which staff delivering teaching were based. The Panel welcomed the Student Office's commitment to supporting staff needs in delivering the MB BS and in order that this should be embedded within the Office's objectives **recommended**

that, in the light of the recent move of the Student Office out of the Warden's Office to become the responsibility of the IHSE, the Institute should ensure that the Student Office provided appropriate administrative and technical support for staff across SMD who contribute to the MB BS programme, and this support should be reviewed and specified annually.

COMMENDATIONS AND RECOMMENDATIONS TO THE INSTITUTE

- 48 The Panel's commendations and recommendations are summarised below.

Commendations

BSc in Medical Education

- 49 The Panel commends the quality of the student experience on the intercalated BSc in Medical Education, in particular the practical teaching component (para. 19).

Research student community

- 50 The Panel commends the support for research students and encourages the Institute to consider ways of continuing to ensure a good experience by working with the other institutes at the Whitechapel campus to develop a campus-wide research community. Where appropriate, wider collaboration with other parts of SMD and QM should be encouraged (para. 36).

Faculty development activities

- 51 The Panel commends the breadth of faculty development initiatives for a wide variety of audiences, both internal and external (para. 40).

Recommendations

Internal organisation of the IHSE

- 52 The Panel recommends that the Institute should ensure, on completion of the SMD restructuring, that it has appropriate structures and processes for performing and quality assuring its major non MB BS functions, for example to finish its work to formalize the terms of reference and membership of the IHSE Board and its other committees (para. 45).

Strategy

- 53 The Panel recommends that the Institute should ensure that there is a clear Institute strategy for non-MB BS programmes that takes account of School-wide (SMD) and Centre-level strategies (para. 46).

The Student Office

- 54 The Panel recommends that, in the light of the recent move of the Student Office out of the Warden's Office to become the responsibility of the IHSE, the Institute should ensure that the Student Office provides appropriate administrative and technical support for staff across SMD who contribute to the MB BS programme, and this support should be reviewed and specified annually (para. 47).

RECOMMENDATIONS TO THE SCHOOL OF MEDICINE AND DENTISTRY

- 55 SMD should work with QM College level groups to ensure that the workload and resource relating to the MB BS programme are managed in a sustainable and transparent way in line with other QM programmes delivered through joint arrangements (para. 24).
- 56 In the light of the merger of the three trusts to form Barts Health NHS Trust, the SMD must rapidly ensure that there is clarity around the ongoing level of staff resource and facilities available through SIFT to support the MB BS programme (para. 26).
- 57 The Panel recommends that SMD ensures that they have staff with interest and expertise in e-learning and social media to underpin local and distance learning programmes and CPD (para. 41).

Briefing material provided for the review

The Review Panel received a copy of the Institute's Self-Evaluation Document (SED), produced by the Institute in accordance with QM guidance informed by the Quality Assurance Agency's guidelines. The briefing material to support the SED comprised the following information:

- Learning and Teaching Strategy for Barts and The London 2010 to 2015
- BSc Medical Education Handbook 2011-12
- BSc Medical Education module handbooks
- Student Feedback and Module Evaluation results
- BSc Medical Education External Examiner's Reports 2008-9 to 2010-11
- Education and Management Structures in the IHSE
- IHSE Academic Staff
- Structure of the Student Office
- Minutes of relevant meetings: BSc Management Committee, Medical Curriculum Committee
- Paper on the IHSE and Faculty Development
- IHSE guidelines for teachers on giving feedback
- Teacher Coaching Programme Booklets
- Report on Teacher Coaching Pilot July 2011
- Papers from the QM review of the School of Medicine in 2006 – SED, report and response from SMD

Other supporting documents

- Queen Mary Teaching and Learning Strategy
- Report of the review of the School (Faculty) level Quality Assurance Systems for all programmes in the SMD with particular emphasis on the MB BS programme November 2011
- SMD Intercalated Degrees Committee report for 2010-11
- The process by which Institutes in the School of Medicine and Dentistry contribute to MB BS requirements for teaching and student supervision and support
- Institute responsibilities for teaching and research governance in the School of Medicine and Dentistry
- An organogram of the SMD teaching and learning committee structure and reporting lines to the School Education Committee
- Central oversight of postgraduate studies in the School of Medicine and Dentistry