

Check to Keele School of Medicine

Check	Keele School of Medicine
Date	28 August 2014
Programme	MB ChB
Team Leader	Professor Stewart Petersen
Visitors	Dr Ahad Wahid
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Purpose of the check	<p>In 2013-14 the GMC undertook an audit to provide an overview of undergraduate assessment practice across all UK medical schools. The aim of the audit was to identify good assessment practice and check that each school's overall assessment system met the standards detailed in Tomorrow's Doctors (2009).</p> <p>This was a paper based exercise which involved analysing data collected between 2009 and 2013 as part of our monitoring processes to form an evidence base, which was then expanded by further information requested from schools. A separate report on the findings of this audit is due to be published in Autumn 2014.</p> <p>Following this assessment audit, we identified five schools for a check focussing purely on assessment in order to triangulate the paper based evidence. Keele School of Medicine (the School) was identified as a site for a check in order to triangulate the areas that seemed to be working well as a result of their submission to the audit.</p>
Summary	We last visited Keele School of Medicine (the School) in 2012 as part of our quality assurance processes for new schools.

	Overall we were impressed with the enthusiasm and commitment of the staff involved in assessment, as well as the feedback and support systems available to students.
Concerns	None
Good practice	<ol style="list-style-type: none"> 1. The School has good formative processes. There is a well-structured system in place which provides feedback to all students, not just those who fail assessments. There is a portal for students to access their feedback following assessments. Through this they are able to see how they performed and compare their results to students in their cohort. The School's Enhanced Professionalism and Academic Support Service (EPASS) enables students to be referred to enhanced support at an early stage. (TD85) 2. In the first semester of Year 1 students undertake a formative Objective Structured Skills Examinations (OSSE) within their learning groups. In January of Year 1 and 2 students undergo a short summative OSSE which contributes 25% to the overall OSSE mark for the year. This split enables judgements to be made about the students' progress early on in each year and help the students to improve following feedback. (TD86, 113) 3. The School makes good use of an e-portfolio, which is clearly linked to 'Good Medical Practice'. The School encourages students to use this in order to be familiar with the system they will be using as qualified doctors. (TD111)
Recommendations	<ol style="list-style-type: none"> 1. Although the School's quality management of assessment exists, it is not currently codified in a systematic way and the School would benefit from this. (TD40)
Additional Findings	<ol style="list-style-type: none"> 1. The School has coherent and well structured assessment processes led by a strong team. The recent appointment of a Psychometrician will help further develop and support these processes. 2. Examiners are well trained and supported. They are able to give students immediate feedback following an objective structured clinical examination (OSCE) and are able to compare their scores against other examiners. 3. The split of summative assessment in Years 1 and 2 of the programme (as detailed in Good Practice item 2) appears to encourage students to engage at an earlier stage of the academic year.

	<ol style="list-style-type: none"> 4. The programme sets out a very clear map of all assessments by year of programme, for both in-course and high stakes assessments that is also mapped against the main Tomorrow's Doctors themes. However, the School's documentation of the whole assessment programme could be more coherent, rather than focusing on each year of the assessment individually. 5. We encourage the School to continue with their plans for blueprinting assessments across the programme. 6. The School has a well developed pastoral care system including EPASS which students can be referred to by an exam board in order to access enhanced support for assessment.
Monitoring	The School will need to report on what actions it is taking regarding the recommendation listed above in the 2015 Medical Schools Annual Return.

Response to findings	<p>Name of person responding on behalf of checked organisation</p> <p>Dr Chris Harrison, Director of Undergraduate Assessments, Professor Andrew Hassell, Director of Undergraduate Programmes</p>
Good practice	We greatly appreciated the constructive nature of the discussion. We are pleased that the GMC recognises the enthusiasm and commitment of our team. As you comment, we provide extensive feedback, designed to help all students improve, not just the small minority who fail assessments. This feedback starts early in Year 1 to assist in the identification and support of students struggling with the transition to university. Although we are pleased with the progress we have made so far, we intend to continue developing the feedback we provide in order to enhance student learning.
Recommendations	We accept that, although the quality management of our assessment processes exists, it could be codified in a more systemic manner. We intend to revise our documentation over the next 12 months.

