

## Check to Nottingham Medical School

<b>Check</b>	Nottingham Medical School
<b>Date</b>	24 June 2014
<b>Programme</b>	BMBS
<b>Team Leader</b>	Professor Stewart Petersen
<b>Visitors</b>	Dr Ahad Wahid Mr Sanjoy Bhattacharyya
<b>GMC staff</b>	Samara Zinzan Jean-Marc Lam-Hing Martin Hart
<b>Purpose of the check</b>	<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. Nottingham Medical School (the School) was identified as a site for a check based on their submission to the audit, and as they had not been visited by the GMC since 2008-2009 academic year. We will next be visiting them in 2016 as part of the East Midlands regional review.</p>

<b>Summary</b>	<p>The School is currently undertaking a curriculum review, and it is clear from the evidence submitted and what we heard during the check, that the School's assessment procedures are being updated following our last visit.</p> <p>The School previously managed the assessment of the basic medical science, five-year medicine and graduate entry medicine (GEM) courses separately. However, recent changes in organisational structure will see the management of assessment by a single assessment unit, which will help develop the School's assessment processes. In addition, the appointment of an Assessment Lead, Psychometrician, and assessment unit, are positive developments.</p> <p>A lot of the information we heard from students seemed to vary depending on the site at which they were taught and assessed. It appeared there were sites where assessment was working really well and sites where it was not working so well and we hope the new assessment unit will be able to address these inconsistencies through effective quality management.</p> <p>We heard that a number of assessments are working well; such as the assessment of procedural skills (Mandatory Assessment of Core Clinical Skills - MACCS) and the School's principal final exam where some of the quality issues with site variation had been addressed. Assessment of the Graduate Entry Medicine programme also seems to be working well generally.</p>
<b>Concerns</b>	None
<b>Good practice</b>	<ol style="list-style-type: none"> <li>1. The School has a well described assessment policy in respect of disability and long-term conditions with a range of reasonable adjustments demonstrated on a case by case basis. (TD118)</li> </ol>
<b>Requirements</b>	<ol style="list-style-type: none"> <li>1. The School does not currently have an Equality &amp; Diversity officer and requires one to oversee policy and procedure of assessment and other processes to ensure compliance with current legislation. (TD90)</li> <li>2. Quality management of assessment feels fragmented across sites and across programmes. The School must establish a single entity responsible for the quality management of all assessments. (TD113)</li> <li>3. Although the assessment unit is effective from 1 August 2014, it will need to have adequate resources to enable the</li> </ol>

	<p>School to manage assessments appropriately whilst the review of assessment and curriculum is ongoing. (TD120)</p> <p>4. The School has plans to ensure all outcomes are tested and we heard how Rogō (the School's e-assessment management system) may be used to do this. However mechanisms need to be put in to place proactively across all assessments to ensure that all outcomes are tested systematically. (TD112)</p>
<b>Recommendations</b>	<p>1. Students need to be more aware of the access they have to feedback and this should be adequately signposted. (TD111)</p> <p>2. Students were given guidance on assessment but it was fragmented; this should be consistent across sites. (TD114)</p> <p>3. Progression rules appear to be complicated and should be made as straightforward as possible. (TD114)</p> <p>4. Although we heard about a lot of work on professionalism there should be consistent monitoring of professional development across the whole course. (TD112)</p>
<b>Additional Findings</b>	<p>1. The students we spoke with were happy with the guidance received at the beginning of both clinical phases 1 and 2 but after this the guidance was module based which seemed to focus mainly on the objective structured clinical examination (OSCE). The students felt most of their guidance came from other students in later years of the course.</p> <p>2. Students were satisfied that the School made appropriate changes to assessment and the course as a result of what hadn't worked for the previous cohort and that the School would tell them of the changes made and why. The assessment team assured us that they undertake an annual review of modules using feedback from students, external examiners and each module convener.</p> <p>3. The School has moved from using a local Nottingham Learning Environment (NLE) to Moodle. Students found that things were less well organised on Moodle and they could not find what they required.</p> <p>4. Students felt that there was a significant difference between the assessments on the GEM programme, compared to those in the first part of the five-year programme.</p> <p>5. Assessment of professionalism appeared to be happening, although the students weren't aware of this due to the lack of feedback they had received. However, this did also appear to</p>

vary from site to site.

6. The School is changing the way it assesses professionalism so that they identify areas where professionalism is good rather than when it is just unsatisfactory. A Professionalism Group has been set up, and the School is aware they need to rebadge and promote professionalism to students. Professionalism is currently a part of the summative assessment in the final OSCE.
7. The School has a 'cause for concern' form which is being rebadged as 'request for support' and 'request for intervention', and any student or staff member can complete one of these forms.
8. The students have logbooks for each placement and some said they could tell how well they had done in their placement based on the feedback they received at the end. However, this also varied from site to site, with some students saying they received very little feedback in their logbook.
9. The new assessment unit due to be in place from 1 August 2014 will be responsible for the assessment processes, and will Quality Manage assessments. There will be an Assessment Panel which will monitor the progress of students who are failing on academic grounds and offer remediation strategies on an individualised basis. Previously the assessment units were broken up by the individual schools of basic medical science, graduate entry medicine and the 5 year medicine programme. Having the one assessment unit will hopefully bring consistency and uniformity to the whole programme.
10. The assessment team informed us that results of any OSCE or clinical exams are compared across sites to see if there are any significant differences.
11. The assessment team informed us that they are introducing an online training package which will be mandatory and that they will be able to track who has completed the training. All examiners will be required to have completed this training by 2016.
12. There were statistically significant differences in student outcomes by Trust location in 2007 and 2008. There was good acknowledgment of this finding by the School but more detail on what has been done to standardise examiners, station content, mark schemes and procedures would be

	<p>useful as there appears to be limited understanding of where the variance is coming from. However, the School has plans to move the final OSCE to one site to reduce this variability and moving the OSCE for all years to one site would be an ideal option, the School hopes to achieve this by 2017.</p>
<b>Monitoring</b>	<p>The School will need to report on what actions it is taking regarding the requirements and recommendations listed above in the 2015 Medical Schools Annual Return.</p>

<b>Response to findings</b>	<p>Name of person responding on behalf of checked organisation</p> <p>Professor John Atherton</p> <p>Dean of the School of Medicine</p>
<b>Good practice</b>	<p>Response to good practice</p> <p>We are delighted that the GMC considers the School has developed a well described assessment policy, in respect of disability and long-term conditions. We believe it is important that we are able to offer our students a range of reasonable adjustments developed on a case by case basis. Recently, in our final year OSCEs, we were pleased to successfully trial an “inclusive policy”, such that all students sitting the examination took advantage of an adjustment specifically made for disabled students.</p>
<b>Requirements</b>	<p>Response to requirements</p> <ol style="list-style-type: none"> <li>1. The School is currently recruiting an Equality &amp; Diversity Officer</li> <li>2. The School’s new assessment unit became operational on 1<sup>st</sup> August 2014. The Assessment lead is currently consulting on the “Assessment Manual” which provides the standards and monitoring procedures for the quality assurance of our assessments. These standards will be implemented for all assessments, on all sites, for the 2014/5 academic year.</li> <li>3. A review of the administrative processes, as they currently exist for our assessments, by the Examinations Officer and Assessment lead, is about to commence and will be completed by the beginning of next year. This will highlight areas in which additional resources may be required.</li> </ol>

4. The school is aware of the requirement to blueprint all assessments to learning outcomes and ensure that all learning outcomes are tested at least once in each 5 year cycle. We are fortunate that we already have a system in place enabling this to occur for the majority of our written assessments, which are delivered electronically. Blueprinting is currently undertaken for CP3 OSCEs effectively by the clinical skills team. The school will achieve blueprinting and 5 yearly testing cycles for all assessments, by moving towards a single point of assessment in years 1, 2 and CP2 by 2017, as part of our curriculum review.

## Recommendations

### Response to recommendations

1. It is unfortunate that in the transition last year between the NLE and Moodle virtual learning environments, a hyperlink for students to obtain feedback from Rogō assessments was lost. This is being rectified. The Assessment Unit will give consideration as to how students may be given more feedback on the outcome of non Rogō based examinations.
2. There are plans for the Assessment Unit to develop an intranet web page which will provide information on all assessments, across all years of the course, for students to view.
3. When each year (excluding the honours year) moves to a single point of assessment (2017), our progression rules will be reviewed and simplified.
4. The Professionalism Group are exploring ways in which we might formally record the assessment of professionalism throughout the whole curriculum, in collaboration with the Assessment lead.