

The University of Edinburgh

Internal Periodic Review

**Medical Education (within the Medical School)
Undergraduate Medicine**

7-8 March 2024

Contents

Executive summary	3
Key commendations	3
Key recommendations	3
Commendations, recommendations and suggestions	4
Commendations	4
Recommendations	5
Suggestions	7
Section A – Introduction	8
Scope of review	8
Review Team Members	8
The School	8
Physical location and summary of facilities	9
Date of previous review	9
Reflective Report	9
Section B – Main report	10
1 Strategic overview	10
2 Enhancing the student experience	12
2.1 The approach to enhancing Learning and Teaching	12
2.2 Assessment and Feedback	13
2.3 Supporting students in their learning	14
2.4 Listening and responding to the Student Voice	15
2.5 Accessibility, Inclusivity and Widening Participation	15
2.6 Development of Employability and Graduate Attributes	16
2.7 Supporting and developing staff	16
2.8 Learning environment (physical and virtual)	17
3 Assurance and enhancement of provision	18
3.1 Setting and maintaining academic standards	18
3.2 Key themes and actions taken	18
Appendices	19
Appendix 1 Range of provision considered by the review	19
Appendix 2 University remit	19
Appendix 3 Additional information considered by review team	20
Appendix 4 Number of students	20

Executive summary

This report comprises the outcomes from the internal review of undergraduate medical teaching provision in Medical Education, within the Edinburgh Medical School.

The review team found that the School has effective management of the quality of the student learning experience, academic standards, and enhancement and good practice. The review team noted some areas of concern regarding staffing and resourcing, which are highlighted in section B.1 (Strategic Overview).

The report provides commendations on the School's provision, recommendations for enhancement that the School will be asked to report progress on to the Senate Quality Assurance Committee and suggestions on how to support developments.

Key commendations

The review team commended the School for the dedication and commitment of core teaching staff, for the quality and ambition of its curriculum development plans, for the investment in expanding the Medical Teaching Organisation and the development of the HCP programme as an innovative and unique programme within the UK. Further commendations are included in the report.

Key recommendations

The key themes of the recommendations identified by the review team for the School and College to prioritise were:

- NHS staffing and accountability for Additional Cost of Teaching (ACT) funding
- University staffing and planning for undergraduate medical teaching; including mechanisms for promotion and succession planning
- Developing a shared understanding between staff and students regarding the use and purpose of feedback, and approaches to closing the feedback loop
- Improving the consistency of student experience during their clinical placements

Further recommendations are included in the report.

Commendations, recommendations and suggestions

Commendations

Key strengths and areas of positive practice for sharing more widely across the institution.

No	Commendation	Section in report
1	Development of HCP-Med programme The review team commend the development of the HCP-Med programme as an innovative and unique programme in the UK which enables the School to meet the increased target numbers for MBChB graduates and also contributes to the widening participation of the student population.	1
2	Widening Participation The review team commend the very successful recruitment of widening participation students, and the work that has been done to close the attainment gap in progression rates in the past year, while noting that it is too early to say whether or not this will be a sustained trend.	1
3	Teaching staff The review team commend the dedication and commitment of the core teaching staff in a challenging and under-resourced environment.	1
4	Investment in MTO The review team commend the School and the College for the investment in staffing for the MTO which has brought clear benefits to the student experience, and has improved the communication between the MTO and the teaching staff, who are dispersed across CMVM and the NHS.	1
5	Curriculum development plans The review team commend the School's plans for developing the curriculum in order to equip the next generation of doctors with the skills for the future of the medical profession, and noted that the ambitions for future-proofing the curriculum were sector-leading.	2.1
6	Optional intercalated year The review team commend the School on adapting to the changing student landscape by intending to make the intercalated year an optional year.	2.1
7	Assessment methods The review team commend the School on the quality of the assessment-enhanced teaching plans and the breadth of the approaches to teaching and assessment.	2.2
8	New student support model The review team commend the School's adaptation of the new student support model to the local context.	2.3
9	Student voice The review team commend the School on the inclusion of the student voice throughout School-level Committees and Groups.	2.4

10	Diversity and inclusion The review team commend the School's significant efforts to review the curriculum in order to make it more diverse and inclusive, and the inclusion of student representatives in the School's Equality, Diversity and Inclusion (EDI) Group.	2.5
11	Employability Students who participated in the review noted that they had clear plans for what to do once they graduated and the review team commend the School on how well the students are prepared for their F1 applications.	2.6
12	Graduate attributes The review team commend the School for its consideration of the broader, long-term skills and attributes which graduates will need beyond the Foundation Year, including skills in data literacy, AI, systems thinking, entrepreneurship, resilience and self-compassion.	2.6

Recommendations

Areas for development and enhancement – progress to be reported.

Priority	Recommendation	Section in report	Responsibility of
1	NHS staffing and ACT funding Given the lack of resolution of [a] recommendation from the previous IPR report, the review team recommend that the College assists in supporting a mediation process between the NHS Education Scotland (NES), Regional ACT Groups, NHS Boards and the University, in order to ensure that there is transparency and accountability for ACT funding provided to the NHS for teaching undergraduate medical students.	1	College
2	University staffing and resourcing The review team recommend that the College works with the School to formalise agreements and determine appropriate resourcing whereby staff within the College are appointed to teach, and that this includes succession planning in order to ensure the resilience and continuity of the programmes.	1	College and School
3	Staff appointments The review team recommend that the School, with support from the College, proceed to fill the current staff vacancies and appoint the Deputy Year Directors as soon as possible.	2.3	School and College
4	Support and supervision on placements The review team recommend that the School review student feedback on placements and put measures in place to provide consistency of support and supervision across placement settings.	2.3	School

5	Early years The review team recommend that, as part of the curriculum development plan, the School consult with students to consider further opportunities for clinical exposure, tailored to the students' level, to be incorporated into the early (currently non-clinical) years.	2.3	School
6	Formative feedback The review team recommend that the School ensures that there is a shared understanding between students and staff regarding the use and purpose of formative assessments and feedback, as well as further clarity for students on when to expect feedback.	2.2	School
7	Promotion and recognition The review team recommend that the College improves communication to staff regarding how teaching is used for promotion criteria up to and including Grade 10.	2.7	College
8	Student voice The review team recommend consulting with students regarding how to best communicate to students the information on how the School has responded to student feedback, i.e. how to close the feedback loop.	2.4	School
9	Learning outcomes The review team recommend that the School audit whether or not individual topics within courses have detailed learning outcomes that are shared clearly with students.	2.2	School
10	Review and update of course materials The review team recommend that the School consider approaches to auditing how frequently course video materials are updated, e.g. by including a statement on when the materials were last reviewed, even if not updated.	2.8	School
11	Early exit award The review team recommend that the School and College work with Academic Services to agree on a viable route for an early exit award at honours degree level from the MBChB programme following the intercalated year.	2.5	School and College
12	Placement software The review team recommend that the College support the investment in software tools for managing student portfolios that will save time for teaching staff as well as enhance the student experience.	2.8	College

Suggestions

For noting – progress reporting is not required.

No	Suggestion	Section in report
1	<p>Lack of identity The review team suggest that the School continue the dialogue with the College to ensure that the new College organisational structures and the development of the BioQuarter campus better reflect the identity of the Medical School.</p>	1
2	<p>Optional intercalated year The review team suggest that the School monitor and evaluate the impact of removing the compulsory aspect of the intercalated year on the student experience, student recruitment and graduate attributes.</p>	2.1
3	<p>Student feedback The review team suggest that the School resolve any technical issues in the collection of student feedback on placements, and provide alternative feedback methods where necessary.</p>	2.2
4	<p>Community building The review team suggest that the School consider supporting more inter-year events, which the students highly value, as a form of community building.</p>	2.3
5	<p>Communications regarding placements The review team suggest that, alongside recommendation 1, the School continues to consider mechanisms to improve communication with NHS Departments regarding placements.</p>	2.4
6	<p>Support for WP students The review team suggest that the School engage with the College and University services, such as Scholarships and Student Funding, in order to consider whether additional funding is necessary to support the WP students, particularly given the targets for recruitment of WP students.</p>	2.5
7	<p>Community building The review team suggest that the College work with the School to consider exploring options to enhance the student experience and community building within the limitations of the estate.</p>	2.8

Section A – Introduction

Scope of review

Range of provision considered by the review (see Appendix 1).

The Internal Periodic Review of Medical Education (Medical School) in 2023/24 consisted of:

- The University's remit for internal review (see Appendix 2)
- The subject specific remit items for the review:
 - Resource Allocation and Academic Support (remit item 1)
 - Curriculum Development (remit item 2)
- The Reflective Report and additional material provided in advance of the review
- The meeting of the review team including consideration of further material (see Appendix 3)
- The final report produced by the review team
- Action by the School and others to whom recommendations were remitted following the review

Review Team Members

Convener Dr Simon Daff, School of Chemistry (University of Edinburgh)
External members Professor Colin Lumsden, School of Medicine (University of Aberdeen) Professor Juliet Wright, School of Medicine (University of Sussex)
Internal members Professor John Brennan, Edinburgh College of Art (University of Edinburgh) Dr Valentina Ferlito (shadowing), Deanery of Clinical Sciences (University of Edinburgh)
Student member Erim Apaydin, School of Social and Political Sciences (University of Edinburgh)
Review administrator Cristina Matthews, Academic Services (University of Edinburgh)

The School

The Edinburgh Medical School is part of the College of Medicine and Veterinary Medicine and comprises three Deaneries (the Deanery of Clinical Sciences, the Deanery of Biomedical Sciences and the Deanery of Molecular, Genetic and Population Health Sciences) as well as a number of large research institutes (the Usher Institute, the Institute for Regeneration and Repair, the Queen's Medical Research Institute, the Institute of Genetics and Cancer and Edinburgh Neuroscience). The Medical Education team is outwith the three Deaneries and the research institutes, and operates independently of these,

although it draws on staff from within the Deaneries and the Institutes to contribute to the teaching of the programmes. The review noted the unusual identity of the Edinburgh Medical School in that it does not operate as a School, and that for most purposes, Medical Education operates as a School. For the purposes of this report, the Medical Education team will be referred to as “the School”.

The College of Medicine and Veterinary Medicine (CMVM) is currently undergoing a modernisation which includes a review of its governance structure, and it is likely that the organisational structure described above will change in the coming years.

Physical location and summary of facilities

The Medical Teaching Organisation (MTO) is based at the Chancellor’s Building, on the BioQuarter campus. Staff who teach on the undergraduate medicine programmes are based at various buildings across the BioQuarter (e.g. Chancellor’s Building, Royal Infirmary of Edinburgh, Usher Institute) and the central campus (e.g. Old Medical School). Teaching in the early years (Years 1-3) of the programme is primarily delivered in the central area. The three final years of the programme comprise clinical placements, with locations in a number of hospitals and General Practices across NHS Lothian, NHS Fife and other regional Health Boards. Teaching is delivered by a range of University staff from across the different Deaneries and Institutes within the Edinburgh Medical School, and by staff from the National Health Service (NHS).

Date of previous review

27-28 November 2017

Reflective Report

The reflective report was prepared by:

- David Kluth, Head of School
- Karen Fairhurst, Programmes Director
- Professor Lorna Marson, Dean of Admissions
- Dr Jeni Harden, Lead for Quality Assurance and Enhancement
- Katie Urquhart, Head of Medical Education Administration

Consultation was undertaken with the Medical Students Council (MSC) during the preparation of the reflective report. The report was shared with the members of the senior leadership team and professional services staff.

Section B – Main report

1 Strategic overview

Medical Education is responsible for the delivery of undergraduate medical teaching. The undergraduate offering comprises two distinct programmes that lead to the award of MBChB:

- Six-year MBChB programme with an intercalated honours year. Throughout the documentation this is referred to as the “main programme”. This six-year programme is divided into the early years (years 1-3) and the clinical years (years 4-6). Each part of the programme has its own programme code (see Appendix 1).
- Healthcare Professionals Medicine Programme. Throughout the documentation this is referred to as the “HCP-Med programme”. This programme launched in 2020/21 as part of a Scottish Government initiative to increase the number of MBChB graduates in Scotland. Students on this programme are current healthcare practitioners (e.g. nurses, pharmacists, laboratory technicians) and are recruited to the programme from Health Boards across Scotland.

The number of students joining each programme is set by the Scottish Government, with 315 students joining year 1 across both programmes (32 of these were HCP-Med students) and 1,691 students in total in 2023/24. The School expect the intake per year to rise to 355 students over the next few years, with the projected number of total students to exceed 2000 by 2026/27. The increase in the student numbers has not been matched by an uplift to the relevant funding for the programmes, which is placing considerable strain on teaching resources.

The review team **commend** the development of the HCP-Med programme as an innovative and unique programme in the UK which enables the School to meet the increased target numbers for MBChB graduates and also contributes to the widening participation of the student population. The HCP-Med programme repurposes much of the teaching material used for the main programme, making good use of existing resources.

Over the last three years, approximately 50% of the Year 1 student intake across the programmes have been from widening participation backgrounds. Along with the introduction of the HCP-Med programme, this has significantly changed the profile of the students on the programmes. The review team **commend** the very successful recruitment of widening participation students, and the work that has been done to close the attainment gap in progression rates in the past year, while noting that it is too early to say whether or not this will be a sustained trend.

The number of available student places is set to increase, as mandated by the Scottish Government, however, the number of applications is not increasing at the same rate. Given this context, the School expects to transition from being a ‘selecting school’ (i.e. where there are more applicants than there are places) to a ‘recruiting school’ (i.e. where there are more places than there are applicants) within the next year or two. This is likely to increase competition for students within Scottish universities, and the School is starting to develop recruitment plans for the first time.

The School has a very small number of academic staff and most of the staff who teach on the programmes come from across the Deaneries and Institutes in CMVM and the NHS. This presents the School with two distinct sets of challenges for the appointment and accountability of teaching staff, which were explored throughout the review process, and which are summarised below:

For NHS staff: The Scottish Government provides funding for Medical Additional Cost of Teaching (ACT), which is allocated to NHS Boards by NHS Education for Scotland (NES). The ACT funding aims to cover the additional costs for the NHS to teach medical undergraduate students in Scotland, both within primary and secondary care. In practice, the allocation of ACT funding, particularly for secondary care within the NHS Lothian Board, is not always transparent and there is a lack of accountability for NHS Departments, which are already under huge strains and are significantly under-resourced. Some NHS Departments are not currently providing teaching in a manner that is consistent and meets the expectations of the University, particularly for students in their clinical placement years. Naturally, NHS staff are outwith the management structure of the University so there is a need for alternative approaches to staff accountability. Two members of staff from the School have the responsibility of representing the teaching needs and priorities of the School at the Regional ACT meetings.

In the School's previous IPR in 2017, there was a recommendation that *"the senior leadership team engage with NHS Education Scotland (NES), Regional ACT Groups and NHS Boards to ensure ACT funding is used appropriately to support academic and administrative delivery and co-ordination of placement based medical education. There is a need for a step change in the approach to resourcing administration of clinical modules to enhance the student experience."* The School has made significant efforts to make progress on this and escalate the issue, but it remains unresolved. Given the lack of resolution of this recommendation from the previous IPR report, the review team **recommend** that the College assists in supporting a mediation process between NHS Education Scotland (NES), Regional ACT Groups, NHS Boards and the University, in order to ensure that there is transparency and accountability for ACT funding provided to the NHS for teaching undergraduate medical students. There are risks to the sustainability of the programme, as well as institutional reputational risks, if the accountability for staffing and resourcing does not improve. The review team considered that this is already having a significant negative impact on the student experience, particularly for students on clinical placements where there is inconsistent support for students.

For CMVM staff: staff are mostly outwith the management structure of the School, and there are no formal agreements or mechanisms in place for identifying staff to teach on the programme both in the early and clinical years. There is also a critical lack of succession planning and a lack of ability for the School to respond to the increase in resources that will be required in line with the increase in student numbers. Alongside the reliance on NHS staff, the lack of mechanisms for appointing University staff to teaching roles puts the programmes at considerable risk, including reputational risk to the University. The review team considered that the current approach is not sustainable, particularly given the context of growth of student numbers and the increased competition amongst medical schools. The review team **recommend** that the College works with the School to formalise agreements and determine appropriate resourcing whereby staff within the College are appointed to teach, and that this includes succession planning in order to ensure the resilience and continuity of the programmes.

Throughout the review, it was clear that the School does not have the agency it needs in order to put in place a sustainable model for identifying and allocating teaching staff, nor does it have the ability to appoint University or NHS staff to fill the vacancies and gaps. The review team acknowledge that the delivery of the teaching programmes within the School is possible thanks to the dedication of a small number of core staff who are highly committed to teaching the programmes, largely through a sense of duty for educating the next generation of doctors. The review team **commend** the dedication and commitment of the core teaching staff in a challenging and under-resourced environment.

Over the past 18 months, the School and College have invested significantly in expanding and reorganising the capacity of the MTO professional services team. The expansion of the team includes the new posts of Academic and Student Administration Manager, Student Experience Officer, Projects and Planning Officer, Placements Officer, as well as an expanded student support team, in line with the University's new student support model. The review team **commend** the School and the College for the investment in staffing for the MTO which has brought clear benefits to the student experience, has improved student feedback, and has improved the communication between the MTO and the teaching staff, who are dispersed across CMVM and the NHS. The level of communication with NHS departments varies significantly between departments and remains challenging, primarily due to the loss of NHS support staff with dedicated hours for teaching administration support.

Throughout the review, staff and students reflected on the lack of identity of 'the Medical School'. Reasons described for this lack of identity included the lack of an estate and facilities that were clearly recognised by staff and students as 'the Medical School', the organisational structure of the College whereby most staff who teach on the MBChB sit within the Deaneries and Institutes which have different identities and priorities. Students also noted the isolation of the BioQuarter campus from most University student life and the challenges in developing a sense of community, particularly with expansion of online teaching. The review team noted that it is not within the scope of this review to make recommendations which entail changes to the University estate, however the review team **suggest** that the School continue the dialogue with the College to ensure that the new College organisational structures and the development of the BioQuarter campus better reflect the identity of the Medical School.

2 Enhancing the student experience

2.1 The approach to enhancing Learning and Teaching

The main MBChB programme is accredited by the UK General Medical Council (GMC), which sets the standards for medical education and training through its document "Promoting Excellence: Standards for Medical Education and Training." The HCP-Med is a new programme which launched in 2020/21 and is still under GMC review. Both programmes cover the same learning outcomes, and cohorts from both programmes come together in Year 5 of the main programme (which is Year 4 of the HCP-Med programme) for the final two clinical years. There is also significant overlap in the non-clinical years of the two programmes in terms of curriculum and teaching resources.

The MBChB degree at Edinburgh is highly regarded across the UK and students describe feeling better prepared for later stages of their medical career, e.g. medical research, than students from other universities due to the additional intercalated year.

The School would like to use the opportunity provided by the University-wide Curriculum Transformation project to significantly update the MBChB curriculum for 2027/28. The School has developed an ambitious plan to transform the curriculum in order to ensure it prepares graduates for the future challenges of medicine, such as supporting an ageing population, increasing multimorbidity in the population, the impact of climate change on health, and advances in artificial intelligence and robotics.

The review team acknowledged that the implementation of this curriculum transformation plan for both programmes would require a significant investment of time and resource, and also that it carried significant potential for stress and burnout amongst staff. The School has developed a comprehensive business plan in order to resource the curriculum development

plan, which is yet to be approved by the College. The School noted that without dedicated additional resource, the curriculum transformation would likely consist of rebadging the current course offering.

The review team **commend** the School's plans for developing the curriculum in order to equip the next generation of doctors with the skills for the future of the medical profession, and noted that the ambitions for future-proofing the curriculum were sector-leading.

The School has also done a partial electronic curriculum mapping to the Medical Licensing Assessment (MLA) content map, which used to be required for the GMC but is now no longer required. There was discussion regarding whether or not this is still a useful exercise, given the time commitment this requires. The School considered that it can be a helpful exercise in itself, but that it is not currently a high priority.

In 2016 the programme made the intercalated Honours (BMedSci) year a compulsory element of the programme. The School have proposed a return to this being an optional year. The reasons for making it optional include the fact that not all students wish to do the additional year, particularly given the current cost of living concerns for students, and also the fact that universities in England are considering offering four-year (instead of five-year) MBChB programmes, which would create significant disparity with a six-year programme and could put the University at a competitive disadvantage. Making the intercalated Honours year an optional year promotes student choice and also allows the School to better accommodate the increasing number of students. The review team considered these to be strong reasons to support removing the compulsory aspect of the intercalated year, although it was noted that there had been positive feedback from some students regarding the compulsory aspect of this, i.e. students felt that they had strengthened their academic and research skills, and that they would not have done this additional year had it not been compulsory. The review team **commend** the School on adapting to the changing student landscape by making the intercalated year an optional year, and **suggest** that the School monitor and evaluate the impact of removing the compulsory aspect of the intercalated year on the student experience, student recruitment and graduate attributes.

2.2 Assessment and Feedback

The review team **commend** the School on the quality of the assessment-enhanced teaching plans and the breadth of the approaches to teaching and assessment.

Students provided mixed feedback on the effectiveness of the formative feedback provided, which indicated some challenges in the implementation of some of the formative feedback plans. The review team **recommend** that the School ensures that there is a shared understanding between students and staff regarding the use and purpose of formative assessments and feedback, as well as further clarity for students on when to expect feedback.

Students also indicated a lack of consistency in opportunities to provide feedback on all of their placements due to technical issues. The review team **suggest** that the School resolve any technical issues in the collection of student feedback on placements, and provide alternative feedback methods where necessary.

Learning outcomes for individual topics or sessions were not consistently clear to students, even though teaching staff are expected to share these at the start of each topic/session. The review team **recommend** that the School audit whether or not individual topics within courses have detailed learning outcomes that are shared clearly with students.

2.3 Supporting students in their learning

The School has significantly enhanced the provision of student support in the past few years and now has a robust Student Support team, in line with the University's new student support model. Although many students within the School do not visit the student support office in person, students know who to go to for support within the School and feel able to access student support services. Students in the later years of the programme have noticed an improvement within the last few years in the provision of, and signposting to, student support. Alongside their general training, Student Advisers receive training on discipline-specific topics, such as the College's Fitness to Practice policy.

Given that the School does not have its own academic staff, and that many of the teaching staff are NHS employees, rather than University employees, the School agreed that the University's Cohort Lead role would need to be adapted to the local context of the School. This has enabled the development of Deputy Year Director roles for each year of the MBChB, who will take on similar responsibilities to the Cohort Lead role, and the Student Experience Officer, who is in post and is primarily responsible for developing community building in partnership with the Medical Student Council and the student academic families. The review team **commend** the School's adaptation of the new student support model to the local context, and **recommend** that the School, with support from the College, proceed to appoint the Deputy Year Directors as soon as possible.

There was discussion regarding the transition from the intercalated year (Year 3) into the first clinical year (Year 4), given that there is very limited clinical exposure in the non-clinical years. Students noted that they sometimes feel under-prepared compared to peers from other universities who are at a similar stage. Students who had done social sciences subjects for their intercalated year found this transition into Year 4 particularly challenging. The review team **recommend** that, as part of the curriculum development plan, the School consult with students to consider further opportunities for clinical exposure, tailored to the students' level, to be incorporated into the early years.

During clinical placements in the final years of the programme, students know who to contact for support within the University, but there is significant variation in the level of support and clinical supervision provided across the placement settings. Students felt well supported during some of their placements, particularly placements within General Practice and small hospital settings, but less support was available in some of the larger hospital settings. Students noted that there was often no induction or introductions to key staff, no attendance monitoring or follow up with students if they did not attend sessions, and that students were not always clear on their boundaries within the placement setting, e.g. what was expected of them, what they were allowed to ask for, who to ask for help. The more challenging placements require students to work with a high-level of self-direction and proactiveness. While some students are thriving and gaining confidence in this environment, it does not work well for all students. The review team **recommend** that the School review student feedback on placements and put measures in place to provide consistency of support and supervision across placement settings.

Students valued support from their peers and felt that the Year Committees and student societies, particularly the student medic societies, provided good peer support. Students and staff noted the challenges of community building during the Covid years, the impact of which was still felt by students in the later years of the programme. Students particularly valued opportunities in the early years to meet with students from later years. The review team

suggest that the School consider supporting more inter-year events, which the students highly value, as a form of community building.

2.4. Listening and responding to the Student Voice

Students within the School have a range of effective feedback mechanisms, including Year Representatives for each year of the programme, who attend the Year Committee meetings alongside staff; and a Medical Student Council, which meets once a month and operates as a Student-Staff Liaison Committee. Student representatives are also invited to take part in the Medical School Executive, Wellbeing Group and the Curriculum and Assessment Groups. Students also provide feedback to their Year Directors either directly or via mid-semester online forums. The review team **commend** the School on the inclusion of the student voice throughout School-level Committees and Groups.

Staff noted that much of the student feedback received relates to the provision and mechanisms for feedback, the clinical placements and the organisation of the programme. Despite efforts from staff to report back on how feedback was being acted on, it was not always clear to students how the School responds to student feedback. The review team **recommend** consulting with students regarding how to best communicate to students the information on how the School has responded to student feedback, i.e. how to close the feedback loop.

A common theme within the student feedback is the short notice with which students sometimes receive their placement timetable and information, including when they are doing night shifts, although it was noted that this did not apply to all placement settings. The lack of advance notice makes it particularly difficult for students who are also working. Staff explained that this is largely down to NHS staff pressures and the challenges of communicating with NHS Departments, and that it is largely out of the University's control. This aligns with the broader themes of the review regarding the under-resourced NHS environment and the lack of mechanisms for NHS staff accountability and recognition in regards to their teaching contributions. The review team **suggest** that, alongside recommendation 1, the School continues to consider mechanisms to improve communication with NHS Departments regarding placements.

2.5 Accessibility, Inclusivity and Widening Participation

The curriculum and teaching materials have recently been reviewed in relation to protected characteristics, with particular attention being given to ethnicity and race, and sexuality and gender identity. The aim of this review has been to ensure that students have a better understanding of the interactions between these protected characteristics and health and are better able to provide more inclusive treatment for patients from all backgrounds. The review team **commend** the School's significant efforts to review the curriculum in order to make it more diverse and inclusive, and the inclusion of student representatives in the School's Equality, Diversity and Inclusion (EDI) Group.

The School recognise that many of the challenges for students are more acutely felt by the Widening Participation (WP) students, including the cost of living, the cost and time of commuting, and balancing studies with paid employment. This is particularly difficult given the length of the MBChB programme and the non-standard hours required for a number of placements. Staff have described a correlation between students with lower attendance and lower academic attainment.

Staff indicated that there were plans to collate information on funding available for WP students. The review team **suggest** that the School engage with the College and University services, such as Scholarships and Student Funding, in order to consider whether additional funding is necessary to support the WP students, particularly given the targets for recruitment of WP students.

Staff and students agreed that there was currently no adequate mechanism for students to exit the programme if they decided that they did not want to complete the MBChB. Currently students must complete the degree until the end of Year 4, including the clinical placements, in order to achieve a BSc (Hons). The School have attempted to propose a mechanism for this, but the proposal has not met with College approval. The review team **recommend** that the School and College work with Academic Services to agree on a viable exit route from the MBChB.

2.6 Development of Employability and Graduate Attributes

All the MBChB graduates are eligible to enter the Foundation Programme and all students, with rare exceptions, are employed as Foundation Year 1 (F1) doctors from August of their graduation year. Upon successful completion of the Foundation Programme, doctors can then apply for full registration with the General Medical Council (GMC) and move on to more specialised training or practice within the UK.

Students who participated in the review noted that they had clear plans for what to do once they graduated and the review team **commend** the School on how well the students are prepared for their F1 applications.

The review team **commend** the School for its consideration of the broader, long-term skills and attributes which graduates will need beyond the Foundation Year, including skills in data literacy, AI, systems thinking, entrepreneurship, resilience and self-compassion.

2.7 Supporting and developing staff

Professional services staff within the MTO receive training that is appropriate to their roles. Professional services staff noted that there were limited options for career progression without leaving the team, in order to move to a higher-grade role, as is the case for most professional services roles across the University. There are University-level staff reward processes, and College-level recognition rewards, which are made use of by managers within the team.

The School is in the unusual position that most of its academic staff are not part of the School: they are either based in other Deaneries and Institutes across CMVM, or are NHS staff. Academic staff are therefore part of other management structures, and the School therefore has limited input into the line management and professional development for teaching staff. Nevertheless, the School does encourage teaching staff to engage with professional development in relation to their teaching, for example, by completing the Postgraduate Certificate in Academic Practice (PgCAP), but the uptake on this is limited. The School does not have tutors and demonstrators.

The review team met with teaching staff during the review visit, who unanimously felt that teaching is not prioritised within the College and that a large proportion of new staff are recruited without any expectations that they will do any teaching. In some areas, staff were discouraged from contributing to teaching due to the time it would take away from their research. Staff also noted that there had recently been discussions about including teaching

within the promotion criteria up to Grade 10, but staff did not think that this was reflected in practice for promotions to Grade 10. The lack of recognition of teaching at senior levels means it is very difficult to identify staff to take on leadership roles within teaching, and there is no clear pathway for more junior staff to develop the experience and institutional knowledge required in order to take on these leadership roles in future.

The review team considered that the reliance of the School on academic staff who are outwith its management structures, coupled with the lack of recognition for teaching across the College, and the strains on NHS staff, already have a negative impact on the student experience of medical students and put the University at considerable reputational risk.

The review team **recommend** that the College improves communication to staff regarding how teaching is used for promotion criteria up to and including Grade 10.

2.8 Learning environment (physical and virtual)

The Chancellor's Building hosts most of the core physical learning environments for students, including a lecture theatre, seminar rooms and a clinical skills centre, as well as library and computing facilities. Staff noted however that the lecture theatre is no longer big enough to hold the cohort of Year 1 students, and that this will remain an issue for future years given the larger student cohorts. The clinical skills centre appears to be a well-designed, well-used facility, but this is not large enough to accommodate increased students numbers. The Medical Education Centre at the Western General Hospital campus also has a clinical skills training area and computer laboratories (not visited during the review).

Basic aspects of infrastructure, such as access to Eduroam and the University network, do not work at the Royal Infirmary of Edinburgh, where a large proportion of staff work and where students conduct a significant proportion of their placements; these present daily challenges to both staff and students.

Given the recent increase in student numbers, and the requirements for OSCE exams, the University no longer has venues which are big enough to host the OSCEs exams and the School has had to resort to the use of two external sites.

Overall, the physical estate and digital infrastructure is not considered adequate for the current and projected student numbers, and staff noted the negative impacts that this has on the student and staff community.

The review team **suggest** that the College work with the School to consider exploring options to enhance the student experience and community building within the limitations of the estate. These could include providing a shuttle service between BioQuarter and the central campus to facilitate travel for students and staff, and other measures to encourage a sense of community at BioQuarter and help students to balance attendance and cost of living.

Online materials are expected to be reviewed every year, but staff and students noted that this does not always happen in practice. The review team acknowledged that it takes time to produce, review and edit video content, which is a challenge given the lack of high-quality recording facilities, and that staff with limited time for teaching are reluctant to spend time learning how to edit videos. Staff also noted that even where materials had not been updated for a few years, this did not mean that the content was out of date, given that the basic sciences at the level of undergraduate teaching had not changed. Nevertheless, some of this content was perceived by students as being out of date due to the inclusion of dated

references, e.g. the start of the Covid pandemic. The review team **recommend** that the School consider approaches to auditing how frequently course video materials are updated, e.g. by including a statement on when the materials were last reviewed, even if not updated.

Staff and students noted that the app used for clinical staff to provide electronic sign-off as part of students' placements worked very well. Having specialist software for students' clinical portfolio would help the student experience and would avoid the reliance on NHS staff having to access PebblePad, which is not considered user-friendly and which presents access issues. The review team **recommend** that the College support the investment in software tools for managing student portfolios that will save time for teaching staff as well as enhance the student experience.

3 Assurance and enhancement of provision

3.1 Setting and maintaining academic standards

The School has appropriate approaches to setting, maintaining and reviewing academic standards across its teaching provision. Mechanisms are in place to assure quality and academic standards in alignment with the University's Quality Assurance and Enhancement Framework as well as the quality assurance standards of the General Medical Council (GMC). There are also mechanisms in place to capture the student voice, including Student Year Representatives, meetings of the Medical Student Council, participation in the National Student Survey (NSS) and a variety of mechanisms for providing feedback to staff, to the School and to the wider quality assurance processes within the GMC. Overall, the setup of School Committees and Groups and the operation of Boards of Examiners is appropriate for maintaining academic standards.

3.2 Key themes and actions taken

The School has appropriate mechanisms in place for gathering External Examiner reports and have made changes to the programme, such as using an external venue for OSCE examinations, following feedback from External Examiners. The School engages with the University's system for annual monitoring, reviewing and reporting for programmes and Schools, as well as the rolling review of the GMC, which includes a self-assessment questionnaire. Staff noted that the GMC's new rolling review process was more helpful than the previous review method, and that the rolling review enables a dialogue with the GMC regarding changes and challenges with the programmes.

Appendices

Appendix 1: Range of provision considered by the review

Programme Code	Programme Name
Medicine (Clinical) (MBChB)	UTMBCHBMDC1F
Medicine (Clinical) (MBChB)	UTMEDCN
Medicine (Pre-Clinical) (MBChB)	UTMBCHBMDP1F

Appendix 2 University remit

The University remit provides consistent coverage of key elements across all of the University's internal reviews (undergraduate and postgraduate).

It covers all credit bearing provision within the scope of the review, including:

- Provision delivered in collaboration with others
- Transnational education
- Work-based provision and placements
- Online and distance learning
- Continuing Professional Development (CPD)
- Postgraduate Professional Development (PPD)
- Provision which provides only small volumes of credit
- Joint/Dual Degrees
- Massive Open Online Courses MOOCs (even if non-credit bearing)

1. Strategic overview

The strategic approach to:

- The management and resourcing of learning and teaching experience,
- The forward direction and the structures in place to support this.
- Developing business cases for new programmes and courses,
- Managing and reviewing its portfolio,
- Closing courses and programmes.

2. Enhancing the Student Experience

The approach to and effectiveness of:

- Supporting students in their learning
- Listening to and responding to the Student Voice
- Learning and Teaching
- Assessment and Feedback
- Accessibility, Inclusivity and Widening Participation
- Learning environment (physical and virtual)
- Development of Employability and Graduate Attributes
- Supporting and developing staff

3. Assurance and Enhancement of provision

The approach to and effectiveness of maintaining and enhancing academic standards and quality of provision in alignment with the University Quality Framework:

- Admissions and Recruitment
- Assessment, Progression and Achievement
- Programme and Course approval
- Annual Monitoring, Review and Reporting
- Operation of Boards of Studies, Exam Boards, Special Circumstances
- External Examining, themes and actions taken
- Alignment with SCQF (Scottish Credit and Qualifications Framework) level, relevant benchmark statements, UK Quality Code
- Accreditation and Collaborative activity and relationship with Professional/Accrediting bodies (if applicable)

Appendix 3 Additional information considered by review team

Prior to the review visit:

- Reflective Report
- Previous Internal Periodic Review Report (2017)
- External Examiner reports
- School Quality reports
- Academic Standards Scrutiny document
- GMC Annual Quality Assurance Summary
- List of programmes and courses
- School organisational charts and committees
- Programme Handbooks
- Curriculum Transformation plans
- Statistical reports, including differential attainment data in Years 1 and 2
- SSLC minutes
- NSS reports, and associated school reflection reports
- 1 Year Response to previous review (2019)
- Graduate Outcomes report (Careers)

Appendix 4 Number of students

Programme Name	2023/4		2022/3		2021/2		2020/1		2019/20	
	Entrants	Students	Entrants	Students	Entrants	Students	Entrants	Students	Entrants	Students
Medicine (Clinical) (MBChB)	47	47	46	46	47	47	48	49	42	43
Medicine (Preclinical) (MBChB)										3
Medicine (Pre-Clinical) (MBChB)	278	277	287	285	255	255	239	236	216	211