Code of Practice for Management of the Programme
Introduction

This document describes the roles and responsibilities of individuals and groups responsible for the delivery of the MB ChB programme at Leicester to the standards defined by the General Medical Council in ‘Tomorrows’ Doctors’ (2009). The MBChB programme at Leicester is designed to produce graduates who will make the care and safety of patients their first concern, apply their knowledge in a competent and ethical manner and use their ability to provide leadership and to analyse complex and uncertain situations.

Programme Management

The general principle of programme management is individual accountability for standards through effective leadership of integrated teams of appropriate academic and administrative staff sharing responsibility for effective delivery. The principle applies at all levels, from high level strategy to operational delivery of individual programme elements.

The person responsible for the delivery of undergraduate medical education at Leicester to GMC standards is the **Director of Undergraduate Medical Education**, who is accountable to the Head of the Department of Medical & Social Care Education, and through him to the Head of the College of Medicine, Biological Sciences and Psychology.

Responsibility for meeting prescribed standards in each of the domains defined in Tomorrows’ Doctors (2009) is delegated to a ‘domain lead’ (or leads in the case of more complex domains), each accountable to the Director of Undergraduate Medical Education, and leading an appropriate team of academic and administrative staff. Within domain 5, design and delivery of the curriculum, including assessment there are separate curriculum leads and assessment leads, each leading a set of teams devoted to different aspects of curriculum and assessment. Each of those teams has an appropriate lead.

The Director of Undergraduate Medical Education, together with the domain leads, constitutes a **‘Programme Executive’** which meets regularly to coordinate all aspects of medical education. Within each domain, the relevant leads will also meet in management groups as appropriate to coordinate activity. This is not however a ‘governance structure’ in the conventional University sense.

Programme Governance

Formal **governance** of the MBChB is through the **Board of Studies for the MBChB**, which is chaired by a senior clinician and which reports to the College Academic Committee, and through that Committee to the University Senate. The Board of Studies is a more broadly constituted group, including lay and student representation, responsible formally for the oversight and approval of strategy and policies proposed by the programme management structures, and for the effective operation of those structures.

Whilst the management of assessments is the responsibility of the assessment lead and associated teams, decisions about assessment outcomes for individual students are made by the **Boards of Examiners** (which include external examiners) and their associated panels, reporting to the University Senate.

The following sections define the remit and responsibilities of each element of the programme management and associated governance structures.
Programme Governance
The body responsible for the governance of the MB ChB Programme is the Board of Studies.

The Board of Studies for the MB ChB
The remit of the Board of Studies is to ensure that the programme management structures are fit for purpose, and that they deliver the programme to the standards prescribed by the General Medical Council in ‘Tomorrows’ Doctors’ (2009). The membership includes members of the Programme Executive plus a majority of ‘non-executive’ members drawn from University staff, NHS staff, lay members and students. The tenure for those posts that are not ex-officio will be 3 years.

Membership
A Senior Clinician who is not a member of the Department of Medical and Social Care Education – Chair
The Head of the College of Medicine, Biological Sciences & Psychology ex-officio
The Head of Department of Medical and Social Care Education ex-officio
The Director of Undergraduate Medical Education ex-officio
The leads for Quality Management ex-officio
The Domain leads for Curriculum and Assessment (Domain 5) ex-officio
The Associate Medical Director for Education for UHL or a representative ex-officio
A clinician with expertise in Equality and Diversity issues
Three clinical teachers from the NHS. One should be a General Practitioner, the other two should be from Kettering, Northampton, Burton, Boston, Peterborough hospitals or Leicestershire Partnership Trust
The East Midlands Foundation School Director or his/her nominated representative ex-officio
Two current medical students [one Phase I and one Phase II], elected by the student body
A lay representative
A representative of the Nursing Profession who has educational experience

Frequency of meetings
The Board of Studies shall meet at least three times in each academic year, but may meet more frequently if necessary. Responsibility for calling meetings and the construction of the agenda, in consultation with the Programme Executive and Board members, shall lie with the domain leads for domain 2, quality assurance, review and evaluation. The Departmental Manager will allocate secretarial support to the Board of Studies.

Responsibilities of the Board of Studies
The Board of Studies is responsible for:

- The overall strategy for the MB ChB programme, including the management structures for effective delivery to GMC standards.
- Monitoring the effective delivery of the MB ChB to GMC standards through receipt of quality reports from the Programme Executive.
- Approval of codes of practice for the operation of the programme.
- Approval of course documentation.
- Approval of proposals for programme change to be submitted to the College Academic Committee.
- Monitoring interactions with the General Medical Council, including annual reports and periodic visits.
Governance of Assessments

The Board of Studies shall agree the assessment strategy, which will be incorporated into Codes of Practice for Assessment in Phase 1 and Phase 2 of the programme. Responsibility for the delivery of assessments according to the Codes of Practice shall lie with the Assessment Leads for each part of the programme. Boards of Examiners are responsible directly to the University Senate for the governance of assessments, and for standards through the determination of grades and progress decisions for individual students.

The Board of Examiners

There will be a single Board of Examiners for the Programme. This Board is directly responsible to the University Senate for the overall governance of assessments, and for decisions about individual student progress. These decisions are made on the recommendation of the appropriate panel of examiners and the Mitigating Circumstances Group. The Board of Examiners must be chaired by the Head of the Department of Medical & Social Care Education, however, the Director of Medical Undergraduate Education may chair with the approval of the Academic Registrar.

The detailed membership of the Board is defined in the relevant Code of Practice, but all are comprised of a mixture of executive members from the assessment group plus a majority of other members drawn from internal and external examiners.

In summary the assessment team is responsible for:

- Defining the blueprints for each assessment across the programme, and ensuring that across all assessments the outcomes for graduates defined by the General Medical Council are assessed rigorously with assessment instruments appropriate to ensure patient safety. Constructing appropriate assessments for each part of the programme.
- Ensuring effective delivery of the assessment to students
- Managing the marking of assessments and the processing of those marks
- Co-ordinating standard setting processes according to the appropriate code of practice
- Presentation of assessment outcomes to the relevant Board of Examiners
- Quality control of assessment processes, including preparation of assessment reports for each assessment.

The Mitigating Circumstances Group considers applications from individual students for consideration of mitigating circumstances which may be relevant to progress decisions. It is an absolute rule that mitigating circumstances can never alter the outcome of an assessment in terms of pass/fail or grade, but may determine the consequences of that outcome for repeat years.

Management of the Programme

The responsible person for the delivery of undergraduate medical education is the Director of Undergraduate Medical Education, who is accountable to the Head of the Department of Medical & Social Care Education, and through him to the Head of the College of Medicine, Biological Sciences and Psychology, and ultimately the University Senate.

Responsibility for meeting prescribed standards in each of the domains defined in Tomorrows’ Doctors (2009) is delegated to a ‘domain lead’ (or leads in the case of more complex domains), each accountable to the Director of Undergraduate Medical Education. Within domain 5, design and delivery of the curriculum, including assessment there are separate curriculum leads and assessment leads, each leading a set of teams devoted to curriculum and assessment. Each of those teams has appropriate leads.

The Director of Undergraduate Medical Education, together with the domain leads, constitutes a ‘Programme Executive’ which meets regularly to co-ordinate all aspects of medical education. Within each domain, the relevant leads will also meet in management groups.
The responsibilities of the Director of Undergraduate Medical Education include:

- Accountability to the Head of Department of Medical & Social Care Education and the Board of Studies for the delivery of the MBChB programme to GMC standards through effective leadership of the Programme Executive.
- Preparation of proposals for programme enhancement for consideration by the Board of Studies
- Liaison with NHS partner organisations to ensure effective programme delivery.
The Domain Leads
There shall be a lead person or persons responsible to the Director of Undergraduate Medical Education for ensuring that the standards prescribed by the General Medical Council in each domain of ‘Tomorrows’ Doctors’ (2009) are met. Collectively the domain leads and the Director of Undergraduate Medical Education comprise the ‘Programme Executive’.

Domain 1 – Patient safety

The aim of the School is to ensure that students put safety of patients at the heart of their clinical practice. The safety of patients will be central to all teaching and assessment. The School will ensure that at graduation students are able to practice as safe future doctors.

Ensuring that patients’ safety is not compromised by the education of medical students
The domain lead for domain 1 – patient safety shall work across the programme, and together with NHS partner organisations, to ensure that:

• The safety of patients and their care is not put at risk by students’ duties, access to patient and supervision on placements, or by the performance, health or conduct of any individual student
• Students receive a trajectory of relevant education to meet the outcomes relating to patient safety set out in Tomorrow’s Doctors
• Students who do not meet the outcomes set out in ‘Tomorrow’s Doctors’ or are otherwise not fit to practise are not allowed to graduate with a medical degree.

This will be achieved by working with other domain leads and teams to ensure that systems and procedures are uniformly in place across the programme to:

• Ensure that medical students undertake only appropriate tasks in which they are competent or learning to be competent with appropriate supervision
• Receive and address immediately any concerns about patient safety arising from undergraduate medical education
• Liaise with student support and ‘concerns’ mechanisms (see below) to identify and address immediately any concerns about a student whose conduct gives cause for concern, or whose health is affected to such a degree that it could harm the public.
• Ensure students perceive and understand how their learning both in class-room and clinical settings relates to safe patient care

The patient safety domain lead will establish a network of safety leads in each NHS organisation that receives medical students, and will act as the primary point of contact to receive any concerns and act upon them through appropriate organisations.

Educating medical students about patient safety
The patient safety lead will coordinate education about patient safety across the programme, working with curriculum and assessment leads to ensure that patient safety issues are firmly embedded into all stages of the programme.
Domain 1 – Patient Safety

- Director of Undergraduate Medical
- Patient safety lead
- Local Education Provider Safety Leads
- Professionalism Team
- Assessment Team
- Curriculum Team
Domain 2 – Quality Assurance, review and evaluation

The aim of the School is to ensure that the quality of medical education programmes is monitored, reviewed and evaluated in a systematic way. The School will ensure that the curriculum can be delivered to the standard required to produce caring, competent, effective and safe future doctors.

The Quality Leads will work with all other leads and programme teams to ensure that the quality of medical education is monitored, reviewed and evaluated in a systematic manner.

The Quality Leads will be responsible to the Director of Undergraduate Medical Education for:

- Maintaining in collaboration with the other leads a clear framework for quality management and quality control, with explicit definition of individual responsibilities within that framework.
- Managing systems to monitor undergraduate medical education (including admissions, courses, placements, student support, assessment and resources) in order to ensure that they meet required standards.
- Working with the Director of Undergraduate Medical Education to ensure that appropriate agreements are in place with providers of each clinical or vocational placement, and ensure that there are systems to monitor the quality of teaching and facilities.
- Ensuring that regular reports are produced about different stages or aspects of the programme and their delivery, to be considered by the Board of Studies.
- Working with the Director of Undergraduate Medical Education to ensure that there are functioning systems to plan, implement and review enhancements or changes to the programme.
- Ensuring that comprehensive quality data are collected, analysed and presented to appropriate programme management teams. Quality data may include:
  - Evaluations by students and data from Medical School teachers and other education providers about placements and resources.
  - Feedback from patients
  - Feedback from employers about the preparedness of graduates
  - Feedback to students
- Working with the Director of Undergraduate Medical Education and other domain leads to ensure that concerns about or risks to the quality of any aspect of undergraduate medical education are identified and managed quickly and effectively.

The Quality Leads will also be responsible for coordinating the preparation of reports to University Quality Assurance procedures, including annual development reviews and University periodic review.

The Quality Leads will work with the Director of Undergraduate Medical Education and other leads to prepare documentation for GMC quality assurance, including the Medical School’s Annual Report, and Quality Assurance visits.
Domain 3 – Equality, Diversity and Opportunity

The aim of the School is to ensure that undergraduate medical education promotes equality and respects diversity. Students will be required to treat others with respect and apply the principles of equality and diversity to the safe care of all patients.

The Equality lead will work with all other leads and teams to ensure that undergraduate medical education at Leicester is fair and based on principles of equality.

The Equality lead will be responsible to the Director of Undergraduate Medical Education for:

- Ensuring that the Medical School has policies, appropriately engaged with University policies and systems, which are aimed at ensuring that all applicants and students are treated fairly and with equality of opportunity, regardless of their diverse backgrounds
- Ensuring that staff receive training on equality and diversity to ensure that they are aware of their responsibilities and the issues that need to be taken into account when undertaking their roles at the Medical School
- Ensuring that reasonable adjustments are made for students with disabilities in accordance with current legislation and guidance
- Coordinating the routine collection and analysis of data about equality and diversity issues by the Department of Medical & Social Care Education, to ensure that policies are being implemented and any concerns are identified
- Working with the Director of Undergraduate Medical Education and domain leads to ensure that the Department acts promptly over any concerns about equality and diversity, by implementing and monitoring any necessary changes in practice.
Domain 4 – Student Selection

The aim of the School is to have a selection process that is open, objective and fair in order to select students with the ability and character to become caring, competent, effective and safe future doctors.

The Selection leads will work with the Director of Undergraduate Medical Education and other leads to ensure that the correct numbers of the most suitable applicants for the MBChB are selected by processes which are open, objective and fair.

The Selection leads are responsible to the Director of Undergraduate Medical Education for:

- Ensuring that the Department of Medical & Social Care Education publishes information about the admissions systems, including guidance about the selection process, and the basis upon which places will be offered.
- Ensuring that selection criteria and processes take account of the personal and academic qualities needed in a doctor as set out in Good Medical Practice, and the capacity to achieve the outcomes for graduates defined in ‘Tomorrow’s Doctors’ (2009).
- Ensuring through collaboration with the Assessment leads that the selection processes adopted are valid, reliable and objective
- Ensuring that selection processes include input from people with a wide range of expertise and knowledge, and that they are all trained to apply selection guidelines consistently and fairly.
- Liaison with the equality lead to ensure that those involved in selection are also trained to promote equality and diversity, and to follow current equal opportunities legislation and good practice
- Working with University systems to ensure smooth operation of the processes of recruitment and selection
- Managing mechanisms to deal with queries and complaints from applicants
- Working with University systems to ensure that the numbers of applicants recruited are consisted with national quotas for each category of applicant
Domain 5 – Design and Delivery of the Curriculum, including Assessment

This complex domain is led by a set of leads each responsible to the Director of Undergraduate Medical Education for a different aspect of the domain, but working collectively to ensure that the programme is designed, delivered and assessed so that graduates attain all the ‘outcomes for graduates’ specified in ‘Tomorrow’s Doctors’ (2009).

The aim of the School is to provide contextual, constructed and collaborative learning opportunities, designed to foster the development of skills, understanding and attributes required of caring, competent, effective and safe future doctors.

The aim of the School is to ensure that assessments are appropriate, valid, reliable and fair and are designed to ensure that graduates have achieved all of the competences specified by the General Medical Council and are fit to practise as safe junior doctors.

Design and Delivery of the Curriculum

The Curriculum Leads will be responsible to the Director of Undergraduate Medical Education for leading a team to ensure that:

• A clear curriculum plan sets out how the ‘outcomes for graduates’ will be met across the programmes as a whole, including opportunities for students to exercise choice in areas of interest.
• The curriculum is structured to provide a balance of learning opportunities and to integrate the learning of basic and clinical science, enabling students to link theory and practice
• The curriculum includes practical experience of working with patients throughout all years, increasing in duration and responsibility so that graduates are prepared for their responsibilities as provisionally registered doctors.
• That the clinical curriculum includes a significant component of learning through apprenticeship.
• Sufficient structured clinical placements are provided to demonstrate the ‘outcomes for graduates’ across a range of clinical specialties, including at least one student assistantship period

This will involve working with the Director of Undergraduate Medical Education and other leads to:

• Establish a clear educational philosophy and curriculum structure which:
  • Has diverse teaching and learning opportunities, balancing learning in small and large groups.
  • Develops the capacity for self-directed learning
  • Uses appropriate technologies, including simulation to support learning
  • Integrates basic medical and clinical sciences
  • Revisits topics at appropriate stages to reinforce understanding, behaviour and skills
  • Educates medical students about the role of other health & social care professionals in the assessment and management of patients
  • Educates medical students about the specific roles of doctors in health and social care professional teams looking after patients
  • Educates medical students how doctors can most effectively work in isolation when this is required of them
  • Clinical placements are structured to give students experience across a range of specialties, and reflect changing patterns of healthcare
  • Recognises that students become increasingly competent and take progressively more responsibility as the course progresses
  • Recognises the importance of apprenticeship, and specifically in the final year of the programme allows students to rehearse their responsibilities as an F1 doctor and to have the opportunity to shadow F1 doctors.
Design and Delivery of Assessment

The Assessment Leads are responsible to the Director of Undergraduate Medical Education for leading a team to ensure that:

- All of the outcomes for graduates are assessed at appropriate points during the curriculum using assessments that are fit for purpose - that is valid, reliable and fair
- Assessment should be designed to ensure that students’ knowledge and skills at the relevant stage of the programme do not jeopardise patient safety
- Students receive timely and accurate guidance about assessments, including assessment format, length and range of content, marking schedule, and contribution to overall outcome
- Examiners and assessors are appropriately trained, supported and appraised
- Appropriate systems are in place to set standards for assessment to decide whether students have achieved the programme outcomes
- Work with the equality lead to ensure that assessment criteria are consistent with the requirements for competence standards set out in disability discrimination legislation. However, the assessment team must ensure that allowances made for disability do not impair the ability of assessments to determine whether students can function safely in the NHS and provide safe patient care
- Students receive appropriate and timely feedback on their progress.

This will involve working with a wide range of colleagues to manage assessment processes effectively to:

- Ensure that that all graduates demonstrate achievement of all of the outcomes set out in ‘Tomorrow’s Doctors’ (2009)
- Ensure the effective operation of mechanisms to ensure comparability of standards with other institutions proving medical degrees in the UK, including effective use of external examiners and appropriate collaboration with other medical schools through the Medical Schools Council Assessment Alliance.

Management of Programme Delivery

The Director of Undergraduate Medical Education, together with the domain leads shall ensure effective programme delivery.

Each Phase of the programme (phase 1 and phase 2) is led by a Phase Lead. Each component within the phases is led by a unit or block lead, coordinating a team of teachers and support staff to deliver structure and standards approved by the Board of Studies on the recommendation of the Programme Executive. The phase lead and unit or block leads for each phase together constitute a Phase Management Group which meets regularly to coordinate operational programme delivery, make recommendations to the Programme Executive for enhancement, and respond to quality management processes.

Phase leads

The Phase 1 Lead

The Phase 1 Lead is responsible to the Director of Undergraduate Medical Education for the effective delivery of Phase 1 of the programme.

The specific duties of the role are to:

- Co-ordinates a team of Unit Leads to deliver Phase 1 of the programme by:
  - Production of appropriate course documentation
  - Liaison with Unit Leads and other unit staff to ensure effective delivery of all parts of the programme
Co-ordination of curriculum content across units and facilitation of cooperation between Unit Leads to ensure appropriate coverage of the overall programme objectives

- Work with the Quality Leads to coordinate the evaluation of Phase 1 teaching, respond to quality issues as they arise and make regular quality reports to the Board of Studies
- Lead curriculum development in Phase 1 within guidelines approved by the Board of Studies on the recommendation of the Programme Executive
- Chair the Phase 1 Management Group
- Be a member of the Phase 1 Board of Examiners and other relevant Boards and Committees

Phase 1 Unit Leads

Each unit in the core curriculum, including the clinical stream, is the responsibility of a Unit Lead, appointed by the Programme Executive.

Unit leads are responsible to the Director of Undergraduate Medical Education via the Phase 1 Lead, for the effective delivery to students of the unit as specified in the agreed course document. The Unit Lead acts as a point of focus for all matters concerning that unit and its relationship to the rest of the programme.

The specific responsibilities of Unit Leads are to:

- Ensure that the unit, as described in the course document, is delivered effectively to students
- Co-ordinate the production of relevant curriculum materials
- Liaise with appropriate programme management structures to ensure that staff are available to deliver the module
- Liaise with other Unit Leads to ensure coordination and integration of curriculum delivery
- Monitor the progress of students through the unit and maintain appropriate records of performance and attendance.
- Report to the concerns group any student obviously experiencing problems during the unit
- Lead continuing discussions with the unit team on further development of the unit and present proposals for change to the Programme Executive, after discussion at the Phase 1 Management Group if appropriate
- Facilitate dissemination of good practice across units by discussion with other Unit Leads
- Monitor delivery of the unit formally and informally and deal with problems as they arise
- Receive and respond to formal unit evaluations and report action taken to the Phase 1 Management Group and Programme Executive

The Phase 2 Lead

The Phase 2 Lead is responsible to the Director of Undergraduate Medical Education for the effective delivery of Phase 2 of the programme.

The responsibilities of the Phase 2 Lead are to:

- Liaise with clinical block leaders to ensure effective delivery of the agreed clinical education for students
- Identify suitable clinical placements for each clinical block in Phase 2 and choose the most appropriate to meet the needs of students at various stages of the programme
- Oversee the allocation of students to clinical sites and resolve issues arising from placements
- Work with the Quality Lead to monitor the quality of clinical placements by scrutiny of student feedback, formal and informal comments from students and other information as necessary
- Participate in review meetings with providers of clinical education
• Work with the Student Support Lead and concerns group to oversee the monitoring of the progress of individual students through Phase 2 and supervise the provision of appropriate remedial action
• Work with the Assessment Lead to ensure effective delivery of assessments in Phase 2
• Work with the Medical Education team to facilitate curriculum development and evaluation
• Chair the Phase 2 Management Group
• Be a member, ex officio of the Board of Studies, Examination Boards and other Committees and groups as appropriate

Phase 2 Block Leads
Each block in phase 2 is the responsibility of a team of clinical educators and clinical teachers, led by a Clinical Block Lead.

The specific responsibilities of the Clinical Block Lead are to:

• Ensure that the clinical block, as described in the course document is delivered effectively to all students across all clinical sites
• Work with the medical curriculum administrator allocated to that block to ensure effective day to day organisation of clinical education
• Co-ordinate the production of relevant curriculum materials.
• Liaise with clinical education leads to ensure that clinical and other staff are available to deliver the block as described in a broadly equivalent way for all students at all sites
• Work with other clinical block leads to ensure co-ordination and integration of curriculum outcomes, content and delivery
• Monitor the progress of students through the block and oversee the maintenance of appropriate records of student attendance and performance
• Ensure, with the support of the medical curriculum administrator allocated to the block that, at the end of each block the Medical Education office receives a list of students who have:
  o Attended satisfactorily during the block
  o Completed satisfactorily appropriate assignments and assessments, including clinical skills
  o Behaved in a consistently professional manner
• Provide at the end of the block a list of students who have not completed the block satisfactorily, together with a specification of weaknesses that they must address during later remediation
• Report to the Concerns Group any student in difficulties during the module so that appropriate action may be taken quickly
• Lead continuing discussion with the block team for further development of the block and present proposals for change to the Phase 2 Management Group and curriculum committee
• Monitor delivery of the block formally and informally and deal with problems as they arise
• Receive and respond to formal student evaluation of the block and report actions taken to the Phase 2 Management Group
• Facilitate dissemination of good practice across the programme through formal and informal discussions with other block leaders
• Liaise with appropriate NHS Trust management to ensure resources are available for delivery of the block across sites

The Phase 1 and 2 Leads are supported by the Curriculum Manager.
The Curriculum Manager

The Curriculum Manager is a key member of the Curriculum Management team, supporting the Phase Leads in the delivery of the curriculum. The Curriculum Manager is accountable to the Director of Undergraduate Medical Education, responsible for:

- Working with the Phase 1 lead to ensure appropriate administrative support for the effective delivery of Phase 1
- Working with the Phase 2 lead to ensure appropriate administrative support for Phase 2 within the Department of Medical & Social Care Education, and liaison with administrative staff within LEPs to co-ordinate delivery of the curriculum in the clinical environment
- Work with the Phase 2 Co-ordinator and Clinical Block Leaders to identify appropriate student placements
- Under the general oversight of the Phase 2 Co-ordinator supervise the allocation of students to placements
- Oversee the management on a day to day basis of the allocation of students to placements, and any ongoing changes which are necessary
- Liaise with Clinical Block Leads, and Curriculum Administrators to coordinate overall curriculum delivery
- Prepare detailed student placement plans to inform the MPET (SIFT) allocation process
- Support the Assessment Lead and Phase 2 Co-ordinator in the management of summative assessments in Phase 2

Medical Curriculum Administrators

The Medical Curriculum Administrators are NHS staff who assist the Clinical Block Leads with the delivery of clinical education and assessment across multiple clinical sites.

The specific responsibilities of the post are to:

- Support the clinical block leaders for one or more clinical blocks in the day to day operation of clinical block
- Co-ordinate teaching timetables and liaise with the block leader and clinical education leads to ensure that scheduled teaching events are delivered effectively
- Ensure that appropriate physical resources, such as rooms, audio-visual equipment etc are available for all scheduled teaching sessions in the block
- Co-ordinate clinical placements within blocks across multiple sites
- Produce, in liaison with the block leader and the Department of Medical & Social Care Education appropriate course documentation, including block workbooks and log books
- Maintain accurate records of student attendance at all scheduled teaching events and clinical placements
- Co-ordinate assessment activities including scrutiny of workbooks and records of completion of specified activities and assignments an collation of reports on student performance to be provided to the Department of Medical & Social Care Education within two weeks of the end of each block
- Liaise on a day to day basis with students and be the first point of contact to resolve issues as they arise
- Organise any formative assessments associated with the block
- Work with other curriculum administrators to assist with the delivery of summative clinical assessments, including the Intermediate Clinical and Final professional examinations
Careers Guidance
The support lead will work with the local postgraduate deanery, the University link Careers advisor and other organisations to coordinate a programme of careers advice across the curriculum and with the curriculum leads to provide opportunities for students to sample specialties as appropriate, and receive guidance on application for Foundation places. Guidance and support will be provided for students who are unsuccessful in summative assessments or who decide on alternative career pathways outside of medicine.

Management of Assessments
The Director of Undergraduate Medical Education, together with the Assessment Leads shall ensure effective delivery of assessments through a set of assessment component leads and their teams.

The assessment groups
The Assessment Leads chair the assessment groups, which are collectively responsible for:

- Defining the blueprints for each assessment across the programme, and ensuring that across all assessments all of the outcomes for graduates defined by the General Medical Council are assessed rigorously with assessment instruments appropriate to ensure content validity and reliability to national standards
• Constructing appropriate assessments for each part of the curriculum according to the overarching blueprint and relevant code of practice
• Ensuring effective delivery of the assessment to students
• Managing the marking of assessments and the entry and processing of those marks
• Co-ordinating standard setting processes according to the appropriate code of practice
• Presentation of recommendations concerning assessment outcomes to the relevant Board of Examiners
• Quality control of assessment processes, including preparation of assessment reports for each assessment.

The assessment group has two sub groups, one responsible for assessments in each phase of the curriculum. Phase 1 assessments are coordinated through the Phase 1 Assessment group.

The Phase 1 Assessment Group
The group, chaired by Assessment Lead, is responsible for the oversight of all aspects of assessment in Phase 1.

Membership

The Assessment Lead      Chair
One Unit lead from each of semesters 1 to 3 of the four and five year curricula
One Unit lead from each of semesters 4 and 5 of the five year curriculum
At least one medically qualified member of staff

The group is responsible for:
• Coordination of all core assessments in Phase 1
• Contribution to the programme question banks for written assessments
• Construction of appropriate Phase 1 assessments and resit examinations for the four and five year programmes, including:
  o Blue printing to programme outcomes
  o Appropriate balance of unit specific and integrated questions
  o Appropriate balance of question difficulty and diversity
• Oversight of administration of all core assessments in Phase 1 including:
  o Liaison with administrative staff to ensure appropriate room bookings
  o Identification of need for invigilators
  o Preparation of scripts for marking
• Administration of marking of Phase 1 assessments and resit examinations including:
  o Identification of staff requirements for marking teams
  o Oversight of data entry and processing, and production of spreadsheets.
• Conduct of appropriate standard setting procedures for end of semester assessments (ESAs), Phase 1 assessments and Qualifying examinations to make recommendations to the Phase 1 Board of Examiners
• Oversight of clinical assessments including OSCE’s
• Oversight of the assessment of student selected components in Phase 1 to ensure that:
  o The model(s) of assessment chosen for each is appropriate to the unit aims and learning outcomes
  o The demands made upon students are comparable across student selected components
Semester Assessment Groups

The end of semester assessments (see below) for each of semester 1-4 of the five year course and semesters 1-2 of the four year course will each be coordinated by Semester Assessment Groups, which are sub-groups of the Phase 1 Assessment Group.

The membership of each Semester Assessment Group shall comprise:

- All unit leaders in that semester for both four and five year courses
- One other member of the Assessment Group, preferably a unit leader from an earlier semester
- In the case of Semester 2, the individual responsible for the Objective Structured Clinical Examination

The Semester Assessment Group will be responsible for:

- The preparation of appropriate written end of semester assessments, ensuring
  - Appropriate proportions of questions are drawn from modules in that semester, crossing units in that semester and covering material from previous semesters – following guidelines determined by the Phase 1 Assessment Group
  - Appropriate blueprinting of the assessment to detailed curriculum outcomes across the whole course to date
- Submission of the papers for approval by the Phase 1 Assessment Group.
- Administration of all core assessments in the relevant semester including:
  - Liaison with administrative staff to ensure appropriate room bookings
  - Identification of need for invigilators to be nominated under service level agreements with medical school departments
  - Preparation of scripts for marking
  - Organisation of marking groups and marking of scripts
- Working with the Phase 1 Assessment Group to set and apply appropriate standards
- Working with the Phase 1 Assessment Group to maintain and develop the bank of question to be used across all assessments
- Quality control and monitoring of assessments in the relevant semester

The Phase 2 Assessment Group

The group, chaired by the Phase 2 Co-ordinator is responsible for the co-ordination of all aspects of assessment in Phase 2.

Membership

The Assessment Lead (chair)
The Director of Undergraduate Medical Education
One representative from each core clinical block in Phase 2
The clinical examinations co-ordinator, Leicester Medical School
Two representatives of longitudinal themes

The group is responsible for:

- Coordination of all core assessments in Phase 2
- Oversight of formative assessments within clinical blocks, including
  - Approval of the pattern of assessments within each block to ensure
    - Assessment methods are appropriate for the outcomes to be tested
  - Written assessments at the Intermediate and Final Professional Examinations, including
Maintenance of question banks:
- Construction of appropriate papers including:
  - Blue printing to programme outcomes
  - Appropriate balance of question difficulty and diversity

Oversight of administration of the assessments including:
- Liaison with administrative staff to ensure appropriate room bookings
- Identification of need for invigilators
- Preparation of scripts for marking

Administration of marking including:
- Identification of staff requirements for marking teams and recruitment of suitable staff from the Department of Medical & Social care Education and the NHS
- Oversight of data entry and processing, and production of spreadsheets for standard setting

Conduct of appropriate standard setting procedures

Clinical assessments at the Intermediate and Final Professional Examinations, including
- Ensuring that:
  - Appropriate facilities are available for clinical examinations
  - Sufficient, appropriately trained examiners are available for each clinical examination
  - Examiners are briefed in a consistent way for each examination session at every site
  - An appropriate mix of patients, including where appropriate simulated patients are available for all examinations
  - Examinations are conducted in accordance with the code of practice for assessment in phase 2

Collation and analysis of marks
- Standard setting by appropriate methods

Quality control of clinical assessments, including
- Ongoing monitoring of the conduct of assessments, and identification of strategies to improve assessment practice

Presentation of mark sheets and recommendations to the Phase 2 Board of Examiners

Oversight of the assessment of student selected components in Phase 2, including the elective period to ensure that:
- The model(s) of assessment chosen for each is appropriate to the aims and learning outcomes
- The demands made upon students are comparable across student selected components

Assessment of Professionalism
- The Professionalism Concerns Group which is responsible for the ongoing monitoring of and where necessary attempts to improve the professionalism of students who are giving cause for concern. It receives reports from Unit/Block leads or any other individual or group having concerns about the professionalism of a student. The workings of the Professionalism Concerns Group are governed by the GMC’s “Medical students: professional values and
fitness to practise” document and by the Professionalism Concerns Group Code of Practice. The Professionalism Concerns Group shall meet regularly, and maintain a register of students at risk, placing them into one of three categories:

- **Red:** This student is giving serious cause for concern, needs intense monitoring and support, and may be referred to the Fitness to Practise Committee. The Professionalism Support Lead will discuss students who are on the threshold of referral to the Fitness to Practise Committee with the Head of Department [or his/her deputy]. A decision will be made regarding referral to the Fitness to Practise Committee. If it is decided not to refer the student to the Fitness to Practise Committee the Head of Department or his/her deputy will ensure that the student concerned is aware of the seriousness of their unprofessional behaviour and will make it quite clear what needs to be done to prevent future referral to the Fitness to Practise Committee. It will also be made quite clear that future unprofessional behaviour will lead to referral to the Fitness to Practise Committee. Students in this category are also at risk of being deemed to have Neglected their Professionalism Obligations or to be in Neglect of their Academic Obligations.

- **Amber:** This student is giving moderate cause for concern because of poor professionalism, or because they are in the process of resolving difficulties which led to a red categorisation previously. They remain subject to close monitoring and targeted support.

- **Green:** This student has been either in the red or amber category, and has acted to reduce concern, leaving them under continuing lighter touch monitoring.

- Students who have been referred to the Professionalism Concerns Group and are not considered a cause for concern will not be placed on to the register

The group refers students to support mechanisms as appropriate, and on to formal systems such as the Fitness to Practise Committee as appropriate.

**Membership**

Director of Undergraduate Education  
Chair

Phase 2 Lead

Phase 1 Lead

One or more lay members

A member of clinical academic staff who will be a psychiatrist

An administrative secretary appointed by the Departmental Manager

**Serious Professionalism Concerns that require immediate action**

In the event that the Director of Undergraduate Medical Education is made aware of unprofessional conduct by a medical student that places a patient at risk, then the Director of Undergraduate Medical Education will remove the student from patient contact and arrange for the student to appear before the Professionalism Concerns Group.

**The Assessment Manager**

The Assessment Manager leads a team of administrative staff to support the assessment lead in the effective delivery of assessments across the programme.

The Assessment Manager is responsible to the Assessment Leads and the Director of Undergraduate Medical Education for:

- Putting in place and managing systems for the effective delivery of assessments across the programme, including:
• Maintenance of appropriate question banks for summative and formative assessment
• Coordination of the production of assessment materials for both written and clinical assessments
• Practical arrangements for all examinations, including appropriate space booking, invigilation, and administrative support
• Preparation of scripts for marking, and processing of marked scripts and mark sheets to properly constructive data bases
• Data analysis to prepare for standard setting and incorporation of the results of standard setting into structured reports for the relevant Board of Examiners
• Liaising with external examiners

Domain 5 – Design & Delivery of Assessment
Domain 6 – Support and Development of Students, Teachers & the local Faculty

The aim of the School is to ensure that all students feel supported in order that they can progress to become caring, competent, effective and safe future doctors. In particular, any student who experiences difficulties with the course, whether of a personal, academic or professional nature should receive advice and guidance and have access to additional support services. The goal is for students to be equipped to take responsibility for their own welfare, health, personal and professional development by the time of graduation. We aim to teach students that it is only by taking responsibility for their own welfare and health that they can take responsibility for the welfare and health of patients.

With regard to teachers and local faculty, the aim of the School is to ensure that staff members have the necessary skills and expertise for their roles and that they are supported in their own professional development.

The Domain Lead
The Domain Lead will be appointed by the Director of Undergraduate Medical Education and will be responsible for overseeing and managing both student and staff support.

Student Support
The student support offered by the Medical School falls into three categories. These are pastoral support, academic support and professionalism support. In order to prevent a conflict of interest those members of the Medical School involved in pastoral support will not be directly involved in the academic or professionalism support of students. The Student Support Lead will oversee and coordinate pastoral support, academic support and professionalism support.

Pastoral Support
Pastoral Support Lead
The pastoral support lead is responsible to the Director of Undergraduate Medical Education for:

- Leading and co-ordinating the activities of the pastoral support team
- Ensuring that students have appropriate support for their general welfare needs and are given information about support networks
- Definition of referral pathways and guidance for referral of students to support services in the wider University and beyond, and maintenance of liaison with those services both in general and in the case of individual students in difficulty.
- Ensuring that students are encouraged to look after their own health and are given information about their responsibilities in this respect as a trainee doctor
- Engendering confidence in students to seek appropriate advice support and treatment in a confidential and supportive environment
- Organisation of the provision of personal tutors and their training and briefing
- Ensuring that students in difficulty with professionalism or academic issues have independent pastoral support even when under investigation or undergoing fitness to practise proceedings

Academic Support
Academic Support Lead
The academic support lead is responsible to the Director of Undergraduate Medical Education for:
Leading and coordinating the activities of the academic support team

Inviting students who have failed assessments to meet with a member of the academic support team so that an academic remediation plan can be put into place

Organising any additional teaching that forms part of individual student’s or groups of students’ academic remediation plan

Organising within one week of the publication of Examination Board results [Year One resit exam, Year Two resit exam, Year Three resit exam, IPE resit exam and Final Professional Exam resit exam], for those students who are to repeat a year, Phase I and Phase II Repeat Year Advisory Group meetings. The Phase I Repeat Year Advisory Group will consist of the Phase I Lead, the Academic Support Lead and two other Phase I teachers who are not part of the Pastoral Support Team. The Phase II Repeat Year Advisory Group will consist of the Phase II Lead, the Academic Support Lead and two Phase II teachers who are not part of the Pastoral Support Team. The Repeat Year Advisory Groups will meet with individual students to discuss their academic and professional records. Pastoral support issues will only be discussed with the explicit consent of the student. The role of the Repeat Year Advisory Group is to put in place a repeat year support plan. This support plan will involve the appointment of a repeat year mentor who will not be part of the Pastoral Support Team.

Advising students who have neglected their academic obligations.

Professionalism Support

The Professionalism Support Lead is responsible to the Director of Undergraduate Medical Education for:

- Advising, counselling and remediating students whose lack of professionalism is cause for concern
- Ensuring that students are taught about all aspects of professionalism as defined in the relevant GMC documentation

Staff Support Lead

The Director of Undergraduate Medical Education will appoint a Staff Support Lead who will be responsible for co-ordinating staff development across the Medical School and for liaising with staff development structures in Local Education Providers to ensure that all staff are appropriately trained. This involves:

- Maintenance of records of staff development within the Medical School
- Liaison with LEPs to ensure that they maintain and provide records of relevant training undertaken by NHS staff. Frequently the undergraduate training mechanisms provided by LEPs will be shared with postgraduate medical education
- Use of appraisal to identify professional development needs and to support staff in accessing relevant and appropriate training
- Working with the Medical Education Research and Scholarship Unit to provide opportunities for enhancement of educational expertise and exposure to the leading edge of current medical education developments.
Domain 7 – Management of Teaching, Learning and Assessment

The Director of Undergraduate Medical Education is responsible for ensuring that education is planned using transparent processes that clarify who is responsible for each component of the programme.

This document describes the supervisory structures that are managed by the Director of Undergraduate Medical Education to ensure that:

- A management plan at Medical School (Department of Medical & Social Care Education) level will show who is responsible for curriculum planning, teaching learning and assessment at each stage of the undergraduate programme and how they manage these processes

The Programme Executive, domain leads and teams, governed by the Board of Studies

- Teachers from the Medical School and other education providers will be closely involved in programme management, represented at Medical School level and responsible for managing their own area of the programme

The Board of Studies having wide representation, and programme management teams involving staff at all levels from all organisations associated with the Medical School.

- Employers of Graduates, and bodies responsible for their continuing training will be closely involved in curriculum planning and management

The Board of Studies having appropriate postgraduate and employer representation and curriculum managers having close links with postgraduate medical education, some having dual undergraduate/postgraduate roles.
Domain 8 – Educational Resources & Capacity

The Head of Department of Medical & Social Care Education, working with the Head of the College of Medicine, Biological Sciences & Psychology is responsible for ensuring that the educational facilities and infrastructure are appropriate to deliver the programme.

Advised by the Director of Undergraduate Medical Education, the Head of the Department of Medical & Social Care Education will work with College and University resourcing systems to:

- Ensure students have access to appropriate learning resources and facilities, including libraries, computers, lecture theatres, seminar rooms and appropriate environments to develop and improve their knowledge, skills and behaviour.
- Ensure that facilities are supported by a facilities management plan which provides for regular review of fitness for purpose of the facilities with recommendations and improvements made where appropriate, including facilities for students with disabilities.
- Provision of enough staff from appropriate disciplines and with the necessary skills and experience to deliver teaching and support student learning.

Review Date: July 2013