Code of Practice for Quality Management
Introduction
This Code of Practice defines responsibilities, processes and procedures for the quality management and enhancement of the MB ChB Programme. It complements and extends the ‘Code of Practice for the Management of the Programme’. This Code of Practice will require significant investment in information technology infrastructure and personnel.

Quality processes for the MB ChB are managed by individuals leading integrated teams of academic and administrative staff overseeing quality control in education provider units within and outside the Medical School, and governed by a committee structure which reports to quality structures within the University and beyond.
Quality Assurance of these processes is the responsibility of the General Medical Council, through its Quality Improvement framework.

Management of Quality
The individual responsible for the quality of the MB ChB provision at Leicester is the Director of Undergraduate Medical Education, who is accountable to the Head of the Department of Medical & Social Care Education, and through him/her to the Head of the College of Medicine & Biological Sciences, and ultimately the Vice Chancellor.
Responsibility for the operation of quality management processes is delegated to the Quality Leads, who, together with the Quality Manager form the Quality Unit. The Quality Leads will work with the Quality Manager. The responsibilities of the Quality Leads are defined in the Code of Practice for Management of the Programme, and are reproduced below.

Governance of quality
The body responsible for the Governance of Quality is the MB ChB Board of Studies, which reports to the Academic Committee of the College of Medicine, Biological Sciences & Psychology, and through that to the Academic Policy Committee of the University, and the University Senate.
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

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/regulations
- Receive reports on the Admissions process
- Receive minutes from the student/staff committee
- Monitoring interactions with the General Medical Council, including annual reports and periodic visits.
- To receive external examiner reports.
- To liaise where appropriate with the East Midlands Foundation School.
Responsibilities of the Quality Team

The Quality Team 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 way.

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

- Maintaining, in collaboration with the other domain leads, a clear framework for quality management and quality control, with explicit definition of individual responsibilities within that framework – the ‘Code of Practice for Management of the Curriculum’
- Managing systems to monitor undergraduate medical education (including admissions, courses, placements, student supervision and support, assessment and resources) in order to ensure that they meet required standards of quality.
- Working with the Director of Undergraduate Medical Education to ensure that 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 on placements.
- Ensuring that regular reports are produced about different stages or aspects of the Programme and their delivery, to be considered at appropriate management levels of the medical school, especially 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 quality data are collected, analysed and presented to appropriate programme management teams and governance structures. Quality data should include:
  - Evaluations by students and data from Medical School teachers and other education providers about placements, resources and assessment outcomes
  - Feedback from patients
  - Feedback from employers about the preparedness of graduates, where data from postgraduate deaneries is available
- Working with the Director of Undergraduate Medical Education and Education Provider Unit 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 Team will also be responsible for coordinating the preparation of reports to University Quality Assurance procedures, including annual monitoring documentation and University periodic review.

The Quality Team will work with the Director of Undergraduate Medical Education and other leads to prepare documentation for GMC quality assurance process, including the Medical Schools Annual Report and Quality Assurance visits.

Domain 2 – Quality assurance, review and evaluation
Quality Management Processes
The General Medical Council defines Quality Management as the processes through which the Medical School satisfies itself that education provider units are meeting GMC standards as defined in ‘Tomorrow’s Doctors’ (2009). In this context an ‘education provider unit’ (EPU) may be a group of University staff responsible for some part of the programme delivered largely within the University, or an NHS or other body (Trust, General Practice or other body) delivering clinical education.
Each Education Provider Unit (described by the GMC as a ‘Local Education Providers’ (LEPs)) is expected to operate Quality Control, which is the arrangements through which EPUs (parts of University provision, NHS trusts, the independent sector and any other service providers that host and support medical students) ensure that medical students receive education and training that meets local, national and professional standards, and is of high quality.

Education Provider Units
• Within the University:
  o Teams responsible for each programme element delivered in the University
  o The selection team
  o The assessment team
  o The support team
  o The resources team
• Outside of the university
  o NHS Trusts delivering undergraduate medical education
  o General practices delivering undergraduate medical education

The GMC itself exercises Quality Assurance through a set of processes with four components:
• approval against standards
• shared evidence
• visits including checks
• responses to concerns.

The Quality Team is therefore responsible for monitoring Education Provider Units both within the University and outside using processes analogous to the quality assurance processes operated by the General Medical Council.

Approval against standards
This is the set of processes by which the Quality Unit checks that each education provider unit has in place quality control mechanisms to address the standards in each of the domains of ‘Tomorrow’s Doctors’ which are relevant to that EPU.
Each education provider unit will provide medical education for undergraduates through:
• Responsibilities defined within the “Code of Practice for the Management of the Programme”, in the case of University based EPUs
• A Service Level Agreement (SLA) / Education and Practice Partnership Agreement, which is structured around the domains of ‘Tomorrow’s Doctors’ (2009) in the case of other providers.

The quality unit will maintain a quality assurance register which contains evidence from each education provider unit of the presence of processes to support the achievement of GMC standards in each domain relevant to that EPU in accordance with the Code of Practice or Service Level Agreement (SLA). This register will include, if appropriate in any case:
• A description of processes within the EPU to ensure that the safety of patients is not put at risk by student’s duties
• A description of processes within the EPU to describe student access to patients and supervision
• A description of processes within the EPU to identify and report promptly concerns about the health, performance and conduct of any individual student to the Director of Undergraduate Medical Education and Support Lead.
• A description of processes within the EPU to ensure that undergraduate medical education is monitored, reviewed and evaluated in a systematic way, in partnership with the Quality Unit.
• A description of the processes within the EPU to ensure that education is fair and based on principles of equality
• Where appropriate, a description of the processes within the EPU which ensure that processes for student selection are open, objective and fair
• A description of the processes within the EPU which allow the programme to be delivered according to the specification defined by the Medical School, and described in relevant programme documentation, and for assessment of students to be conducted in accordance with codes of practice for assessment
• A description of the processes within the EPU which ensure that students receive both academic and general guidance on site
• A description of the processes within the EPU which ensures that staff who contribute to undergraduate medical education are appropriately selected, trained, supported and appraised
• A description of the structures for the local management of undergraduate medical education within the EPU, including definition of responsibilities and a list of staff involved
• A description of the education facilities and infrastructure within the EPU which support undergraduate medical education.

Shared evidence
The Quality Team will ensure that the Quality Unit collects and processes evidence on the effectiveness of undergraduate medical education within individual Education Provider Units, and across the provision as a whole. This evidence will be collected in partnership with Education Provider Units, but held within the Quality Unit. Which organisation collects any particular piece of evidence, and how it is collected will be negotiated with the Quality Team, under the general principle that evidence collection should be as effective and efficient as possible. All of the evidence relevant to any particular Education Provider Unit (which should include evidence of the quality of the provision as a whole, as well as that within the EPU) shall be visible to the EPU.

Evaluation of reaction
This will be achieved by collecting data from students, from staff, and where appropriate from others, such as patients who are involved in the activities of each Education Provider Unit. Data will be collected and classified by EPU, with, if necessary breakdown by different components of activity within that unit (e.g. different blocks in Phase 2). The mechanism of collection of these data will be established in partnership with each EPU, and may vary from category to category.

Student reaction
Generally student reaction will be collected through electronic mechanisms operated by the Quality Unit, supplemented by direct contact with students via such activities as focus groups and the Student Staff Committee. On occasion, and with permission of the Quality Unit, individual EPUs may collect data directly, but this will be shared and held in the Quality Unit database.

Electronic data collection from students will mostly involve questionnaires delivered through the virtual leaning environment (‘Blackboard’), and will include:
• Evaluation each year of each unit in phase 1
• Evaluation each year of each block in phase 2 at each site where it is delivered
• Evaluation of student reaction to assessments
• Evaluation of student reaction to the student support systems
• Evaluation of applicant reaction to student selection systems
Staff reaction
This will be collected mostly through management meetings, supplemented as necessary by surveys. Staff delivering units in phase 1 and 2 meet as unit teams, and feedback on their experiences. Unit team leaders and clinical block leaders meet regularly at the Phase 1 and Phase 2 Management Groups respectively, where experience is shared and recorded. Relevant minutes will form part of the quality office data base.

Patient reaction
Where feasible, patient reaction will be collected through feedback obtained soon after interactions with students.

Evaluation of learning
The major source of evidence in this category is analysis of the performance of students in summative assessments. The Assessment Unit will undertake analysis both of the performance of assessments, and the patterns of performance of students taking those assessments. The quality control of the assessments themselves (psychometric analyses, verification of the accuracy of marking and data processing), is described in the Codes of Practice for Assessment, and the Quality Unit will hold a description of those processes in the quality control register. The Assessment Unit will also produce regular reports on the performance of assessments to be considered both by Boards of Examiners, and the Quality Unit.

These reports will also include data evaluating student learning. This will include information about student performance overall, such as numbers obtaining each grade and progression rates, but also, and more importantly, the average performance of the class in meeting the requirements of each part of the blueprint for the individual assessment, and over each year of the course as a whole. This will enable areas of concern in general student progress to be identified and addressed.

The Quality Unit will also receive reports from the Student Support Unit, regarding the monitoring of the performance of the weakest students who are giving cause for concern.

Evaluation of Behaviour
The Quality Unit will receive reports from the Professionalism Concerns Group and Fitness to Practise Committee regarding issues of unprofessional behaviour to enable areas of concern in general student professionalism to be identified and addressed.

Evaluation of results
This is taken to mean evaluation of the performance and progress of graduates once they have left the course. The Quality Unit will establish appropriate links with Postgraduate Deaneries to collect information on the progress of graduates, where available. This will include:

- Records of graduates whose performance as Foundation Doctors gives cause for concern, and analysis of the antecedents, if any, that were apparent during the medical course
- Evidence from Educational and Clinical Supervisors of perceived strengths and weaknesses in the preparedness of graduates for work as a Foundation Doctor
- First destination data for speciality training after Foundation
- Annual survey of graduates ‘perception of their own preparedness conducted in February each year at the end of the second Foundation attachment.

Visits, including checks.

The Shared Evidence will support a largely risk-based process of visits and checks. There will always be on-going contact and liaison between Education Provider Units, the programme management structures and the Quality Unit to address quality issues which are revealed through the shared evidence base. This will be supplemented by periodic quality visits, in particular to each clinical education site (LEP). The frequency of visits to any site will be determined by a risk assessment based on the shared evidence base, but there will be at least one every two years.
The visit to an LEP will take a standard format, and will be organised by the Quality Unit. The Medical School will be represented by:

- The Director of Undergraduate Medical Education or a nominee
- The Phase 2 Lead
- A Quality Lead
- The Curriculum Manager or a representative

The LEP will be represented by:

- The Director of Medical Education (or equivalent) for the Trust
- The Medical Director or senior manager from the Trust
- A curriculum administrator from the Trust
- A finance administrator from the Trust

The agenda for the visit will include:

- Consideration of the shared evidence relating to the provision at that LEP
- Identification of an action plan to address any issues arising from that evidence
- Review of facilities provided for student at that site
- If necessary from the risk analysis, discussion with current students and clinical teachers at that site
- Discussion of developments in the medical school that may be relevant to that provider
- Discussion of developments in the provider that may be relevant to the medical school

A report of the visit will be produced by the Quality Unit and held as part of the shared evidence base. It is expected that this process of evidence collection and visits will be engaged with the Quality Management processes of the Postgraduate Deanery, initially through sharing of evidence, but possibly in the future through a joint process.

The process will operate differently for General Practices. Just as with other Education Provider Units evidence will be held in the Shared Evidence Base, but given the number of practices, and their size the visits process will be scaled, so that the visits are conducted by one or two appropriate Medical School staff, and any given practice will be visited on average once every five years. The general format of the visit will however be similar, and a report will be produced and held in the Shared Evidence Base. Should a concern arise then a practice may be visited much more frequently.

‘Visits’ to Education Provider Units within the University are inherent in the management processes described in the Code of Practice for Management of the Programme. Should reports in the shared evidence base require any investigation then the Quality Lead will work with the relevant EPU lead to produce a report to be considered by the Programme Executive in the first instance, which will require an action plan to resolve the issue, which will be held as a part of the shared evidence base.

**Managing Concerns and Risks**

It is expected that the process of collection and analysis of the Shared Evidence Base will reveal issues that may be managed through the production of an action plan and its implementation. There are multiple routes by which concerns or risks are raised. The following are examples of routes by which concerns may be raised:

- Individual students may raise concerns about provision through staff at the medical school
- Student representatives may raise concerns either through the student staff committee, or directly to medical school staff
- Teachers in Education Provider Units may raise concerns
- Other staff in units, or patients may raise concerns

All concerns will be taken seriously. The majority of acute concerns will be dealt with by the Phase Management Groups or other management groups within the Medical School.

Concerns which are not resolved will be notified to the Director of Undergraduate Education. The Director of Undergraduate Medical Education will utilise the full range of resources and contacts with Education Providers to resolve the issue.
On-going concerns that are not resolved despite these interventions constitute a risk and need to be recorded and actively managed. Any such risk will be noted by the Quality Team who will make an assessment and scrutinise the shared evidence base and other appropriate sources of evidence. The Quality Team will require a suitable action plan and monitor progress. Any concern of this nature will be put on a Risk Register.

The Risk Register will also contain reports, documents or other correspondence that indicate areas of programme delivery that are considered a risk to present or future delivery of the programme. These may include processes or resources, and may be external (i.e. national developments) or local and internal.

The Quality Team will seek a suitable action plan to any identified risk.

The Risk Register will be reported annually to the Programme Executive and the Board of Studies.

**University Governance of Quality Management**

The Director of Undergraduate Medical Education and the Quality Team will be responsible to the Board of Studies for engagement with University Quality Assurance procedures.

These include:

- Annual reporting
- Periodic review

**Annual reporting**

The Quality Team will be responsible for producing an annual report in a standard format prescribed by the University. Following approval by the Board of Studies, this will be considered by the Academic Committee of the College of Medicine, Biological Sciences and Psychology, which reports to the University Academic Policy Committee. Each report includes a list of action points which must be reviewed at the next report. The College Academic Committee and University Academic Policy Committee analyse reports across all provision to establish common themes and imperatives for action.

**Periodic Review**

The University operates process of periodic review in which each programme of study is examined in more detail on a five year cycle. Periodic review is by a panel made up of an external assessor and senior staff from elsewhere in the University. The panel considers written evidence and interviews staff and students before producing a report which is considered by the University Academic Policy Committee and referred to the College Academic Committee. The report will contain requirements, whose achievement will be monitored, and recommendations for consideration by the programme.

The Director of Undergraduate Medical Education, together with the Quality Team will be responsible for leading preparations for conduct of and response to periodic review.

**Quality Assurance by the General Medical Council**

The Director of Undergraduate Medical Education will be the principal contact with the General Medical Council (GMC), supported by the Quality Team, and will be responsible for engagement with GMC quality assurance processes, including:

- Approval against standards for any relevant programme developments
- Contribution to shared evidence through the process of annual reporting
- Preparation for and conduct of periodic visits under the Quality Improvement Framework
- Responses to concerns raised by the GMC
The Quality Team will produce a draft Medical Schools Annual Report (MSAR) as prescribed by the GMC, and present it to the Board of Studies for approval before it is submitted.