



Hull York Medical School

Code of Practice on Programme Quality Management and Enhancement

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Definition of terms

The following terms will apply through the Code of Practice.

Classroom Environment	Teaching and learning activities that typically take place within the University setting, such as lectures, seminars and laboratory sessions and including study facilities such as the libraries
Clinical Training	The structured clinical training elements of the Programme provided by the Placement Provider in accordance with Health Education England's Learning and Development Agreement, as are necessary to fulfil the requirements of the Curriculum and the relevant responsible Regulatory Body and Postgraduate Training produced by professional bodies, Postgraduate Deans etc.
External Review	Components of quality management and enhancement that are provided or managed by individuals or organisations external to the Medical School, such as reports of External Examiners and the Universities' Annual Programme Review & Periodic Review
Outcome Measurement	A component of quality management and enhancement focused on the analysis of assessment results and module and programme outcomes of students
Practice Placement	Any suitable supervised clinical, practical or other learning experience in a workplace environment provided, conducted or arranged by the placement provider for Learners; usually but not limited to an NHS trust, Foundation trust, GP surgery, and other organisations that form part of the National Health Service or who deliver placement learning funded by the NHS which for the purposes of Health Education England's Learning and Development Agreement includes the private and voluntary sectors
Peer and Self Assessment	Components of quality management and enhancement that are managed by individuals or teams within the Medical School, such as Primary Care Practice Reports
Research Environment	Research and learning activities that typically take place as independent study or as part of a research degree programme.
Student Feedback	A component of quality management and enhancement focused on students' experience of the programme, such as survey results, focus groups or student representative views
Virtual Learning Environment	A virtual learning environment (VLE) is a Web-based platform designed to support the delivery of both online

and traditional face-to-face programmes of study, usually within an educational institution. The VLE is comprised of a number of tools that can be used to present resources, activities and interactions (including communication and collaboration) within a course structure and provide tools and workflows for the different stages of assessment. VLEs also usually report on participation; and have some level of integration with other institutional systems including course reading lists provided by the libraries

Other documents available, which may be relevant include:

Code of Practice on Quality Monitoring of Primary Care Education

Abbreviations

GMC	General Medical Council
HEE	Health Education England
HJSC	HYMS Joint Senate Committee
MB BS	Bachelor of Medicine, Bachelor of Surgery
MSAR	Medical School Annual Return
NHS	National Health Service
QAA	Quality Assurance Agency
VLE	Virtual Learning Environment

1. Scope of Code of Practice on Programme Quality Management and Enhancement

This Code of Practice outlines the Medical School's commitment to, and principles governing, the management and enhancement of programme quality. The Medical School recognises a responsibility to undertake quality management and enhancement activities to the satisfaction of stakeholders for the portfolio of programmes. As such a framework of principles has been devised. The environments which form the student experience on all programmes and the key components of quality management and enhancement activity are defined in order to guide Programme Directors in the quality assessment of their programme.

The responsibilities of Programme Directors, Programme Boards and Board of Studies for the management and enhancement of quality are outlined. A methodology for quality management and enhancement is provided to guide Programme Directors in the undertaking and presentation of relevant activities.

The Operational Plan (Appendix 1) provides a detailed account of routinely scheduled quality management and enhancement activities, arranged by environment and key component.

A schedule of specific activities for the academic year is also provided (Appendix 2) in order for these activities to be monitored effectively throughout. This Code of Practice will develop in line with the Medical School's expansion of the programme portfolio and is intended as a foundation for the approach taken to the entire provision.

The Code of Practice provides direction, guidance, and outlines the processes for the embedded quality strategy in the School. It is used to ensure the existence of a high quality portfolio of programmes that is subject to ongoing enhancement. Whilst the Medical School does not manage wider university environs, such as the libraries, it ensures that it shares information and collaborates with central service partners to ensure that the Hull York Medical School student experience is factored into quality measures more widely.

2. Approach to Quality Management and Enhancement

The Hull York Medical School is responsible for the quality management and enhancement of the education and training it provides across its entire portfolio. This involves the need for accurate and informative reports and a diversity of monitoring mechanisms whereby the School is able to confirm that it is delivering a high quality student experience. This includes defined standards and requirements of a number of other organisations such as the Quality Assurance Agency (QAA), General Medical Council (GMC) and Health Education England (HEE), and so a partnership approach to quality management and enhancement is essential.

Overall responsibility for quality and standards in the Medical School resides with the Board of Studies, which delegates responsibility for programme quality management and enhancement down to the respective Programme Boards and so the strength and rigour of these bodies in embedding the quality agenda is critical.

Hull York Medical School is dependent on its NHS partners and other healthcare providers to deliver a significant element of the clinical programmes within the portfolio, particularly the MB BS and Physician Associates programme. This delivery takes place in a wide range of clinical settings and across a widely dispersed geographical region. This context is compounded by the challenge of delivering a significant proportion of placements in primary care, and utilising a large number of clinical tutors appointed through the honorary contracts process. The need for explicit benchmarks of what is required to ensure a high quality student experience in all of these different settings is crucial.

3. Accountability

Hull York Medical School recognises the following duties to manage and enhance the quality of all programmes within the Medical School's portfolio:

3.1. Quality Assurance Agency

The Quality Assurance Agency's Quality Code: The Medical School is committed to the achievement of expectations for standards and quality, through the achievement of core practices and consideration of common practices within the identified themes on which the QAA provides advice and guidance. The Medical School also recognises the relevant **subject benchmark statements** that provide general expectations about the standards for the award of qualifications at a given level and articulate attributes and capabilities that those possessing such qualifications should be able to demonstrate.

3.2. The General Medical Council

The General Medical Council's Promoting excellence: standards for medical education and training: The Medical School is committed to achieving the ten standards for medical education and training, ensuring that MB BS students achieve the **GMC's outcomes for graduates** and are supported in achieving good medical practice.

3.3. Health Education England

The Health Education England's Quality Framework: The Medical School is committed to achieving the quality standards within the six identified domains.

The Medical School recognises Health Education England's role in supporting the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place. The Medical School works with the HEE Quality Team in order to support their role in assessing and managing the quality of education and training of clinical placements.

3.4. The Universities of Hull and York

The Medical School is committed to providing high quality academic programmes in consultation with the Universities' Regulations and under the authority of the HYMS Joint Senate Committee (HJSC). Quality management and enhancement is reviewed through the Annual Programme Review and Periodic Review processes. The HJSC is responsible for the approval of new programmes and changes to existing programmes with consideration taken to ensure high academic quality with ongoing management and enhancement of quality.

4. Quality Management Framework

The following framework is used to enable all Programme Directors¹ to embed quality management and enhancement into all aspects of their respective programmes:

- ✓ Systems, processes and tasks are fully informed by active engagement of staff, students, and where appropriate, patients and the public
- ✓ Systems are deployed where they are fit for purpose, provide value for money, empower staff to make measurable, positive impact to programme quality and are sufficiently agile to encompass change
- ✓ A robust, rigorous set of processes are in place to provide assurance that the quality of all education provision is of a high and consistent standard
- ✓ Emphasis is placed on the analysis and reporting of findings rather than the collection of data
- ✓ Consideration of sampling is evident and implemented where appropriate to avoid burdensome data collection
- ✓ Quality management and enhancement activity is reported in a timely, professional and easily accessible format

¹ This framework also applies to Research programmes and is the responsibility of the Chair of the Postgraduate Programme Board.

- ✓ Work is driven by the need to ensure enhancement rather than an over-reliance on compliance and monitoring
- ✓ All quality assurance systems in the School are aligned to the agreed strategy of each respective programme²
- ✓ Concerns or risks to the quality of any aspects of the School's provision are identified and managed quickly and effectively
- ✓ Benchmarking against best practice in the sector and the Medical School's host universities informs quality management and enhancement activity

Whilst Programme Boards and Programme Directors have overall responsibility for the quality assurance and enhancement of their programmes, the School recognise that:

Board of Studies has overall responsibility for academic governance, and quality, and that all Programme Boards are in turn accountable to the Board of Studies.

Programme Boards rely on strong quality assurance and enhancement support systems with timely accurate information in order to fulfil their role. This may include support through the sharing of data produced for external bodies.

5. Programme Level Quality Management and responsibilities

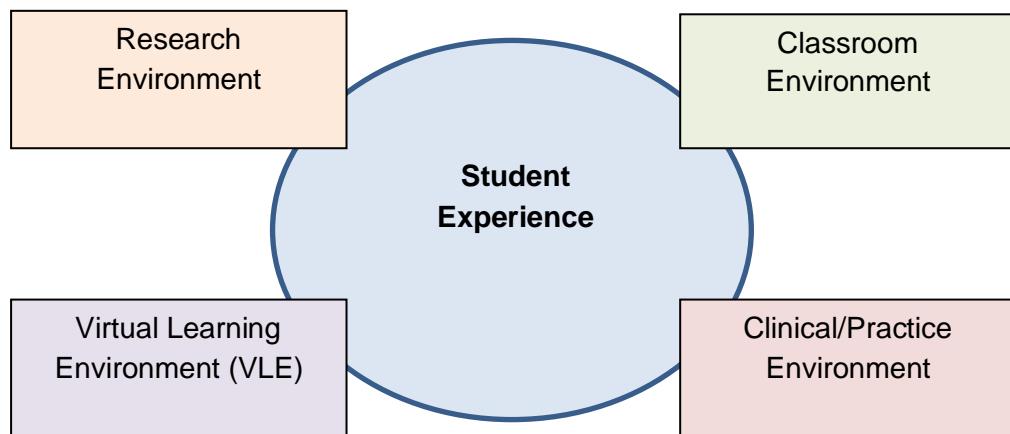
- Programme Directors are responsible and accountable for the overall Quality Management and Enhancement of their programme.
- Programme Directors may be assisted in Quality Management and Enhancement where such responsibility is explicitly defined.
- Programme Boards must systematically, and regularly, scrutinise the student experience in the classroom, the clinical/practice, the Virtual Learning Environment and research environments
- Programme Directors are responsible for ensuring the Programme Management and Enhancement Cycle is adhered to as far as possible

Programme design, delivery and enhancement is underpinned by the relationships of four different environments formulating the student experience:

1. The Classroom Environment
2. The Virtual Learning Environment (VLE)
3. Clinical/Practice Environment
4. The Research Environment

² Programme specific evaluation processes are subject to this Code of Practice. This promotes coordination and alignment of processes for overall programme benefit.

Figure One: The Hull York Medical School Student Experience

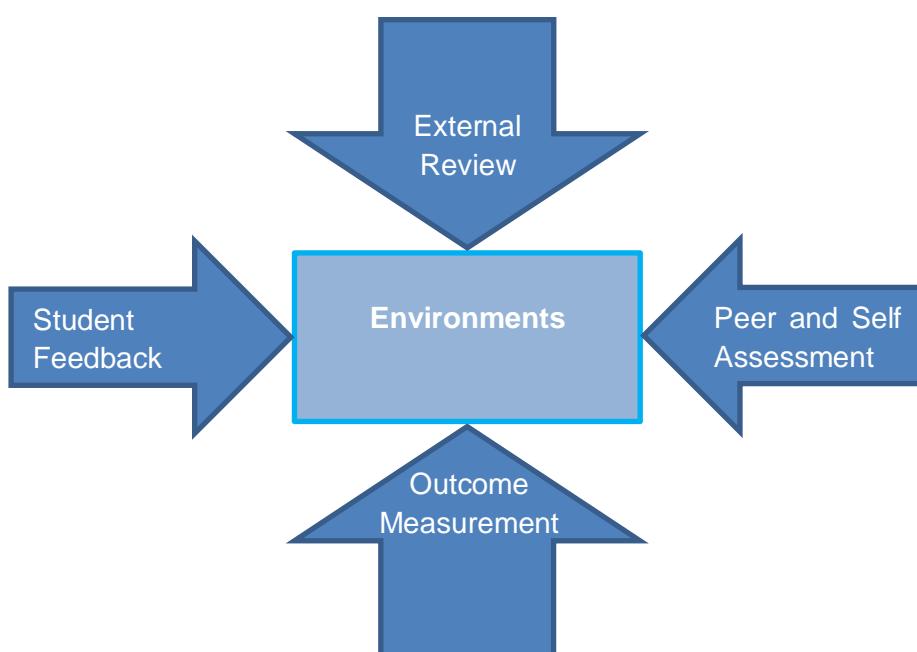


The student experience of each environment will vary depending on which programme is being studied (see Appendix 1). The MB BS Programme, for example, is mainly delivered in Phase I within the Classroom Environment and in Phase II and III within the Clinical/Practice Environment.

Within these four environments, the analysis of four key components inform the School's quality management and enhancement activity:

1. Student Feedback
2. Outcome Measurement
3. Self and Peer Assessment
4. External Assessment

Figure Two: Key Components of Quality Management and Enhancement



The **Quality Management and Enhancement Operational Plan** (Appendix 1), outlines the types of activity undertaken to ensure each component is analysed within each environment.

The **Schedule of Activity** (Appendix 2) outlines the planned deployment of specific activities undertaken to ensure the Operational Plan is achieved.

Regular reporting of quality management and enhancement activity should be made by the Programme Director to the Programme Board.

The role of the Programme Board in managing and enhancing quality is to discuss the results of quality management and enhancement activity and agree actions to be taken in response. The Programme Board will record any agreed actions and report them to the Board of Studies through a regular **Programme Board Action Plan**. All actions, whether completed, pending or resigned, should be considered as part of focused **Annual Programme Review (APR)** meetings. The **Annual Programme Review (APR)** should contain information reported by exception.

6. Programme Level Review

- Annual Programme Review Reports must include analysis of objective quantitative evidence, across all aspects of quality, as well as qualitative evidence
- Annual Programme Review Reports and any other quality assurance reports will be shared in a timely fashion.

Alongside regular reporting of quality management, actions are considered as part of the Annual Programme Review process. Additionally, required data returns, such as the General Medical Council Annual Medical School Return (MSAR), audits and visits form part of the review process for programmes.

7. Feedback

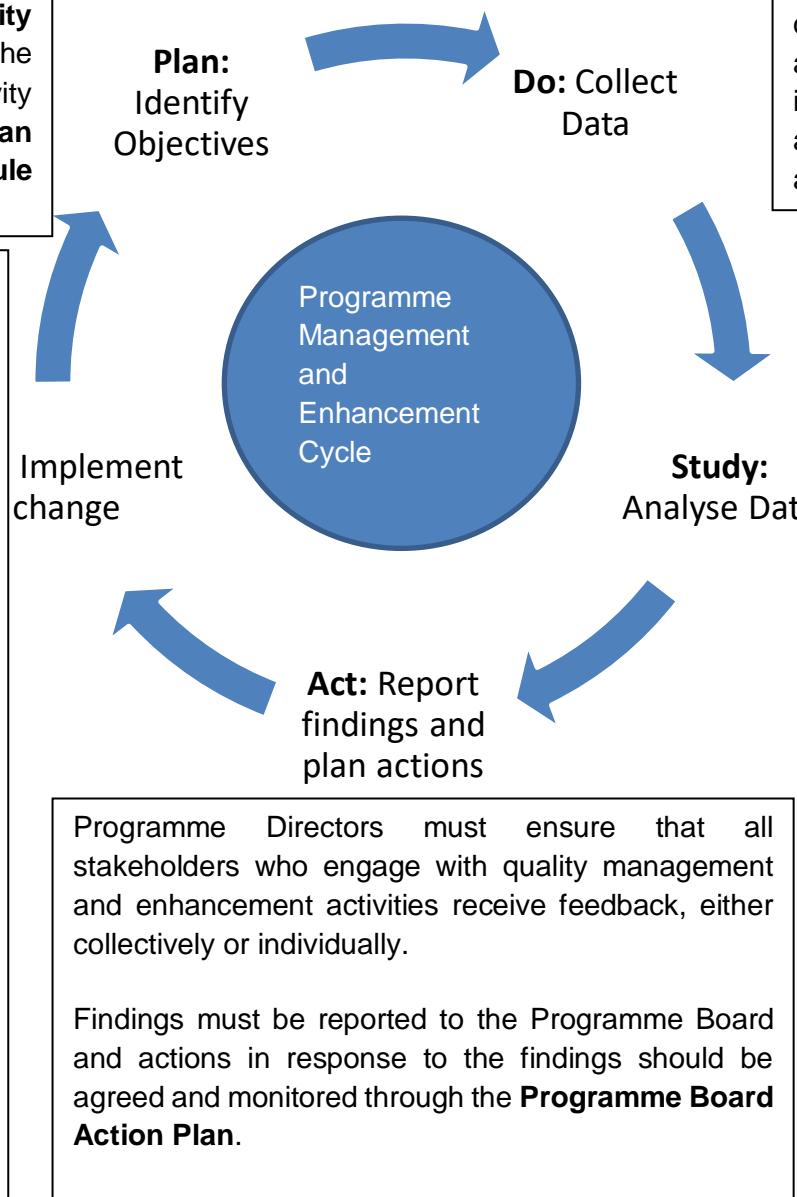
All stakeholders who contribute to the quality management and enhancement of programmes through direct engagement must receive feedback, either individually or through a collective communication. Responses must confirm that their contribution was received, confirm the method through which it was considered and where appropriate changes are (or are not) implemented.

Tutors and supervisors must receive appropriate feedback to allow them to develop their teaching or supervisory practice and to benefit from targeted staff development where this can be beneficial (including for the purposes of recognition of excellence and reward).

It is the responsibility of the Programme Board to **identify objectives** for the management and enhancement of the student experience in all environments. Data collection priorities for each academic year should align with the **Quality Management Framework**, take account of the regular management and enhancement activity as presented in the **Operational Plan (Appendix 1)** and be recorded in the **Schedule of Activity (Appendix 2)**.

Programme changes which are the result of the quality management process must be implemented in line with the School's expectations for programmatic modifications:

- All major changes (affecting teaching provision, learning objectives or assessments) are discussed by the Student Staff Committee, Programme Board and Board of Studies, with student and, as appropriate, public and patient representatives views accounted for at each committee.
- The student representatives must consult with their colleagues on the details of proposed major changes in order to represent effectively and the Medical School may also conduct consultation as necessary.
- Minor changes (providing contextual updates to manage and enhance the quality of the programme) must undergo appropriate contextual consultation.
- Staff and Student representatives are actively engaged in the preparation of the **Annual Programme Review Report**, detailing issues identified and changes made to manage and enhance programme quality.



Data is collected according to the **Schedule of Activity (Appendix 2)** that sets out the quality management and enhancement activity in each academic year. Each activity is associated with one or more environments and key component of quality management and enhancement activity.

The expectations and responsibility for data analysis is outlined in the **Schedule of Activity (Appendix 2)**. Analysed data sets are provided to the Programme Director to enable programme level management, reporting to the Programme Board and contribution to programme level review.

Hull York Medical School

Appendix 1: Quality Management and Enhancement Operational Plan

The Quality Management and Enhancement Operational Plan is presented in four sections, each one representative of the **environments** outlined in the **Code of Practice on Programme Quality Management and Enhancement**, as follows:

- Classroom Environment
- Clinical/Practice Environment
- Virtual Learning Environment (VLE)
- Research Environment

Each environment contains an overview of activity based around four key **components**:

- Student Feedback
- Outcome Measures
- Self/peer Assessment
- External Review

1. Classroom Environment

1.1. Student Feedback

All programmes elicit feedback from students in different ways, including:

- Through student representation on Hull York Medical School Boards/Committees including the Student Staff Committee
- Surveys
- Focus groups
- Nominal group techniques
- Informal gauging of student opinion on specific activities.

The School is committed to taking a strategic approach to gathering feedback so that students are not overly burdened by repeated activity and so that feedback has maximum impact. The emphasis is on analysing and reflecting on student feedback to enable good practice to be shared and actions to be taken to improve the student experience as appropriate. The School balances external and internal requirements regarding student feedback and surveying whilst delivering against quality monitoring outcomes. The School also shares and is informed by information with university partners (e.g. libraries and IT services when appropriate to ensure the wider student experience).

Student feedback for the Classroom environment is gathered via external and internal surveys, as shown in table 1.1.

Table 1.1: Internal and external surveys through which Classroom based feedback is gathered

Survey type (internal / external)	Name of survey	Overview	Survey results reporting
External	National Student Survey (NSS)	Offered to students in their final year of study on the MB BS, to independently gather views about the student experience across the five years of study.	To Hull York Medical School Board of Studies via the MB BS Programme Director Actions arising are included in the MB BS Action Plan. Issues identified and actions, whether completed, pending or resigned, are submitted as part of the Annual Programme Review (APR). Results are also reported to HJSC and the wider Universities.
Internal	MB BS Annual Survey	Piloted in 2018 for MB BS students in Years 2 to 5. Gathers qualitative feedback about the student experience to date in areas similar to those surveyed through the NSS.	To MB BS Programme Board via MB BS Programme Director
Internal	End of Block Surveys	MB BS Phase I	To MB BS Programme Board via Academic Phase Lead
Internal	End Placement Surveys	MB BS Phase II In place since the GMC End of Placement Surveys ended in 2017.	To MB BS Programme Board via Academic Phase Lead
Internal	Scholarship and Special Interest	Annually for Phase I students	To MB BS Programme Board by Phase I Academic Lead

	Programme (SSIP) surveys		
Internal	Programme-wide survey	Annually for all Postgraduate Taught students	To Postgraduate Programmes Board by Postgraduate Programme Directors
External	Postgraduate Taught Experience Survey (PTES)	Every two years	To Postgraduate Programmes Board by Postgraduate Programmes Director Results are also reported to HJSC and the wider Universities.
Internal	Postgraduate End of Module surveys	All Postgraduate Taught Programmes Programmes share a core question set with a small number of programme specific questions added.	To Postgraduate Programmes Board by Postgraduate Taught Programmes Programme Directors

*Although students are in a clinical setting all of the time in Phase II, the End of Placement survey gathers feedback about classroom based teaching which takes place at hospital sites.

Where results are reported to Programme Boards, these are anonymised and summarised. Discussion by the board determines required actions.

Programme Leads feedback to students about actions planned or taken as a result of their feedback through a variety of mechanisms including via Student Representatives, e-mail, Blackboard, in Block Guides and face to face in student meetings.

The universities also encourage students on all programmes to provide feedback by nominating teaching staff for university student led teaching awards. Categories in the awards include Innovative Teaching, Best Supervisor: Taught and Research and Best Module, recognising and promoting examples of good practice across the universities based on student feedback.

1.2. Outcome Measures

All programmes result in specific measurable outcomes, including:

- Assessment attempts
- Assessment component outcomes
- Module outcomes
- Progression outcomes
- Award outcomes

Each of these outcomes is analysed proportionally and in comparison to outcome measure trends from previous years. The Boards of Examiners are responsible for the consideration and approval of assessment, module and programme outcome decisions. In undertaking this responsibility, the Boards consider the relation between the performance of students in assessment and the suitability of assessment strategies for measuring the learning objectives as prescribed. The suitability of assessment strategies for measuring the prescribed learning outcomes is considered and reported to the relevant Programme Board in order to manage and enhance the programme's quality.

Table 1.2: Outcome measures for the Classroom Environment

Programme	Exam Board	Type of assessment	Measurable outcomes	suitability of assessment strategies reported to
MB BS Programme Phase I	MB BS Board of Examiners	Summative assessments each year before progressing to the next year	Assessment attempts Assessment component outcomes Progression outcomes	MB BS Programme Board
Students on Intercalated Programmes	Intercalated Board of Examiners	Summative assessments in modules	Assessment attempts Assessment component outcomes Module outcomes	Intercalated Programme Board
Postgraduate Taught Programmes (including the Postgraduate Training Scheme)	Postgraduate Board of Examiners	Summative assessments in modules	Assessment attempts Assessment component outcomes Module outcomes	Postgraduate Programmes Board

1.3. Self/peer assessment

Self-assessment of all programmes is undertaken by the Medical School through the **Annual Programme Review**. This annual review considers all programme provision and reports on issues and solutions identified across all areas of programme delivery to the HJSC and University of York Graduate Research School Board.

On the MB BS programme, peer observation of teaching takes place within the following groups of tutors:

- Phase I Lecturers
- Phase I PBL Facilitators
- Primary Care tutors

Peer observation for Phase I Lecturers is encouraged once every three years. This process is supported by the 'Peer Observation Programme for Phase I Lecturers' document and facilitated by the 'Phase I Lecturer Peer Observation Form'. This allows for reflection by the lecturer being observed, as well as the observer.

Phase I Problem Based Learning Facilitators engage in a programme of Peer Observation annually. In addition, new colleagues are peer observed in their first term and ad-hoc observations are arranged in the event of a colleague having a particular area of practice which they would like to focus improvement on. Peer observation for Problem Based Learning Facilitators is supported by a 'Peer Observation' form. This enables areas of focus to be identified prior to the observation and reflection from both the observer and the Facilitator who is being observed.

1.4. External Review

The school undertakes the General Medical Council's **Medical Schools Annual Return (MSAR)** specifically for the MB BS programme. This return activity provides the programme team with the opportunity to reflect on strengths, and outstanding actions, that are required.

External Examiner review of the MB BS programme is an extensive exercise involving a number of external examiners providing expert review across the range of assessment strategies used by the Medical School. The summary of external examiners reports is considered in detail at the Board of Studies as part of the unreserved business so that the student representatives have the opportunity to discuss any of the issues arising and thereafter to cascade information via the Student Staff Committee.

Annual external examiner reports on the structure, content, teaching, assessment, and student performance for the MB BS and each PGT programme are received via the University of York's Academic Support Office. Programme Directors provide an email response to external examiners' feedback and formally document (in discussion with the Chair of the Postgraduate Board of Examiners) how this feedback has been addressed. These responses are collated with other components at the Programme Boards and discussed as part of the Programme Board Action Log at Board of Studies.

All PGT programmes routinely make all student submissions and marks available to external examiners prior to Postgraduate Board of Examiner meetings. External examiner feedback is also an agenda item at Board of Examiner meetings. Some PGT programmes use a pro-forma aligned with QAA Quality Standards to elicit feedback on submissions and marking at the end of each module.

2. Clinical Environment

2.1. Student Feedback

Student feedback for the Clinical environment is gathered via external and internal surveys, as shown in table 2.

Table 2.1: Internal and external surveys through which Clinical environment feedback is gathered

Survey type (internal / external)	Name of survey	Overview	Survey results reporting
External	National Student Survey (NSS)	See Table 1.1	See Table 1.1
Internal	Clinical Placement Evaluation	Students in Phase I of the MB BS provide group feedback about their hospital and GP clinical placement sessions on a selected date, supported by the 'Learning from Evaluation Instructions' document along with an individual evaluation form and a group evaluation form which contains the submitted feedback.	To Phase I Academic Lead.
Internal	End of Placement surveys	See Table 1.1	See Table 1.1
Internal	End of Rotation surveys	Phase III of the MB BS	To MB BS Programme Board via Academic Phase Lead
Internal	End of Assistantship survey	Phase III of the MB BS	To MB BS Programme Board via Academic Phase Lead
Internal	Service Improvement Project (SIP) survey	Year 3, MB BS	To MB BS Programme Board via SIP Lead

Internal	End of Placement surveys	Physician Associate Programme	Postgraduate Programmes Board via Physician Associate Director
External	Postgraduate Taught Experience Survey (PTES) (every 2 years)	Physician Associate Programme	To Postgraduate Programmes Board by Postgraduate Programmes Director Results are also reported to HJSC and the wider Universities.

Feedback gathered in the Clinical Environment is shared with stakeholders, including Clinical Deans, for wider dissemination to tutors at individual tutor or tutor team level.

Students on clinical programmes are encouraged to nominate staff for the Hull York Medical School Teaching Excellence awards which take place on an annual basis. As in the case of the universities Learning and Teaching awards (see Classroom Environment, Student Feedback), these awards are designed to identify and share good practice based on student feedback.

2.2. *Outcome Measures*

Students in Phase II & III of the MB BS Programme undertake summative assessments in each year before progressing to the next year or completing the programme as described in table 1.2 for MB BS Phase I.

Students on Postgraduate Taught Programmes within the clinical environment are described in table 1.2, Postgraduate Taught Programmes.

2.3 *Self/peer assessment*

Self-assessment and peer observation of teaching in the primary care clinical environment is monitored on a three yearly basis via the process outlined in the 'Policy on Quality Monitoring of Primary Care Education' (see cross reference)

In the secondary care setting, clinical partner organisations run an annual appraisal process in-line with their individual policies. This includes the appraisal of the educational element of job plans and allows the tutor to evaluate their classroom and clinical based teaching with a peer.

The Hull York Medical School undertakes an Annual Monitoring Visit to each educational partner organisation. The visit provides both self and peer assessment opportunities to ensure that standards are being met and to evaluate, manage and improve the quality of education.

The Annual Monitoring Visit process is supported by other meetings including the Clinical Learning and Teaching Board meetings which enables partner organisations to self-assess educational activity.

Additionally, clinical tutors may ask students to provide feedback about individual teaching sessions which they have delivered, either verbally or via a feedback form at the end of the session. Feedback gathered in this way should not over-burden students but provides an additional mechanism by which clinical tutors may reflect on their practice for the purposes of quality management and enhancement.

2.4. External Review

As outlined in section 1.4, Classroom Environment; External Review, the school undertakes the General Medical Council's Medical Schools Annual Return (MSAR) specifically for the MB BS programme.

External Examiner review for the MB BS is also outlined in section 1.4 and is applicable to both the Classroom and Clinical Environments.

3. Virtual Learning Environment

3.1. Student Feedback

Within its suite of student surveys outlined in the Classroom, Clinical and Research environment 'Student Feedback' sections, students are asked to provide feedback on the quality of the VLE and resources, including library resources as indicated by Block reading lists.

3.2 Outcome Measures

The Boards of Examiners consider the quality of the VLE and resources therein in relation to students' ability to engage with the resources and systems for learning and, where appropriate, engage with assessment. The suitability of the VLE and resources therein for preparing students' for assessment or providing the assessment environment is considered and reported to the Programme Boards in order to manage and enhance the programme's quality.

Concerns regarding the potential or material effect of VLE resource or assessment availability on outcome measures must be escalated to the Board of Studies as soon as discovered in order to minimise impact and manage the quality of the student experience.

3.3 Self/peer assessment

Specific self and / or peer review of the VLE includes analysis of engagement statistics from Blackboard analytical data and analysis of correlation between programme outcomes and expected quality standards within the VLE environment such as:

- Benchmarking of content against current “Hull York Medical School Minimum Standards for TEL”, outlined in the Technology Enhanced Learning Quality Framework 2019-2022, which is based on the 3E, Enhance-Extend-Empower framework
- Mapping of VLE content to learning outcomes (gap analysis)
- Standards for scope and nature of learning materials (quality, quantity and relevance)
- Levels of learner engagement (quality and quantity)
- Levels of staff engagement (quality and quantity)

The Changing the Learning Landscape Project provides self-assessment, modelling and monitoring of standards for programme content quality within the VLE.

3.4 External Review

External Examiners on all programmes assess programme material within the VLE and provide comments as part of their reports. The summary of external examiners reports is considered in detail at the Board of Studies as part of the unreserved business so that the student representatives have the opportunity to discuss any of the issues arising and thereafter to cascade information via the Student Staff Committee.

4. Research Environment

4.1 Student Feedback

Student feedback for the Research environment is gathered via external and internal surveys, as shown in table 3.

Table 4.1: Internal and external surveys through which Research environment feedback is gathered

Survey type (internal / external)	Name of survey	Overview	Survey results reporting
External	Postgraduate Research Experience Survey (PRES)	Every two years	Postgraduate Programmes Board
Internal	Postgraduate End of Module surveys	For students taking Independent Study Modules (ISMs)	Postgraduate Programmes Board
Internal	Phase II MB BS Scholarship and Special Interest Survey	To review the longitudinal project undertaken across Years 3 and 4	MB BS Programme Board

4.2 *Outcome Measures*

Students on Postgraduate Research Programmes are assessed by thesis and oral examination. The Postgraduate Board of Examiners confirms valid submission and considers assessment attempts, the assessment component outcomes and programme outcomes. The Thesis Advisory Panel (TAP) can escalate programme quality concerns at any point throughout the period of study.

The Phase II SSIP forms a component of the Phase II summative examination, see table 2.2.

Students on some Postgraduate Taught Programmes undertake Independent Study Modules (ISMs), delivered through research supervision and resulting in a dissertation. The Postgraduate Board of Examiners considers assessment attempts, the assessment component outcomes and module outcomes relating to each student.

4.3 *Self/peer assessment*

As students undertaking programmes delivered by majority in the research environment, postgraduate research students are inducted to their programmes and have their progress regularly reviewed by their Thesis Advisory Panel (TAP) to ensure they are able to achieve the necessary standards for award. Concerns over the student experience within the research environment can be escalated by the TAPs to the Postgraduate Programme Board for consideration.

4.4 *External Review*

External Review of the research environment is undertaken by External Examiners, with particular focus in this area coordinated through the examination of research degrees. Some students undertaking research degrees are appointed co-supervisors from organisations external to the School. For students being examined by viva voce, the panel of examiners comprises at least one External Examiner. External Examiners are external to the School and both parent universities.

Hull York Medical School also routinely externally reviews the Postgraduate Training Scheme for Postgraduate Research (PGR) students and an external examiner is engaged at the point of assessment.

Appendix 2: Quality Management and Enhancement Schedule of Activity**August to December 2019**

Approx. Date	Activity	Environment				Key component	Data Collection contact	Programme Report contact	Feedback contact	Response to students date
		Classroom	Clinical Practice /	VLE	Research					
Term 1										
August	Core Clinical Skills and Professional Expectations Survey (MBBS Year 3)	⊗	⊗			Student feedback	Clinical Programmes Officer	Phase II Lead / Academic Lead for Clinical Skills & Reasoning	Phase II Lead	September
August	Postgraduate Dissertation Surveys			⊗	⊗	Student feedback	Clinical Programmes Officer	Postgraduate (PG) Programme Directors	Postgraduate (PG) Programme Directors	September
August	MB BS Board of Examiners	⊗	⊗	⊗	⊗	Outcome measure / External Review	Secretary to MB BS Board of Examiners	Chair of MB BS Board of Examiners	Chair of MB BS Board of Examiners	August
August	Postgraduate Board of Examiners	⊗	⊗	⊗	⊗	Outcome measure / External Review	Secretary to Postgraduate Board of Examiners	Chair of Postgraduate Board of Examiners	Chair of Postgraduate Board of Examiners	August

Final Draft

September	Early Primary Care Survey (MBBS Years 3 & 4)		⊗			Student feedback	Clinical Programmes Officer	Director of Primary Care Education	Assistant Directors of Primary Care Education	October
September	MB BS Programme Board	⊗	⊗	⊗	⊗	All	Secretary to MB BS Programme Board	Chair of MB BS Programme Board	Chair of MB BS Programme Board	September
September	Postgraduate Programme Board	⊗	⊗	⊗	⊗	All	Secretary to Postgraduate Programme Board	Chair of Postgraduate Programme Board	Chair of Postgraduate Programme Board	September
September	Board of Studies	⊗	⊗	⊗	⊗	All	Secretary to Board of Studies	Chair of Board of Studies	Chair of Board of Studies	October
October	Postgraduate Board of Examiners	⊗	⊗	⊗	⊗	Outcome measure / External Review	Secretary to Postgraduate Board of Examiners	Chair of Postgraduate Board of Examiners	Chair of Postgraduate Board of Examiners	October
October	Student Staff Committee	⊗	⊗	⊗	⊗	Student feedback	Student Representatives	Student Staff Committee Chair	Student Representatives	October
October	Annual MBBS Survey	⊗	⊗	⊗	⊗	Student feedback	Clinical Programmes Officer	MB BS Programme Director	MB BS Programme Director	November
October	Annual Programme Review	⊗	⊗	⊗	⊗	Self/peer assessment	Secretary to Board of Studies	Chair of Board of Studies	Chair of Board of Studies	November
October	End of Placement Survey (Phase II, MBBS, Secondary Care)	⊗	⊗	⊗		Student feedback	Clinical Programmes Officer	Phase II Academic Lead	Clinical Deans	November

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October	End of Rotation Survey (Phase III, MBBS)		⊗			Student feedback	Clinical Programmes Officer	Phase III Academic Lead	Clinical Deans	November
October	Phase I End of Block Survey (Years 1 & 2 MBBS)	⊗	⊗	⊗		Student feedback	Clinical Programmes Officer	Phase Academic Lead I	Director of Problem Based Learning, Block Lead	November
October – May	MB BS Phase I Lecturer Peer Observation	⊗				Self/peer assessment	Phase Coordinator	I	Phase I Lead	Phase I Lead
October – May	MB BS Phase I PBL Peer Observation	⊗				Self/peer assessment	Phase Coordinator	I	Phase I Lead	Director of PBL
November	MB BS Programme Board	⊗	⊗	⊗	⊗	All	Secretary to MB BS Programme Board	Chair of MB BS Programme Board	Chair of MB BS Programme Board	November
November	Postgraduate Programme Board	⊗	⊗	⊗	⊗	All	Secretary to Postgraduate Programme Board	Chair of Postgraduate Programme Board	Chair of Postgraduate Programme Board	November
November	Phase I End of Block Survey (Years 1 & 2 MBBS)	⊗	⊗	⊗		Student feedback	Clinical Programmes Officer	Phase Academic Lead I	Director of Problem Based Learning, Block Lead	November
November	End of Module Survey MSc Clinical Anatomy & Education	⊗		⊗		Student feedback	Clinical Programmes Officer	Programme Director Clinical Anatomy & Education		December
November	End of Module Surveys MSc Human Anatomy & Evolution	⊗		⊗		Student feedback	Clinical Programmes Officer	Programme Director		December

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November	End of Module Surveys MSc in Clinical Anatomy	⊗		⊗		Student feedback	Clinical Programmes Officer	Programme Director	December
November	End of Module Survey MSc in Clinical Anatomy and Education	⊗		⊗		Student feedback	Clinical Programmes Officer	Programme Director	December
November	End of Module Survey PGDHPE	⊗		⊗		Student feedback	Clinical Programmes Officer	Programme Director	December
November	End of Module Survey PGCHPE	⊗		⊗		Student feedback	Clinical Programmes Officer	Programme Director	December
December	Board of Studies	⊗	⊗	⊗	⊗	All	Secretary to Board of Studies	Chair of Board of Studies	Chair of Board of Studies
December	End of Placement Survey (Phase II, MBBS, Secondary Care)	⊗	⊗			Student feedback	Clinical Programmes Officer	Phase II Academic Lead	Clinical Deans
December	End of Placement Survey (Phase II, MBBS, Primary Care)	⊗	⊗			Student feedback	Clinical Programmes Officer	Director of Primary Care Education	Assistant Directors of Primary Care Education
December	End of Rotation Survey (Phase III, MBBS)		⊗			Student feedback	Clinical Programmes Officer	Phase III Academic Lead	Clinical Deans
December	Phase I End of Block Survey (Years 1 & 2 MBBS)	⊗	⊗	⊗		Student feedback	Clinical Programmes Officer	Phase I Academic Lead	Director of Problem Based

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								Learning, Block Lead	
December	GMC Medical School Annual Return (MSAR)	⊗	⊗	⊗		External review	Head of Quality and Standards	Head of Quality and Standards	Head of Quality and Standards
Term 2 – to be populated									
Term 3 – to be populated and include new Postgraduate Programme evaluation									