



Code of Practice on Quality Monitoring of Primary Care Education

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K:drive	

To obtain this Code of Practice in an alternative format please contact governance@hyms.ac.uk

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Definition of terms

The following terms will apply through the Code of Practice.

Primary Care The General Practice setting in which students undertake clinical placement

Service Level Agreement The agreement between a General Practice as the service provider and the Hull York Medical School which specifies particular aspects of the service to be provided. The SLA details the obligations and expectations in the relationship focussing on quality and responsibilities

Other Codes of Practice available, which may be relevant include:

Code of Practice on Programme Quality Management and Enhancement

Abbreviations

AD Associate Director of Primary Care Education

GP General Practitioner

SLA Service Level Agreement

SLM Student Liaison Manager

SLO Student Liaison Officer

1. Scope of Code of Practice on Quality Monitoring of Primary Care Education

The Code of Practice on Quality Monitoring of Primary Care Education at Hull York Medical School is aligned with the introduction of a new Service Level Agreement (SLA) to be held between the Medical School and each of its primary care placement providers (2018). Both documents have been revised following feedback and consultation with relevant stakeholders within the Medical School and across a number of GP tutor practices.

The Code of Practice (and the linked SLA) is also aligned with the Code of Practice on Programme Quality Management and Enhancement and reflects the School's commitment to deliver a consistently excellent student experience and ensure sufficient quality oversight of the experience in Primary Care; whichever placement a student attends, there are a number of levels of appropriate and proportionate monitoring.

2. Approach to Quality Monitoring of Primary Care Education

The Code of Practice on Quality Monitoring of Primary Care Education aims to give clarity about how the overall quality of the student experience is maintained and enhanced on an ongoing basis.

This will occur in a number of ways:

- 2.1. The selected GP practices will know exactly what is expected of them
- 2.2. Consistent systems are in place across the Medical School's primary care network to assess whether the outlined expectations are being delivered, issues are addressed in a timely way as they arise, and best practice is shared where possible.
- 2.3. To account for the School's dispersed geography; there is a network of Associate Directors of Primary Care Education (ADs) that regularly have the opportunity to come together under the leadership of the Director of Primary Care Education to ensure a consistent and equitable approach to key aspects of the student experience.
- 2.4. Tutors and practice teams are supported to ensure a sustainable delivery of the curriculum and to promote the attainment of excellence
- 2.5. The Primary Care team of Director/Associate Directors have the opportunity to feed in to the Medical School at all levels e.g. curriculum development, programme level decisions and Management Board where resource issues etc may need to be considered. This team is also held to account by the School via a Primary Care Annual Monitoring Meeting chaired by the Dean.

3. Accountability

Hull York Medical School recognises the duties to manage and enhance the quality of the delivery of Primary Care Education in accordance with frameworks provided by those governing bodies listed in the Accountability section of the Hull York Medical School Code of Practice on Programme Quality Management and Enhancement.

4. The Primary Care Quality Monitoring Process

- 4.1. Hull York Medical School works with its Primary Care partners via a Service Level Agreement that clearly outlines requirements and expectations to ensure a consistent and equitable student experience.
- 4.2. There are robust mechanisms for student feedback with dynamic personalised feedback delivered to tutors within four weeks of the placement ending, providing encouragement and allowing any issues to be addressed promptly.
- 4.3. The Code of Practice is underpinned by a rolling programme of triennial visits (though there may be increased frequency if a placement providers' circumstances change significantly or if areas of concern have been identified). Following a visit, placement providers will be accredited to host student placements for a further three years and provided an SLA remains in place.

- 4.4. The monitoring visit process is formalised, uses common paperwork and has been designed not to be overly bureaucratic. This allows Associate Directors of Primary Care Education (ADs) to deliver the process locally without excessive reporting. It will comprise a supportive culture led by the ADs and contribute to tutor and placement development. It is streamlined to ensure it can be delivered within the resources of the ADs and local student liaison teams. There is formal reporting of visits, and any issues that arise, to the Director of Primary Care Education (via the Primary Care Coordinator) who will oversee the resolution of issues. An annual report is provided by the Primary Care Group to the Primary Care Annual Monitoring Meeting chaired by the Dean. More detail of the monitoring process and a summary flow diagram is contained in **Appendix 1**.
- 4.5. The Primary Care Coordinator holds a reserve list of tutors/practices capable of hosting placements at relatively short notice should the monitoring process give rise to a situation whereby an existing placement is no longer able to continue.
- 4.6. The Medical School provide tutor-training seminars regularly throughout the year as part of a coordinated development programme. All tutors must complete the necessary training and development prior to being formally appointed and are expected to complete the equivalent of at least one session of tutor development activity per year thereafter. The monitoring of adherence to these standards forms part of the Quality Assurance process and is administered and monitored by the Primary Care Coordinator with input from local SLO teams and ADs. Tutors are also encouraged to take part in the higher professional qualification in education such as the Post-Graduate Certificate in Health Professions Education.
- 4.7. The Hull York Medical School also provides primary care postgraduate education sessions for GPs in the area through its Academy of Primary Care and short courses programme. This forms an important part of our commitment to enhancing the quality of primary care to our local populations, and is one of the core aims of the School.
- 4.8. As outlined in the associated SLA, tutors are also expected to be involved in the assessment process and examination of students which, evidence suggests, can also improve the quality of their teaching
- 4.9. Advice and support for tutors is available from local ADs at all times.

Appendix 1: QA Process Guidance Notes

Practices are visited at least every three years and contacted by telephone annually, unless visited. Practices are selected for contact according to this timescale or if other concerns arise.

Pre-visit preparation

SLO/Admin

- Send Form (Practice Annual Report) four weeks before planned contact. Each tutor completes the separate 'Tutors as Educators' section.
- Ask the practice lead for Hull York Medical School and the responsible administrator to attend with as many other practice tutors as possible.
- Collate and summarise student feedback about the practice and tutors.
- Collate training history of tutors
- Provide copy of returned form and summary of feedback and training history to the AD responsible for the visit/call at least one week before the date of the visit/call.

AD/SLO

- Carefully read the form and supporting information
- Decide on areas for discussion based on the response received.
- Make a note of the areas to be covered at the visit/call

Practice Visit/telephone call

Two people will usually attend each visit (AD and member of the student liaison team) although in some circumstances the AD may attend alone. Telephone interviews will generally be done by the AD.

The discussion should be a professional conversation based on the information above and is analogous to an appraisal. It is developmental and supportive but should focus on areas of concern or suspected poor performance.

- Confirm the accuracy of responses on the form.
- Identify any significant changes from the previous visit/call
- A physical inspection of the teaching/clinical facilities should be made. (visits only)
- Cover all areas highlighted for discussion and other issues as relevant.
- Please make notes during the meeting, you will not remember everything!
- Identify any actions that the practice or school need to consider.

Post –Visit Complete last section of form

AD

- Complete the bulk of the form and agree final version with SLM.
- Agree actions to be taken by the practice or the Medical School, with time scales for completion.
- Decide on the length of approval to teach.

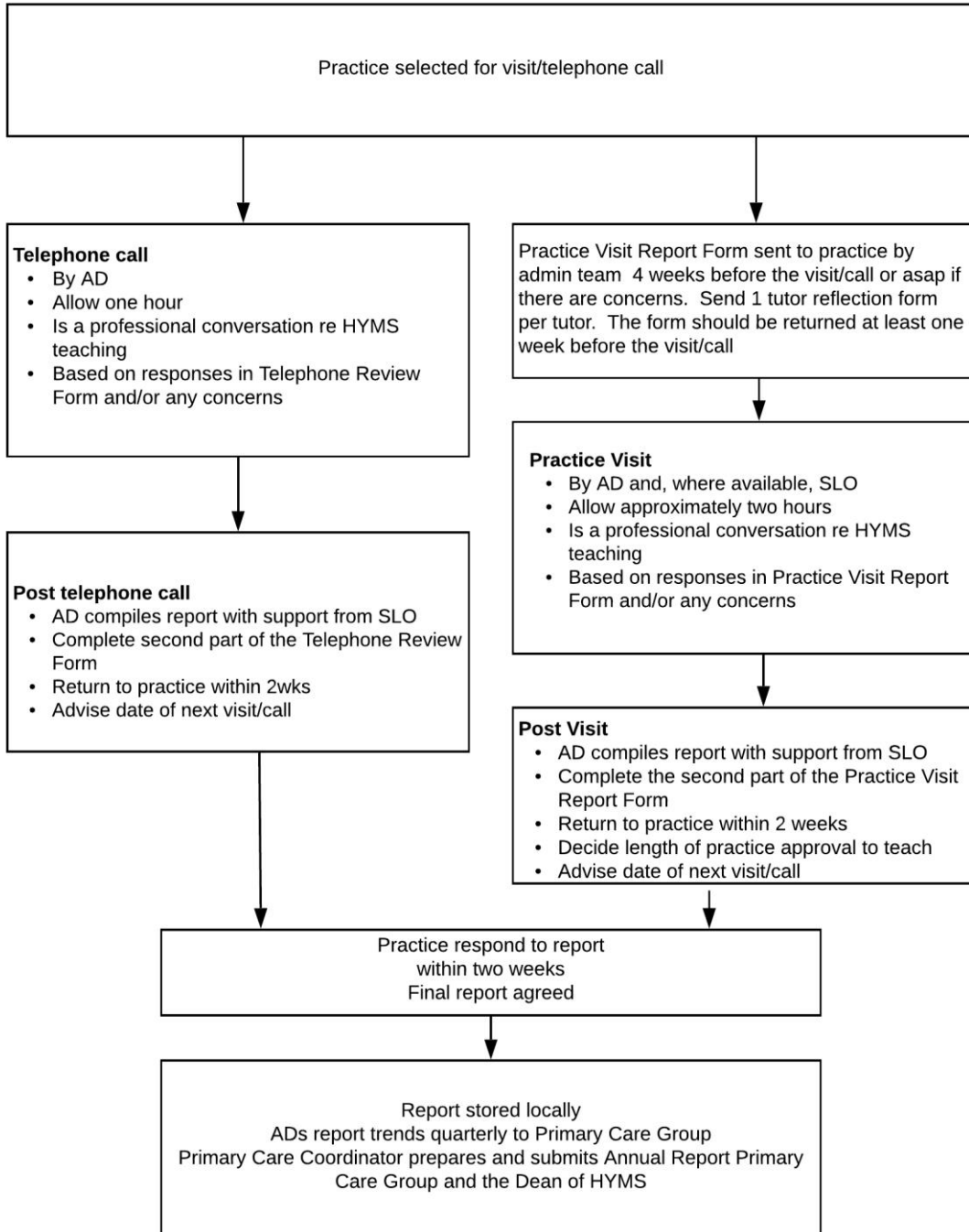
SLM/Administrator

- Collate and complete the summary of student feedback and training record for each tutor.
- Send final version of the form to the Practice for comment.
- Review returned form and comments and discuss with AD as necessary

What happens to the forms?

- Forms are stored locally in a file for each practice.
- Should be stored electronically and securely.
- Local AD provides a report to the Primary Care Group quarterly on progress and any local QA issues.
- Primary care coordinator prepares and submits annual report to the Primary Care Group. (The Dean will be invited to attend the relevant Primary Care Group meeting).
- Any significant issues should be fed back to Director for Primary Care Education

Quality Monitoring Process



Appendix 2: Forms for the monitoring visits programme



**CLINICAL PLACEMENT TEACHING
(PRIMARY CARE)
QUALITY ASSURANCE PROGRAMME
Practice Report**

FULL NAME AND ADDRESS OF PRACTICE:			
NAMES OF TUTORS:			
OTHER TEACHING ACTIVITIES			
LEARNING ENVIRONMENT			
PRACTICE LOCATION:	Inner City/ Urban/ Sub-Urban/ Rural		
LIST SIZE:			

Do students receive a brief induction to the practice?	
Is there a designated room for tutorials/private study?	
Does the practice have enhanced educational equipment such as projectors, whiteboards, and flip charts?	
Do students have access to lockable storage facilities, a room or locker?	
Are students encouraged to attend educational practice meetings?	
Are there any aspects of the practice's learning environment (e.g. any impending changes to the practice) that you wish to discuss?	
Are there any development needs for the other members of your practice team in relation to teaching?	

QUALITY OF TEACHING	
Are you familiar with the expectations in relation to your core teaching responsibilities (outlined in the service level agreement held between your practice and the medical school)?	
Are students enabled to perform supervised or solo consultations?	

<p>Are surgeries slowed sufficiently to allow students to consult? (applies to Phases II and Phase III only)</p>			
<p>Is there protected time for tutorials, assessment and feedback?</p>			
<p>What changes have been made in response to student feedback and the previous QA visit?</p>			
<p>How are the block learning objectives reflected in your teaching and learning?</p>			
<p>FEEDBACK FOR HULL YORK MEDICAL SCHOOL</p>			
<p>Have there been any problems working with the medical school? Is there anything that could be changed or improved? Is there any additional support you feel you need?</p>			
<p>Form completed by:</p>	<p>1.</p>	<p>2.</p>	<p>3.</p>
<p>Date:</p>			

THIS SECTION IS FOR EACH TUTOR TO COMPLETE SEPARATELY AND MAY BE USED FOR PERSONAL APPRAISAL AND REVALIDATION

TUTOR NAME	
How long have you been a Hull York Medical School tutor?	
Please specify any postgraduate or teaching qualifications you hold?	
Please specify any additional roles other than your Hull York Medical School tutor post you hold?	
Please specify any tutor development activity have you undertaken in the last 12 months?	
Please specify any examination activity you have undertaken in the last 12 months?	
Have you completed a tutor peer review in the last three years?	
Can you identify any areas for your personal development as a tutor?	

FOR COMPLETION BY ASSOCIATE DIRECTOR/STUDENT LIAISON MANAGER:

SIGNIFICANT CHANGES (OR PLANNED CHANGES) SINCE LAST VISIT:			
LEARNING ENVIRONMENT – ANY ADMINISTRATIVE AND FACILITIES ISSUES?			
SUMMARY OF STUDENT FEEDBACK AND QUALITY OF TEACHING			

TUTORS' DEVELOPMENT PLANS			
Name of tutor	Comments about previous year's development	Any significant issues?	Plans for the following year

FINDINGS AND RECOMMENDATIONS:
AGREED PRACTICE TEACHING DEVELOPMENT PLAN:

Form completed by:	Signed on behalf of the practice	
	Signed on behalf of the Hull York Medical School	
Date:		
PRACTICE/TUTOR APPROVAL: Hull York Medical School is satisfied that your practice and tutors continue to fulfil the educational criteria and standards required to host undergraduate medical students and/or postgraduate Physician's Associate students. Your commitment to delivering an excellent student experience has been demonstrated and Hull York Medical School staff will be pleased to help you develop this further over the coming years. The practice should report confidentially to Dr Kevin Anderson, Director for Primary Care Education, in writing, any restrictions on the clinical practice of any of your tutors.	ONE YEAR	
	TWO YEARS	
	THREE YEARS	
	APPROVAL WITHDRAWN	



CLINICAL PLACEMENT TEACHING
(PRIMARY CARE)
QUALITY ASSURANCE PROGRAMME
Practice Interim Review - Telephone Form

NAME AND ADDRESS OF PRACTICE		HULL YORK MEDICAL SCHOOL REGION	
		DATE OF REVIEW	
		DATE OF NEXT VISIT	
NAMES OF TUTORS		CORE TRAINING	PEER REVIEW
HULL YORK MEDICAL SCHOOL STUDENT GROUPS	BLOCK NUMBER / YEAR		TUTOR RESPONSIBLE
ADDITIONAL ROLES	EDUCATIONAL SUPERVISOR		
	SSIP		
	CLINICAL EXAMINER - OSLER		
	CLINICAL EXAMINER - OSCE		
	OTHER		

REVIEW OF PRACTICE DEVELOPMENT	Date of last visit:
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Progress:

SIGNIFICANT CHANGES (OR PLANNED CHANGES) SINCE LAST VISIT:

LEARNING ENVIRONMENT – ANY ADMINISTRATIVE AND FACILITIES ISSUES?

SUMMARY OF STUDENT FEEDBACK AND QUALITY OF TEACHING



**DIRECTOR OF CLINICAL STUDIES
 QUARTERLY REPORT
 (PRIMARY CARE)
 QUALITY ASSURANCE PROGRAMME**

HULL YORK MEDICAL SCHOOL REGION	DATES COVERED
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NUMBER OF TEACHING PRACTICES		NUMBER OF TUTORS	
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PRACTICES VISITED	TUTORS INVOLVED	APPROVAL			
		1YR	2YR	3YR	WD
TOTAL	TOTAL				

PRACTICES CONTACTED BY TELEPHONE	TUTORS INVOLVED	CONCERNS OR NEEDS	
		Y	N
TOTAL	TOTAL		

COMMENTS ON STUDENT FEEDBACK

COMMENTS ON PRACTICES STRUCTURE AND LEARNING ENVIRONMENT

COMMENTS ON TUTOR DEVELOPMENT AND FEEDBACK

SUMMARY (AND CONCERNS)

FORM COMPLETED BY

DATE

FORM RECEIVED BY

DATE