

# Quality Standards for Secondary Care Placements

#### Author: The Quality Team

Date: April 2023

### Contents

Introduction	1
GMC theme 1: Learning environment and culture	2
GMC theme 2: Educational governance and leadership	9
GMC theme 3: Supporting learners	14
GMC theme 4: Supporting educators	15
GMC theme 5: Developing and implementing curricula and assessments	16
Supporting links	21



#### Introduction

Ensuring a high quality and supportive learning environment is essential for the delivery of effective and exemplary undergraduate medical education.

The School of Medicine's Quality Standards document details requirements for secondary care clinical placement providers and the requirements align with those included in the Learning Development Agreement (LDA) which is issued by Health Education England (HEE). The LDA is a formal agreement between HEE and individual NHS organisations which underpins the allocation and payment of education investment (formerly Service Increment for Teaching - SIFT). The School of Medicine and HEE need to be assured that clinical placement providers are fulfilling their responsibilities to justify and safeguard this investment.

We would be grateful if Undergraduate Teams, working with the Director of Medical Education and other relevant leads, can review the requirements and ensure that the necessary steps are taken to ensure and demonstrate adherence. Should you need any clarification or believe that you are not able to meet any of the requirements, please make direct contact with the Quality Team via <u>quality.mbchb@liverpool.ac.uk</u>. We will be pleased to respond and offer advice or support.



#### GMC theme 1: Learning environment and culture

Clinical placement providers ensure a welcoming, inclusive and supportive learning environment and demonstrate a commitment to, and actively engage with, undergraduate education.

Category	Expected Delivery	Best Practice
Category Site induction	<ul> <li>Expected Delivery</li> <li>All undergraduate medical students receive a site induction. A site induction is the induction that students receive on first arrival to a clinical placement provider.</li> <li>Detail of the areas to be covered during a site induction include*: <ul> <li>Introduction to members of the Undergraduate Team, placement leads and Educational Supervisor including contact details and information on their roles</li> <li>Introduction to facilities in the Education Centre such as common room, library, clinical skills practice space</li> <li>Core local clinical requirements e.g., laboratories, imaging, investigations, pharmacy, and prescribing protocols, correct use of Personal Protective Equipment</li> <li>Information about the context of practice in the locality of your clinical placement (diversity of patients, health inequalities)</li> <li>Local policies and where to find them including health and safety information</li> <li>Library resources, IT and Wi-Fi access, details of necessary swipe cards, access to clinical records (year 5 students only)</li> <li>Pastoral support and how to access it</li> <li>Information about appropriate conduct and behaviour (dress codes, good</li> <li>time keeping, reporting sickness absence, and treating patients and</li> </ul> </li> </ul>	Best Practice         Providing a welcome communication to undergraduate medical students in advance of the placement.         Providing clinical departments with names and photographs of undergraduate medical students.         Use of video content to make the induction process more concise.
	<ul> <li>time keeping, reporting sickness absence, and treating patients and visitors with respect)</li> <li>How to raise concerns, whistleblowing and incident reporting, including details of the School's Sharing Concerns Form</li> </ul>	



<ul> <li>Information specific to remote consultations which should include, but not be limited to:</li> </ul>
<ul> <li>Information governance and security, including the use of the clinical placements' remote consultation software</li> <li>Deciding when a remote consultation is appropriate</li> <li>Consent</li> <li>Confidentiality</li> <li>Principles of remote prescribing.</li> </ul>
*Some areas may not be applicable to particular clinical placement providers.
The following should support the process of site induction
<ul> <li>Use of tracker to monitor that students have received a site induction</li> <li>Supporting material provided to undergraduate medical students as part of a site induction such as an induction handbook</li> </ul>



Category	Expected Delivery	Best Practice
Departmental induction	<ul> <li>All undergraduate medical students receive a departmental induction to every specialty placement. This is the term the School of Medicine use to describe the induction that takes place in a specific clinical area. A departmental induction covers the following areas for students*: <ul> <li>Introduction to the staff in a unit/department and their roles and responsibilities</li> <li>The resources available within units/ departments, e.g., nearby computer space, space to leave belongings</li> <li>Who to contact if a timetabled session does not seem to be available, or if assistance is required in locating a clinical opportunity</li> <li>Summary overview of placement opportunities: a paragraph that 'sells' what is fantastic about potential experiences on the placement and information about what the departments see or manage, compared with other similar places</li> <li>List of experiences detailed in the student placement timetable e.g. X clinic Y theatre. It is important to provide information on location, who to report to and key curriculum requirements</li> <li>Outline of other standard departmental activity that a student may benefit from attending but which may not be scheduled in their timetable if they are not required to attend, e.g., x-ray meetings, handovers, departmental level teaching sessions, MDT meetings, and when/where these happen</li> </ul> </li> </ul>	Use of video content as part of the departmental induction process. Clinical departmental induction handbook / materials specifically for undergraduate medical students



Category	Expected Delivery	Best Practice
Educational Supervision	<ul> <li>A named Educational Supervisor for each undergraduate medical student (maximum of four undergraduate medical students to each Educational Supervisor) who is: <ul> <li>a consultant, SAS doctor or ST within two years of CCT. If ST, consultant oversight supervision is needed</li> <li>relevant to the specialty of the placement</li> <li>trained in educational supervision and feedback within the last three years</li> <li>annually appraised for their educational role</li> <li>aware of the current curriculum requirements and is familiar with the Educational Supervisors handbook</li> </ul> </li> <li>The Educational Supervisor meets with undergraduate medical students at the following points: <ul> <li>at the beginning of each placement</li> <li>to concern about educational support or patient safety</li> <li>on a weekly basis to hear cases and provide feedback on progress against curriculum requirements</li> <li>at the end of each placement to review overall progress, deliver a supervisor report and ensure timely completion of the e-portfolio</li> </ul> </li> <li>Educational Supervisors have designated time in their job plan to meet with undergraduate medical students. The weekly meetings include opportunity for students to present and discuss clinical cases and receive feedback.</li> </ul>	Use of a tracker to monitor the completion of educational supervisor meetings. The Undergraduate Team arrange Educational Supervisor meetings for students in advance, during the times that clinical staff have allocated time in their job plan for educational supervision.



Category	Expected Delivery	Best Practice
Clinical Supervision	There are clear arrangements for clinical supervision (as defined by School policy).For each episode of patient contact, undergraduate medical students know who their clinical supervisor is and how they may be contacted.	Details of the clinical supervisor for each session recorded on student timetables along with details of how to contact them.
		Clinical supervisors are informed in advance when they will be supervising students.
Student attendance	Clinical placement providers are aware of the School of Medicine's policy on leave and attendance and liaise with the School to ensure accurate and regular reporting of student attendance.	Use of a webform to record student attendance.



Category	Expected Delivery	Best Practice
Facilities/resources	Clinical placement providers ensure undergraduate medical students have access to facilities / resources to optimise their learning*. These include but are not limited to: a common room and secure space to leave valuables access to Wi-Fi and eduroam (all clinical years) access to study space and computers access to clinical records (Year 5 students only) signposting to appropriate changing facilities Access to faith areas proximate to clinical areas Access to food and hydration Appropriate breaks Clinical placement providers who deliver a large volume of clinical skills teaching provide a practice space with good working equipment for clinical skills as well as suitable facilities and capacity to deliver the assessment of learning in years 3 and 4. Appropriate AV teaching equipment to deliver educational and debrief sessions. <i>Excluding paediatrics, obstetric, oncology, psychiatry and palliative</i> <i>medicine placements</i>	Access to a facility for the delivery of immersive simulation, including control, simulation and debrief rooms.



Expected Delivery	Best Practice
There is a clear process for undergraduate medical students to raise patient safety and other serious concerns at the clinical placement provider	Involvement of the FTSU Guardian at induction to provide
There is a clear process for staff or undergraduate medical students to obtain patient consent when undertaking a history or observing consultation or treatment	information about sharing concerns.
There is a clear process for ensuring that educators are aware of what stage undergraduate medical students are at in their training, so they do not work beyond their competence	
Clinical placement providers advise undergraduate medical students on how to report concerns via the School's Sharing Concerns Form.	
Serious placement concerns and any safety concerns e.g. undermining, harassment, bullying or discrimination raised involving undergraduate medical students on placement are shared with the School via the Sharing Concerns Form ( <u>https://liverpool.onlinesurveys.ac.uk/sharing-concerns-form</u> )	
Students are made aware of the Freedom To Speak Up (FTSU) guardian role and how to contact them (as per new GMC guidance).	
Clinical placement providers provide appropriate information in accessible formats for patients advising them that students are present for learning at the site.	
	<ul> <li>There is a clear process for undergraduate medical students to raise patient safety and other serious concerns at the clinical placement provider</li> <li>There is a clear process for staff or undergraduate medical students to obtain patient consent when undertaking a history or observing consultation or treatment</li> <li>There is a clear process for ensuring that educators are aware of what stage undergraduate medical students are at in their training, so they do not work beyond their competence</li> <li>Clinical placement providers advise undergraduate medical students on how to report concerns via the School's Sharing Concerns Form.</li> <li>Serious placement concerns and any safety concerns e.g. undermining, harassment, bullying or discrimination raised involving undergraduate medical students on placement are shared with the School via the Sharing Concerns Form (https://liverpool.onlinesurveys.ac.uk/sharing-concerns-form )</li> <li>Students are made aware of the Freedom To Speak Up (FTSU) guardian role and how to contact them (as per new GMC guidance).</li> <li>Clinical placement providers provide appropriate information in accessible formats for patients advising them that students are present for learning at the</li> </ul>



#### GMC theme 2: Educational governance and leadership

The clinical placement provider works collaboratively with the School of Medicine to ensure there are effective arrangements for educational governance and leadership to manage and improve the quality of undergraduate education.

Category	Expected Delivery	Best Practice
Undergraduate Team	<ul> <li>The Clinical Sub Dean/Undergraduate Lead have appropriate support for their role according to the number of undergraduate medical students allocated to their placement: <ul> <li>A designated unit/specialty Teaching Lead consultant within each clinical unit/specialty receiving regular cohorts of students for clinical teaching. They will liaise with the Clinical Sub-Dean/Undergraduate Lead to manage the allocation of students and support accurate direction and updating of teaching timetables within the unit</li> <li>Local year leads in sites accommodating more than 1000 student weeks per annum are essential. This is also good practice in smaller sites</li> <li>At least one FTE senior administrator/manager dedicated to undergraduate medical education, to provide overall coordination of the placement and liaison with the School of Medicine. Additional administrative staff are required, with the FTE depending on the number of student weeks.</li> </ul> </li> </ul>	Separation between the administrative staffing for undergraduate and postgraduate education. A generic email account for the Undergraduate Team. Additional staff to support undergraduate medical education such as Medical Practice Education Facilitators and Clinical Education Fellows.



Category	Expected Delivery	Best Practice
Quality activities	<ul> <li>Timely engagement with the arrangements for a quality visit and accompanying requests made as part of the visit process.</li> <li>Timely updates and completion of requirements made after a quality visit according to the timescales specified.</li> <li>Completion of the annual self-assessment document with submission of evidence by the set deadline.</li> <li>Awareness at Executive Team level of the outcomes of quality visits and updates made in response to quality visit requirements and recommendations</li> <li>School of Medicine quality processes such as quality visit and completion of the annual self-assessment document included as part of the agenda for educational meetings.</li> <li>Completion of the annual self-assessment involves responses and review from the whole Undergraduate Team.</li> <li>Regular review of placement activity against School of Medicine standards to identify any gaps in delivery.</li> </ul>	Completion of quality visit requirements incorporated as part of an educational dashboard or risk register



<ul> <li>reviewed and actioned in a timely manner and there is a process in place for enabling educators to have access to the RAG evaluation.</li> <li>Undergraduate medical students are not asked to complete internal surveys unless otherwise agreed by the School of Medicine. The School asks clinical placement providers to encourage students to complete the RAG evaluation surveys and obtain any additional feedback via face-to-face drop-in sessions during clinical rotations or use of the School QR code system for evaluation of individual teaching sessions.</li> <li>There is regular (termly) sharing with the School of Medicine of actions taken in response to student evaluation. The Quality Team will ask clinical placement providers to provide detail of completed actions in response to evaluation and these will be shared with</li> </ul>	Category	Expected Delivery	Best Practice
		Clinical placement providers ensure that all RAG evaluation is reviewed and actioned in a timely manner and there is a process in place for enabling educators to have access to the RAG evaluation. Undergraduate medical students are not asked to complete internal surveys unless otherwise agreed by the School of Medicine. The School asks clinical placement providers to encourage students to complete the RAG evaluation surveys and obtain any additional feedback via face-to-face drop-in sessions during clinical rotations or use of the School QR code system for evaluation of individual teaching sessions. There is regular (termly) sharing with the School of Medicine of actions taken in response to student evaluation. The Quality Team will ask clinical placement providers to provide detail of completed	A system is in place to commend educators for positive student feedback.



Category	Expected Delivery	Best Practice
Job planning to underpin educational activity	<ul> <li>Each clinical placement provider ensures support of undergraduate medical students by designating:</li> <li>A minimum of 1PA for the Clinical Sub Dean/Undergraduate Lead (more time is needed for clinical placement providers undertaking a large teaching programme)</li> <li>0.5PA for consultants/SAS doctors undertaking a significant role in the core Undergraduate Team (e.g., local year leads)</li> <li>0.25PA for Teaching Lead consultants/SAS doctors in specialty/directorate/units to manage the delivery of the local specialty-based programmes for groups of students</li> <li>0.25PA per week, per two students, during the time students are on the placement, for each Educational Supervisor. (A maximum of four students to be assigned per Educational Supervisor)</li> <li>0.5PA per week for clinical staff who regularly provide formal teaching i.e., Case Based Learning (CBL) and bedside style teaching</li> <li>The educational component of job planning is reviewed annually as part of the appraisal process.</li> <li>A fixed tariff for educational supervision, CBLs and bedside style teaching is incorporated within clinician job plans.</li> </ul>	



Category	Expected Delivery	Best Practice
Educational governance	Clinical placement providers have the following mechanisms in place to review the delivery of undergraduate medical education:	The agenda for an educational meeting should include • A breakdown of activity by
	<ul> <li>A regular and frequent meeting where undergraduate education is reviewed</li> <li>A process ensuring local educators receive regular and up to date information on the curriculum and requirements</li> <li>A clear educational governance structure, which facilitates escalation of issues to the Executive Team</li> <li>A regular summary of undergraduate education and related issues is shared at Executive Team level</li> </ul>	<ul> <li>student year group</li> <li>Updates from the School including from the Clinical Programme Committee</li> <li>Discussion of students requiring extra support</li> <li>A means for educators without formal educational roles, to share any queries or concerns</li> </ul>
		Year leads have regular meetings with Educational Supervisors



#### **GMC theme 3: Supporting learners**

Clinical placement providers ensure that learners receive appropriate clinical and educational supervision and support to enable them to gain the knowledge, skills and behaviour required by the curriculum.

Category	Expected Delivery	Best Practice
Pastoral support and wellbeing	Clinical placement providers are aware of and apply School of Medicine processes for the management of concerns about student progress, conduct, or wellbeing, including timely notification to the School in respect of any concern https://liverpool.onlinesurveys.ac.uk/sharing-concerns-form	Use of a Medical Practice Education Facilitator for student support and outreach.
	Clinical placement providers ensure students have access to pastoral support. Clinical placement providers ensure that Transfer of Information (TOI) data provided by the School of Medicine is used to support students in difficulty in an appropriate and timely fashion. The Undergraduate Team have processes in place to provide first-line support to	Ensuring that Transfer of Information data is shared with a student's Educational Supervisor. Identify a mentor or buddy
EDI	students.         All educators undergo Equality, Diversity and Inclusivity (EDI) training every three years.         Clinical placement providers have a process in place to investigate and action concerns raised by undergraduate medical students which relate to EDI.	system pairing senior students to junior students. If the placement provider has an Equality and Diversity Officer, contact details should be shared with the students.
	Completion of microaggression training is recommended for all educators https://www.liverpool.ac.uk/medicine/liverpool-educators- online/support/edi/microaggression/	



Clinical placement providers take appropriate steps to ensure that disabled learners can fully participate in education	
Actions to prevent and address discrimination are documented	

#### **GMC** theme 4: Supporting educators

Clinical placement providers ensure that supervisors are selected, trained, appraised and receive the support, resources and time they need to deliver effective education, training and clinical oversight, including support for their own professional development.

Category	Expected Delivery	Best Practice
Educator training	<ul> <li>Clinical placement providers highlight external training and development opportunities for educators, including those provided by the School of Medicine.</li> <li>Clinical placement providers demonstrate a robust process for appraisal of educational roles.</li> <li>Clinical placement providers provide evidence of compliance with GMC requirements for the recognition and approval of trainers.</li> <li>Clinical placement providers to deliver a regular internal programme of educator support sessions.</li> </ul>	Clinical placement providers provide support to clinical staff undertaking external educational courses.



### GMC theme 5: Developing and implementing curricula and assessments

Clinical placement providers work in partnership with the School to enable the delivery of relevant parts of curriculum and contribute as expected to training programmes.

Category	Expected Delivery	Best Practice
Bedside style teaching	Clinical placement providers provide each undergraduate medical student with at least two hours per week of small group teaching delivered by senior medical staff, at least half of this teaching provided by consultants. This teaching is specifically mapped to the curriculum requirements of the placement and delivered in the clinical setting. It is separate from any teaching provided during service delivery e.g. ward rounds, clinics.	Bedside style teaching scheduled as part of Educational Supervisor meetings. Audits or spot checks undertaken to ensure bedside style teaching is occurring in all departments and units.



Category	Expected Delivery	Best Practice
Case based learning (CBL)	<ul> <li>CBLs are focused on discussion of specific cases with a clinical facilitator (approximately 90 minutes in length).</li> <li>Facilitators who teach CBLs are normally consultants, but ST doctors with the appropriate skills may take on the facilitator role.</li> <li>Undergraduate medical students should already be familiar with the PowerPoint content and didactic teaching in CBL should be kept to a minimum. Use of case scenarios and associated questions are the main ways that facilitators help students to learn how to apply their knowledge to understand clinical presentations and management.</li> <li>CBL resources are updated every year. Clinical placement providers ensure that facilitators have access to the current version.</li> <li>Ideally, CBL sessions are delivered weekly throughout the rotation, rather than in quick succession towards the end of the placement.</li> <li>CBLs are clearly timetabled and should not overlap with other timetabled activities.</li> </ul>	CBLs delivered on a set day and time each week (ideally Wednesday morning) CBL facilitators are regularly rotated as a means of developing educators and to ensure that teaching remains fresh.



Category	Expected Delivery	Best Practice
Experiential learning	<ul> <li>Each clinical placement provider ensures undergraduate medical students receive training and supervised practical experience appropriate to their stage of development and as required by the curriculum and specification for each placement.</li> <li>Each clinical placement provider delivers at least two sessions per week of consultant supervised experiential learning, mapped to curriculum requirements for each student. It is anticipated that this time will also be used to deliver clinical service e.g., clinic, theatre, acute patient admission.</li> <li>Sessions listed as experiential teaching (including those taking place virtually or by telephone) ensure student-consultant and student-patient clinical interaction and feedback that facilitates learning related to the curriculum, rather than passive observation on the part of the student.</li> <li>Clinical placement providers engage students in clinical governance activities with educational value.</li> <li>Clinical placement providers encourage students to attend out of hours clinical activities to maximise their learning opportunities e.g., night shifts and weekend.</li> </ul>	Students informed how particular experiential learning opportunities map to the curriculum requirements. Extra activities are given to students during the ward round to enable them to present and discuss with a clinician after the ward round is completed. Use of virtual platforms for any learning opportunities that it may be difficult for students to experience on clinical placement.



Category	Expected Delivery	Best Practice
Multi-professional learning	Each clinical placement provider allow undergraduate medical students the opportunity to learn alongside, and from, health care professionals by shadowing or participating in clinical activities.	Opportunities with the MDT are timetabled for students.
Remote Consulting	Undergraduate medical students should expect to actively be part of remote consultations during their placements, if applicable.	
Clinical skills and simulation and prescribing	Clinical placement providers have School recommended levels of staffing to support required clinical skills and simulation teaching (including Assessment for Learning) as well as prescribing teaching for its allocated number of students	



Category	Expected Delivery	Best Practice
Timetabling	Under the direction of the Clinical Sub Dean/Undergraduate Lead, each clinical placement provider produces a weekly timetable for undergraduate medical students' which details:	Set up WhatsApp groups to communicate additional learning opportunities or last-minute timetabling changes to students.
	<ul> <li>Formal teaching sessions and their location</li> <li>Experiential teaching opportunities and their location</li> </ul>	Use of a Medical Practice Education Facilitator to outreach from the
	Timetables are up to date, address the curriculum requirements for the specialty and reviewed for each cohort of undergraduate medical students.	Highlight relevant learning opportunities to students that are in addition to curriculum requirements.
	The Timetabler system is used to produce, disseminate, and manage timetables.	
	Placement timetables are sent to students well in advance of their first day especially details of any on call commitments	



Category	Expected Delivery	Best Practice
Development of the curriculum	<ul> <li>The senior educational leadership team at each clinical placement provider attend curriculum related workshops and contribute to the ongoing development of the curriculum.</li> <li>Clinical placement providers inform the School of Medicine in advance of any issues with the delivery of placements</li> <li>Clinical Sub Dean/ Undergraduate Lead regularly attend and contribute to the School's Clinical Programme Committee.</li> <li>Clinical Sub Dean/ Undergraduate Lead liaise with Year Directors and Specialty Leads ahead of the new academic year regarding placements.</li> </ul>	

## Supporting links

*GMC Promoting excellence: standards for medical education and training* <u>https://www.gmc-uk.org/education/standards-</u> guidance-and-curricula/standards-and-outcomes/promoting-excellence

*GMC guidance on undergraduate clinical placements* <u>https://www.gmc-uk.org/education/standards-guidance-and-</u> curricula/guidance/undergraduate-clinical-placements/guidance-on-undergraduate-clinical-placements

Health Education England NHS Education Contract <u>https://www.hee.nhs.uk/our-work/new-nhs-education-contract</u>

Contact author of this document <u>quality.mbchb@liverpool.ac.uk</u> or <u>School of Medicine Engagement team</u> mednews@liverpool.ac.uk if you find any digital content difficult to use, either directly or with an assistive technology such as a screen reader.

Contact details for all teams and individual staff can be found on the School website. [www.liverpool.ac.uk/medicine/contact-us/email/]