



UCL

MBBS (A100)

ANNUAL MONITORING REPORT

2013/14



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FACULTY OF MEDICAL SCIENCES: Head of Department/Chair of Departmental Teaching Committee

Head of Department/Chair of Departmental Teaching Committee	Dr Deborah Gill, Interim Director, UCL Medical School and MBBS Programme Lead.	
Number Enrolled in department	2047 (not including MBPhD students)	

A. i) commentary on student recruitment and student performance overall; ii) difficulties experienced and action(s) taken to resolve these. You are asked particularly to discuss issues of student progression.

The MBBS programme at UCL enjoys an excellent national and international reputation. We are, as ever, vastly oversubscribed for the 320 places available on the MBBS programme each year. The numbers of students we can admit annually is set nationally by HEFCET in collaboration with the NHS Centre for Workforce Intelligence.

Excellent performance has been maintained this year by our students. MBBS is a pass/fail rather than a classified degree and distinctions and merits are capped and awarded to students in the top and second decile respectively. We have a pass rate in the final MBBS exams of over 95% with students on average scoring over 70% in both written and clinical examinations. Students who fail, although few in number, do not have an opportunity to resit their examinations until the following year and therefore need to forfeit their place on the UK Foundation Programme. Last year we moved finals to an earlier point in the year (May rather than June) to allow an in year resit if appropriate. Only one student failed this resit attempt. In 2014/15 finals will be even earlier (March) to allow adequate time between first and second sittings.

B. Commentary on report of Chair of Boards of Examiners and action taken or planned

The Chairs of the Year 1,2,4,5 and 6 Sub Boards have reviewed their external examiner reports which were largely positive. There were some areas of particular concern this year which are detailed below with a summary of the actions taken to address them.

This year saw the introduction of a new, overarching Year 3/IBSc Board which determined the degree award classifications for all IBSc programmes which contribute to the MBBS. Comments on these examinations are being addressed by the Faculty Tutor who chaired the new board.

Years 1 and 2

The external examiners felt that some of the wording in the mark schemes about pass/fail categories was insufficiently clear. The wording appears in all the MBBS mark schemes and has not been a problem in the later years. However, the wording in all the mark schemes has been reviewed, the section has been reworded and the revised mark schemes have been approved by UCL EB for use in 2014/15.

Year 4

There were heightened concerns among the student body this year about clinical examinations being held over 2 days, which were exacerbated by i) an incident of cheating with clear evidence that day 1 students within a study group had disclosed information to day 2 students and ii) by the fact that examination performance statistics showed a significant difference between day 1 and day 2 marks. The Year 4 Examination Sub Board agreed, after extensive discussion, that the standard procedure of normalising results should be applied. The external examiners remain satisfied that the examination was properly conducted and noted that it is common practice to hold clinical examinations over 2 days. However, it was agreed that continuing to hold clinical examinations in this way is no longer feasible given the strength of student perception of unfairness. A working party has been held to explore other approaches and all viable options have been put to staff and students with view to changes for 2014/15. Students entering Years 4 and 5 have been notified that changes are anticipated.

One external examiner queried the content balance of the papers with regards to surgery. Although the MBBS programme leads are satisfied that the balance was appropriate, the Academic Lead for Assessment has been asked to review the examination blueprints for Years 4, 5 and 6 as a single document with the Surgery Lead to ensure adequate coverage.

Years 4, 5 and 6

The environment in the clinical skills centres remains limited compared to other medical schools and some district hospitals. It would be a significant investment to upgrade the facilities, but if students had space comparable to a clinical cubicle and ease of movement between stations this will reduce OSCE exam stress. An upgraded clinical skills suite would also be a significant enticement to prospective students who may look less favourably on the current arrangements. An estates plan has been put to SLMS.

C. Commentary on resourcing issues and action taken or planned

Although students are generally satisfied with the MBBS programme at UCL, two areas of resource remain an issue:
- **Physical resources:** poor quality clinical skills and clinical assessment venues; inadequate IT facilities and support to reliably deliver teaching in cruciform LT 1 and the Peter Samuel Hall on the Royal Free campus; poor room booking support and infrastructure at all sites but particularly on the Whittington site; insufficient small group work rooms

-**Human resources:** insufficient skilled staff to deliver small group work, especially in years 1 and 2; a perceived lack of feedback; variable quality of personal tutor provision.

Action: we continue to lobby at faculty level of better physical spaces and at SLMS level for better IT support and infrastructure. We are liaising with the Royal Free Trust about Peter Samuel Hall but this may require UCL financial support to resolve. FLS have appointed a liaison lead to identify and address FLS human resource issues. Having identified a funding stream for personal tutors we continue to try to recruit further personal tutors from the divisions and NHS trusts. There is adequate funding to divisions through HEFCE through the MBBS student load to provide small group work but a culture of lecture based deliver in some aspects of the course and no mechanism in the load exercise to encourage change. We have introduced more episodes of written feedback in the curriculum and are working to highlight the various forms of feedback that are available to students who are doing a practical, team orientated and placement-based course.

A further issue that taxes staff and students is the monitoring and capture of student attendance and engagement in the MBBS programme. We have fundamental questions to address such as what is engagement in the 21st Century? What aspects of a course concerned with professional formation should be foregrounded for attendance? How does one capture engagement in an integrated course where students are frequently off site on placements, have a number of options available in any given timetable slot and where the advent of Lecturecast and an extensive VLE makes attending some events less of a learning priority? We have revisited our attendance and engagement policy to hand over the responsibility and recording of engagement to students especially in the placement based years. We will continue to monitor and refine this policy based on student and staff feedback.

D. Examples of good practice or prizes or accolades awarded to students or staff. You are asked particularly to mention if any members of staff in the Department have received a Provost's Teaching Award

The MBBS programme has dual governance (General Medical Council and UCL) and the GMC conducts annual returns and three to five yearly visits. The GMC visit in 2012 identified a number of areas of good practice including public engagement, staff development, patient pathways our QA processes including our 'raising concerns' processes. Our external scrutineer identified cross-disciplinary approaches to education, our education for global citizenship and our aim to produce graduates who are critical and creative thinkers.

Our lead for e-learning received a Provosts teaching award in 2012 and our PPI team won a Provosts public engagement award in 2013 for their innovative work on involving patients in the curriculum.

All of our student rep reports identify the relationship of respect and trust that exists between MBBS students and the MBBS academic and administrative staff. This relationship underpins our student satisfaction in the National Student Survey and the responsive relationship between feedback received and actions taken to improve the course. This has been brought to the fore during the introduction of an ambitious new integrated MBBS programme where students have been involved in designing and refining the programme into a programme students enjoy and appreciate.

E. Major changes envisaged and main forward-looking recommendations for action

Anticipated changes to the programme are identified in the programme organisers report. The focus in the next few years is to embed and improve the significant changes of MBBS 2012 and to manage the move to earlier finals examinations and an in year resit exam. There are a significant number of external drivers for change that will significantly impact of the MBBS programme. The MBBS executive maintains a risk register for these forthcoming changes which is reviewed monthly. Significant external impacts on the MBBS at UCL:

- Removal of the opportunity for Cambridge students to transfer to UCL in year 4 of the programme. This will reduce student numbers in year 4,5 and 6 by 60 students per year and a £10 Million pound loss to our clinical providers and a £2million pound loss to load income to the faculty which may destabilise provision of teaching
- The national change to full GMC registration at the point of graduation and the subsequent removal of the link between medical school and the UK Foundation School removing the almost 100% employment opportunity for graduates and creating significant competition for foundation school places nationally
- The introduction of an national 'entry to practice examination' which will be mandated for all final year medical students and therefore will become a new focus for learning in the final year (s) of the programme)
- The potential lifting of the 7% cap on international students leading to a significant change in the student demographic
- The requirement by Health Education England to introduce (NHS) Values based selection and recruitment procedures

G. Confirmation that the Departmental Teaching Committee has received an annual summary of the operation of peer observation in the department (i.e. a statement confirming that peer observation of all relevant staff has taken place in the preceding 12 months according to UCL policy)

- please confirm that the annual summary has been forwarded by the Departmental Teaching Committee to the Faculty Teaching Committee.

Peer Observation of Teaching in the Divisions and Institutes which contribute to the MBBS is recorded and submitted to Faculty Teaching Committees by each individual Department, not through the MBBS Teaching Committee.

H. Confirmation that all Programme Specifications have been reviewed

Yes. Last review November 2014

I. Confirmation that the requirements of UCL's Personal Tutoring scheme, have been fulfilled.

Yes. Although there is a caveat to this. We have achieved the requirement of every student having a named tutor for the whole course (in the MBBS this is separated into years1-3 and year 4-6) and that student have the required number of meetings with their tutor each year. We are still working on ensuring the quality of tutor interactions and the student perception of usefulness of these meetings.

STUDENT EVALUATION QUESTIONNAIRES DEPARTMENTAL SUMMARY

(For submission to the first meetings of the Departmental Teaching Committee, Staff Student Consultative Committee and the Faculty Teaching Committee)

Head of Department/Chair of Departmental Teaching Committee	Completed by Ann Griffin Deputy Director and Lead for Quality
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A. Confirmation that all course and programme questionnaires received by the department (or academic unit)

All questionnaires have been received. The Quality Unit administers all questionnaires for the MBBS programme except vertical modules, general practice and MBPhD Programme.

B. Any matters which indicate key strengths or areas of good practice arising from the analyses of the questionnaires and action taken or planned to disseminate this within the department or academic unit

In general the student evaluation questionnaires report that the teaching is of high-quality. All years provide consistent teaching across the modules and the modules that were less well evaluated in the new curriculum 2012-2013 academic year have made significant improvements. Placement providers in the NHS continue to deliver teaching of a consistent high quality.

C. Any matters of concern arising from the analyses of the questionnaires and any action taken or planned

Teaching cancellations and poor timetabling are two themes that recur – mainly in years 4-6. We are actively monitoring no-shows through our texting system and plan to have a timetabling project to improve timetables given to students. We will monitor these through our 'core' questions in the new academic year's student evaluation questionnaires.

There have been some specific issues with VMs in the last year which have resulted in less good feedback. These have included the new Year 5 VM sessions which had some teething problems, now resolved in 2014-15, some timetable, and Moodle issues, and the fact that change can always be unsettling. Many of these issues are improved in this academic year - confirmed by verbal feedback from student reps at module management and year based education subcommittees- and we are also keen to try and improve the evaluation of VMs which in itself is confusing.

D. Practical matters arising from the analyses of the questionnaires (including response rates) and any action taken or planned

For the last two academic years, the Medical School has seen a fall-off in response rates of student evaluation questionnaires. In the last academic year a major review of our quality assurance processes has been undertaken, which included a student evaluation questionnaire. A variety of actions have been taken which include improved methods of feeding back to the student body with a "You said, we listened" Moodle page. On this site we tell students what changes we have made in response to their feedback so that the entire cohort is kept abreast of changes. We have introduced student "Question Time", an open forum where the faculty can meet the students to address their concerns.

This academic year we have revised student evaluation questionnaires and made them shorter and timelier to try and increase the response rates and meaningful feedback. We have a rolling programme of core questions to address the major themes identified in the analysis of our student evaluation questionnaires. These themes were also common in the National Student Survey (timetabling, feedback and teaching cancellations). We have introduced a new survey tool called *Qualtrics* which will personalise email requests for students asking them to complete the student evaluation questionnaires. It will also no longer be necessary for students to insert their demographic or placement information as that will be automatically included through the use of embedded data.

E. Any other matters of note arising from the analyses of the questionnaires

None

G. Confirmation, if possible, of the dates of the meetings of (i) Departmental Teaching Committee (or equivalent) and (ii) Staff Student Consultative Committee and (iii) Faculty Teaching Committee for which this summary was or will be submitted

Draft MBBS AMR 2014-15 was considered at the MBBS Teaching Committee (5th November 2014)
The report was circulated to the SSCCs for comments on 26th November 2014.

Date:

Admissions Data for AMR for 2013 UCAS Cycle

Applications and Offers

- Total number of applications in 2013 was **2412**.
- Number of offers made in the 2013 cycle was 490 (446 for 2013 entry plus 44 for deferred entry in 2014), plus 31 students deferred from the 2012 cycle.
- 362 accepted our offer as their first choice. (Of these 337 accepted their 2013 offer and 25 accepted a deferred place for 2014 and, again, there are also the 31 deferring from the previous cycle to be taken into account for 2013 entry).
- The final year one intake was **323** for the academic year 2013/14 (comprising 23 Overseas fee-payers and 300 Home fee-payers).
- The gender split for the intake that year was 46% female and 54% male.

Entry Qualifications for 2013 Entrants

GCE A-Levels (excluding AS-levels) – 268 Students

89 with three A-levels:

A*A*A*	17
A*A*A	19
A*AA	30
AAA	23

130 with four A-levels:

A*A*A*A*	10
A*A*A*A	26
A*A*A*B	1
A*A*AA	31
A*A*AB	2
A*A*AC	1
A*A*AE	1
A*AAA	20
A*AAB	3
A*AAC	3
AAAA	23
AAAB	8
AAAD	1

48 with five A-levels:

A*A*A*A*A*	8
A*A*A*A*A	5
A*A*A*A*B	1
A*A*A*AA	6
A*A*A*AC	3
A*A*A*BB	1
A*A*AAA	8
A*A*AAB	1
A*AAAA	4

A*AAAB	5
A*AABC	1
AAAAA	3
AAAAB	2

1 with six A-levels:

A*A*A*A*AA 1

International Baccalaureate – 25 students

Range of points scores 38 – 45 points, with mean total 42 points.

Graduates – 16 students

BSc/BA 2.1	8
BSc/BA 1 st	5
Masters/Phd	2
US degree	1

Other qualifications – 14 students

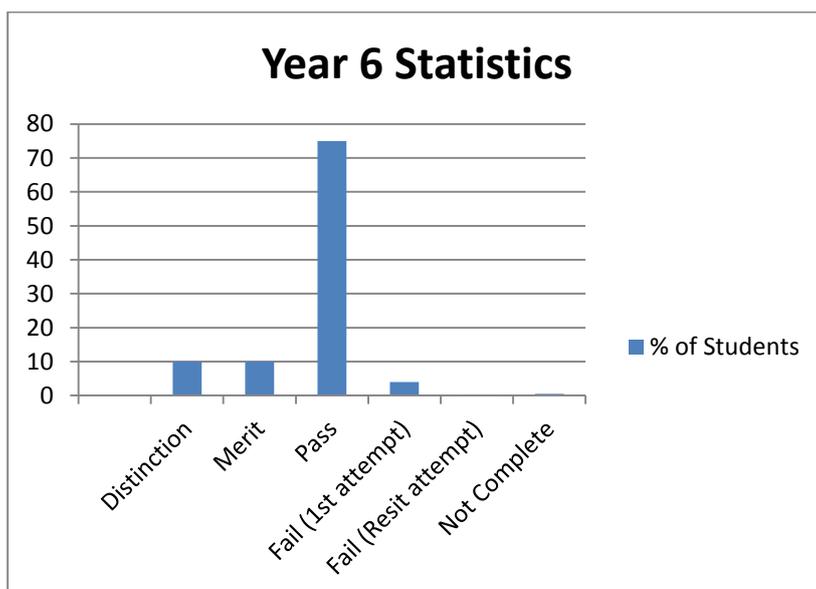
Cambridge Pre-U	1
Cambridge Pre-U/A-level mix	7
Irish Leaving Certificate	1
Advanced Placements	1
Caribbean Advanced Proficiency Exam	3
Romanian diploma	1

Year 6 Assessment Statistics 2013-14

Title & Code of Degree Programme	MBBS		
Programme Organiser	Dr Aroon Lal		
Number Enrolled on programme	368	Average Mark Gained	Written: 74% Clinical: 77.3%

Assessment Statistics 2013-14

Marks	<i>Number of Students</i>	
	%age	Number
Distinction	10	37
Merit	10	37
Pass	75	276
Fail (1st attempt)	4	15
Fail (Resit attempt)	0.2	1
Absent		
Not Complete	0.5	2





UCL

MBBS Year 1 & 2 Science and Medicine

MONITORING REPORT

2013/14



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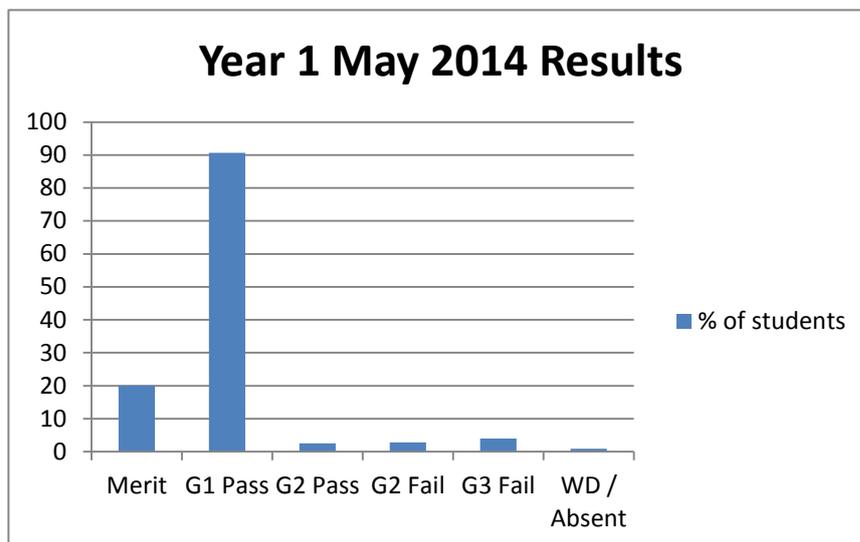
MBBS Year 1 Assessment Statistics 2013-14

Title & Code of Module/ Course	MBBS		
Year	Year 1		
Course Organiser	Dr Paul Dilworth		
Number Enrolled on Course	326	Average Mark Gained (1st sitting)	64.3

First Sitting

323 students entered the examinations in May 2014, of whom 301 passed (65 with Merit), 22 failed. 3 withdrew.

Results	% of students	Number of students
Merit	20.1	65
G1 Pass	90.7	293
G2 Pass	2.5	8
G2 Fail	2.8	9
G3 Fail	4.0	13
WD / Absent	0.9	3

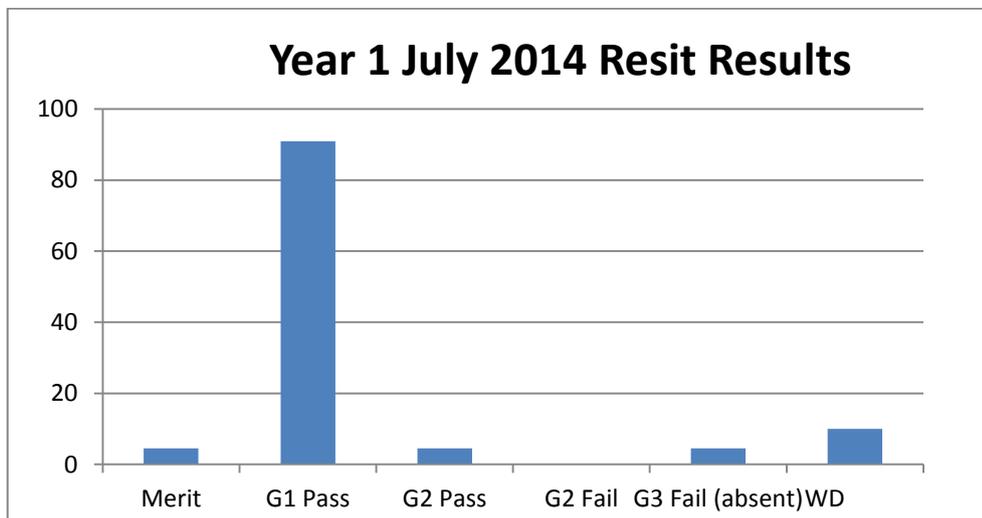


Component	Pass Mark	Average Mark	STDEV
SBA 1	51.5	62.1	9.3
SBA 2	49.5	63.2	9.7
DATA / SPOT	51.4	67.5	8.5
AGGREGATE	152.4	192.8	25

Year 1 Second Sitting 2013-14

22 students entered the resit examinations in July 2014 (2 sitting on first attempt having withdrawn in May), of whom 21 passed (1 with Merit – first sitting), and 1 Failed (unauthorised absence). 2 Withdrew.

Results	% of students	Number of students
Merit	4.5	1
G1 Pass	90.9	20
G2 Pass	4.5	1
G2 Fail	0	0
G3 Fail (absent)	4.5	1
WD	10	2



Component	Pass Mark	Average Mark	STDEV
SBA 1	49.5	54.4	5.7
SBA 2	47.6	58.5	7.7
DATA / SPOT	50.4	59.2	6.8
AGGREGATE	147.5	172.1	16.3

Faculty of Medical Sciences: MBBS Year 1 Module Organiser Reports

Title & Code of Module	Foundations of Health and Medical Practice		
Year	MBBS Year 1		
Module Lead	Dr Pam Houston		
Number Enrolled on Module	326	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Action: The module was felt to be rather sparse in weeks 4 and 5 in 2012-13 and therefore was reduced to 4 weeks this academic year.

Activities that I monitor for engagement include:

- Quiz on Cell differentiation CAL: 435 attempts, 314 students, year average: 88%
- Quiz on Cell permeability practical: 450 attempts; 300 students, year average: 90%
- Three maths quizzes: 542, 809 & 588 attempts; from 320, 311 and 314 students with year averages: 90%, 80%, and 80% respectively.
- Anatomy quiz: 594 attempts from 299 students, year average: 83%
- Précis on homeostasis: attempted by all but 11 students
- Anaemia quiz: 584 attempts, from 315 students and an average of 78%
- Pharmacology poster submission all groups submitted.

Action: The feedback on the poster was slow last year and was delivered in a different format this session to speed up feedback. The feedback was given within the first Consolidation Integration and Feedback (CIF) week. However, few students' attendant and due to lack of engagement, student voting for the best poster was abandoned. It is hoped to try this again and get student reps on board.

Formative Assessment: 1095 attempts, from 325 students with an average score of 87%. Feedback on the assessment was available throughout the module, unlike in previous years, and was well-received by students
MMG feedback from staff and students was positive although the module, due to its introductory nature, was still seen by some to be disjointed.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

The Cruciform library refurbishment plus issues of microphones and computer issues in LT1 have caused most of the resource issues raised by students.

- **Action: These will be resolved in the academic year 2014-15.**

C. Issues identified by students (from questionnaires, staff-student committees etc.) and action taken or planned

Questionnaire response rate was excellent at 83%, up from 77% last year. With an overall rating of 95% finding the teaching of good quality.

- **Action: Only 78% of student felt the module outcomes were clear and achieved. This will be an area for development next year.**
- **Action: Students asked for more SBA practice questions and it is still planned to introduce the use of Peerwise to allow students practice in writing and answering more single best answer questions, this is being supported by a PALS project.**
- **Action: There were requests for more personal responder use, which was rather limited due to the IT issues in LT1, the computer has been replaced which should lead to a resolution.**

Typical free text comments:

- *The good thing was that we were introduced to a lot of different topics rather than going into too much depth with one particular one. Also the lectures have got progressively more difficult which helps with the transition from school to university.*
- *Offered an opportunity to adapt to the learning style at University and I was pleased with the layout and simplicity of understanding what needed to be learnt and carried out. The lectures were very interesting, combining these with the CAL and practicals ensured that any doubts were cast aside.*
- *Nice introduction but it was a bit all over the place - one minute were doing psychology and the next minute we have anatomy? It got a little confusing to keep up.*

D. Issues identified by External Examiners and action taken or planned

None identified.

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Infection & Defence		
Year	MBBS Year 1		
Module Lead	Prof Peter Delves		
Number Enrolled on Module	326	Average Mark Gained	NA

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

There is no submitted coursework for this module. The teaching methods are appropriate for the first term of the first year and take into account that there will be a diversity of background amongst the students as regards their existing knowledge of the subject area.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and action taken or planned)

Moodle was fine but the computer in LT1 and Lecturecast was a disaster. This was dealt with at the very highest levels within UCL and it is anticipated that this problem will not recur for the 2014-2015 cohort.

C. Issues identified by students (from questionnaires, staff-student committees etc.) and action taken or planned

There is always a diversity of opinion amongst students on the value of computer assisted learning sessions (CALs). No action is planned at this stage but we will keep an eye on this. I am somewhat loath to significantly change them given that many students find them valuable. The lecture on parasites was identified by a small number of students as requiring a clearer approach and this has been raised with the lecturer concerned. One area of major concern is that approximately half of students said that they did not receive any feedback. From the perspective of the module lead there are multiple occasions on which students receive feedback. To try to address this issue I intend to (a) emphasise to students that feedback comes in many forms and (b) provide more group feedback via Moodle.

D. Issues identified by External Examiners and action taken or planned

No module-specific comments

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Circulation and Breathing		
Year	MBBS Year 1		
Module Lead	Prof Michael P Gilbey		
Number Enrolled on Module	326	Average Mark Gained	NA

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Student learning was again apparently led at an appropriate pace. In the main the specified syllabus was delivered but a lack of engagement and experience of some teaching staff remains an issue. Next session will present new challenges as the module leadership is changing and 16 lectures, practicals and workshops will be delivered by new personnel.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

Once again students commented on the lack of computer cluster space; many students still do not have access to lightweight notebooks/laptops or tablets. This problem was exacerbated by the refurbishment of the Cruciform Hub. Cruciform LT1 had many audio-visual and computer problems. This had a very negative impact on the student experience and prevented some of the lecturers from presenting their material at the usual high standard. The detail of the issues have been well documented and the Medical School continues to liaise with the appropriate support teams to ensure the highest possible standard of learning resources are afforded to students. The use of TurningPoint was greatly impacted upon by IT issues.

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

Once again the number of students completing the end of module questionnaire was too low to provide reliable feedback. In general there was satisfaction with Anatomy sessions. The revised Physiology workshops and practicals were very well received; The students appreciated the addition of Physiology quizzes on Moodle. The physiology tutorials in particular were greatly appreciated and more were requested. As usual the integrated (Clinical Science and Skills) day was well received. The lecture SPL questions and answers were thought helpful.

D. Issues identified by External Examiners and **action taken or planned**

No issues specific to Circulation and Breathing Module identified.

E. Chair of Teaching Committee's Comments and **Action Taken or Planned** (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Fluids, Nutrition and metabolism		
Year	MBBS Year 1		
Module Lead	Dr Anselm Zdebik		
Number Enrolled on Module	326	Average Mark Gained	NA

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Formative assessment in the form of a shortened SBA exam showed an unusual distribution. This may be due to questions employed that did not meet as stringent quality criteria (and a considerable number of old questions) as those used for the exam. This will potential problem will be addressed for next year's selection. New lecturers on the course have received very positive feedback.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and action taken or planned

Audio system problems in LT1 have been addressed. There were a few hiccups after introducing new IT equipment in the teaching labs which have been resolved.

C. Issues identified by students (from questionnaires, staff-student committees etc.) and action taken or planned

Overall feedback by the students was very positive.
Some students felt that the teaching material was very condensed towards the end of the module, due to shortening of FNM to 6 weeks. However others strongly asked for no new material being taught after Easter. These opposing views are hard to reconcile. We decided that we would aim for mainly consolidation and integration in the block after Easter. Possibly the move of some anatomy material into Year1 will have impact on the feasibility of this aim.
Students would like to see biochemistry tutorials which are currently being planned.

D. Issues identified by External Examiners and action taken or planned

The external examiners were very pleased with the general standard of the examinations and the outcome. There were considerably fewer students who failed the exams than last year; this could reflect changes to the examination, i.e. more stringent rules applied to the SBA questions now used for all 3 sittings of the written exam. We have decided to apply more stringent criteria to next year's questions to ensure they are sufficiently discriminative.
The criteria for G2 pass/fail are currently being reviewed and rewritten due to criticism that they are not sufficiently clear.

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

NA

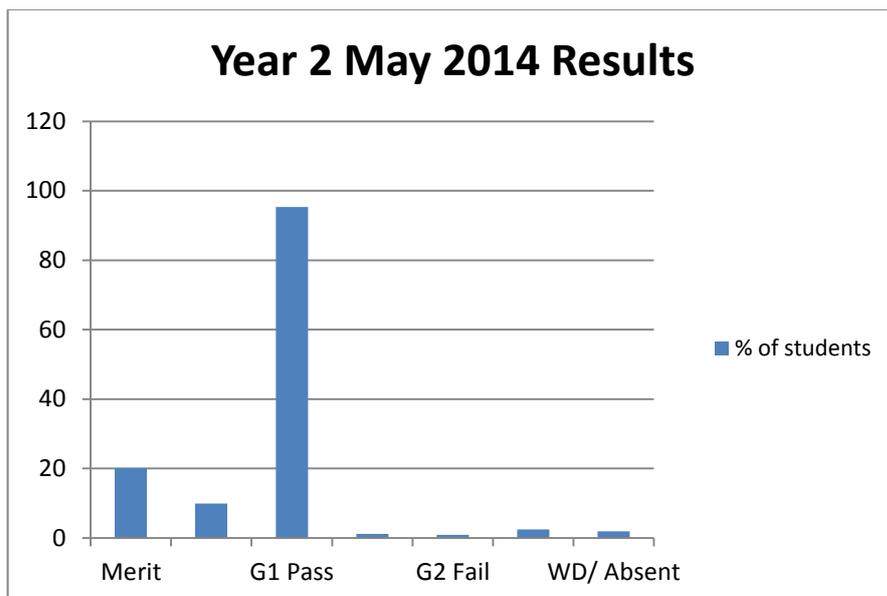
MBBS Year 2 Assessment Statistics 2013-14

Title & Code of Module/ Course	MBBS		
Year	Year 2		
Course Organiser	Prof Lionel Ginsberg		
Number Enrolled on Course	329	Average Mark Gained (1st sitting)	67.3

First Sitting

323 students entered the examinations in May 2014, of whom 312 passed (65 with Merit, 32 with Distinction), 11 failed. 6 withdrew.

Results	% of students	Number of students
Merit	20.1	
Distinction	9.9	32
G1 Pass	95.3	308
G2 Pass	1.2	4
G2 Fail	0.9	3
G3 Fail	2.5	8
WD/ Absent	1.9	6

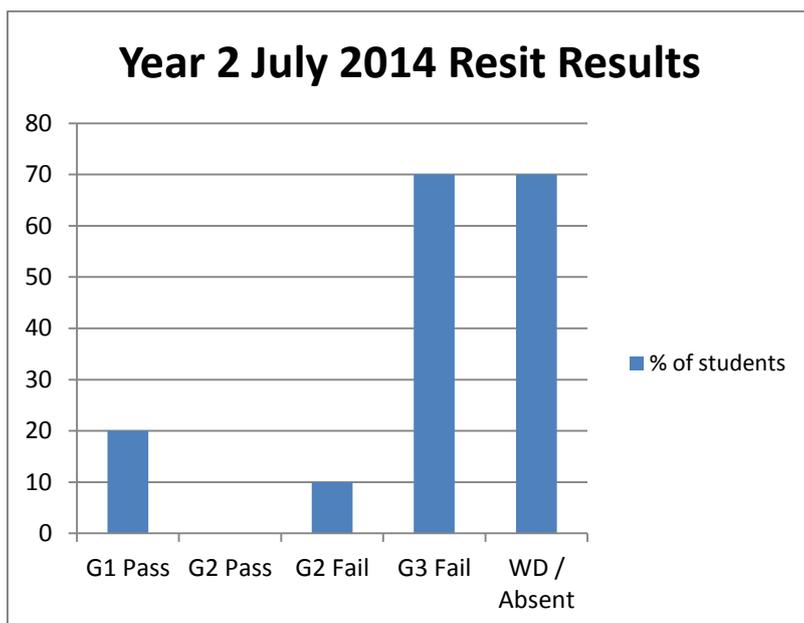


Component	Pass Mark	Average Mark	STDEV
SBA 1	48.4	68	10.2
SBA 2	48.4	68.9	12
DATA / SPOT	48	65	10.2
AGGREGATE	144.8	202	30.4

Second Sitting 2013-14

10 students entered the resit examinations in July 2014 (3 sitting on first attempt having withdrawn in May), of whom 2 passed and 8 failed. 7 withdrew.

Results	% of students	Number of students
G1 Pass	20	2
G2 Pass	0	0
G2 Fail	10	1
G3 Fail	70	7
WD/ Absent	70	7



Component	Pass Mark	Average Mark	STDEV
SBA 1	48.9	43.8	8.6
SBA 2	49.9	40.3	10.3
DATA / SPOT	48.6	51.8	6.9
AGGREGATE	147.4	135.9	21.8

Faculty of Medical Sciences: MBBS Year 2 Module Organiser Reports

Title & Code of Module	Movement and Musculoskeletal Biology		
Year	MBBS Year 2		
Module Lead	Prof Patrick Anderson		
Number Enrolled on Module	326	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

As in previous years, students achieved good standards and their comments on the module were overwhelmingly favorable. They appreciate the variety of teaching events and teaching personnel with different backgrounds. Overall balance of teaching was considered good.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

The IT facilities of Cruciform LT 1 are still not always working to satisfactory standards. However, IT had promised an update on the equipment of the theatre and this will be monitored closely. The ongoing refurbishment of the Cruciform hub creates problems with access to sufficient study space. This will again be looked at closer once the Hub will be opened (anticipated August 2014) for the forthcoming academic year 2014/15

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

Previous requests for more muscle physiology were addressed by the inclusion of a further lecture on how exercise, age and disease change muscle function. The lecture was received favorably and students seem to be satisfied with action taken with regards to the amount of muscle physiology in the module.

Students asked for help in getting the “bigger picture” of the intense anatomy content. To remedy this, a new lecture is being set up which will introduce an overview of the musculoskeletal system to complement the detailed anatomy lectures by region.

D. Issues identified by External Examiners and **action taken or planned**

N/A

E. Chair of Teaching Committee’s Comments and **Action Taken or Planned** (Where applicable. Where no comment is required, please see the overall departmental report)

Prof. Anderson indicated that there would be a new module organizer for the academic year 2014/15 as he is stepping down from module organizer duties due to his upcoming retirement. The process of finding a suitable replacement has been started.

Title & Code of Module	Neuroscience and Behaviour		
Year	MBBS Year 2		
Module Lead	Prof Christopher Yeo		
Number Enrolled on Module	330	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

The quality of student work is judged as good by the teaching staff and by the external examiners for the Neuroscience-related components of the examination.

The module was, as always, viewed as a very busy one but it proved to be a successful one judged by the student feedback and the enthusiasm of the teaching staff for the course itself and for the good feedback received.

No significant problems requiring remedial action emerged during the year.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

No problems were noted this. The awkward sightlines in the Wet laboratory during the Auditory functions laboratory classes reported last year were resolved successfully by strategic placement of video monitors and teaching staff, and no concerns were expressed this year.

The time windows for the vision lab class stations were considered short and slightly rushed last year. We solved this with extra clinical demonstrators for some stations, and the class was well-received this year.

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

The main concern was some failures to attend by some lecturers in the final week of the module. These lectures were, in fact, run under the Mental Health vertical module, so not a direct responsibility of the N&B module, and the relevant vertical module lead is dealing with the concerns.

D. Issues identified by External Examiners and **action taken or planned** (where applicable. Where no comment is required, please see the overall Programme Organiser Report/Department report).

The External examiners were overall very satisfied with the neuroscience components of the examination and of the standards achieved, so no special changes are required.

E. Chair of Teaching Committee's Comments and **Action Taken or Planned** (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Endocrine Systems and Regulation		
Year	MBBS Year 2		
Module Lead	Dr Pam Houston		
Number Enrolled on Module	329	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

The feedback was extremely positive as always, although the return rate was very low only 26%. The response rate has been dropping year on year 32% (2013) 38% (2012) and 46% (2011).

A typical example of free text comments:

Very well organised. In fact it is the best module in terms of organisation and understanding from the tutors that I have had in my 2 years at UCL! Very clear and standard lecture slides with all lecturers - I wish all modules would have this format. Brilliant hand out notes too!

No major problems encountered, consistently good feedback, as in previous years. Students performed very well in examination of this topic in February formative, May examinations and, where required, re-sits. The overall rating was 99% rating the module satisfactory or better. With 100% rating the teaching well focused, that the assessments related to the module, that teachers were well prepared and that the learning outcomes were clear.

The in-course assessment was not compulsory as it was so close to the formative exams, yet there were 724 attempts, from 304 students with an average score was 87%.

Action: The main feedback last year was that the quiz was too short and needed to be harder. An additional quiz was added to increase the range of questions and their difficulty in quiz 2 there were 467 attempts from 269 students with an average of 80%.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

Due to Cruciform library refurbishment there were significant IT and resource issues.

Action: This should be resolved with the updated facility next academic year.

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

No major issues reported either through Opinio, online forums, module management group or SSCC.

D. Issues identified by External Examiners and **action taken or planned**

None identified.

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Reproduction Development Genetics		
Year	MBBS Year 2		
Module Lead	Dr Leslie Dale		
Number Enrolled on Module	331	Average Mark Gained	NA

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Non reported

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

There were no issues specifically related to this module concerning learning resources. The reproduction elements of the module will transfer to the Endocrine Systems and Regulation module for 2014-2015 and the genetics and development will be elements will be merged with the Cancer Biology module.

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

The response rate for the questionnaire was very poor, 16.62%. On the whole comments were positive with no consistently negative comments. There were some negative comments about the Moodle quiz which does not truly reflect the module content and will even less so when the reproduction is transferred to Endocrine Systems and Regulation. New questions have already been added and this will continue for 2014-2015.

D. Issues identified by External Examiners and **action taken or planned**

None

E. Chair of Teaching Committee's Comments and **Action Taken or Planned** (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Cancer Biology		
Year	MBBS Year 2		
Module Lead	Dr Shane Minogue		
Number Enrolled on Module	320	Average Mark Gained	NA

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Students praised the module for being interesting and clinically relevant. I also noted that many Cancer Biology lecturers updated their lecture content from last year, reflecting the nature of this rapidly developing field.

SM along with Ms Rose Clark (module admin) ensured students understood UCL's expectation that they attend all teaching events and that online course content is not designed to substitute for lectures. Attendance this year was therefore good and a noticeable improvement on 2012/13.

This year's module had only one new lecturer (Dr John Doorbar, University of Cambridge) who replaced Prof Boshoff who left in 2013. This invited expert was very well received.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

Some lecturers noted that the AV infrastructure in LT1 is aging badly and needs updating; however, this did not seriously affect the delivery of lectures. SM will raise this with the relevant IT contacts.

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

Students again suggested that we include MP3 podcasts on Moodle and an online quiz. This may be possible but will require a substantial amount of work from lecturers and module leads. Moodle content will be reviewed in the coming year.

As in previous years, students expressed concern that the module was scheduled when they expected to revise for summative exams. SM has implemented plans to move the module to the week before Easter in 2014 when it will run concurrently with Genetics and Development.

D. Issues identified by External Examiners and **action taken or planned**

None

E. Chair of Teaching Committee's Comments and **Action Taken or Planned** (Where applicable. Where no comment is required, please see the overall departmental report)

N/A



UCL

MBBS Year 3

MONITORING REPORT

2013/14



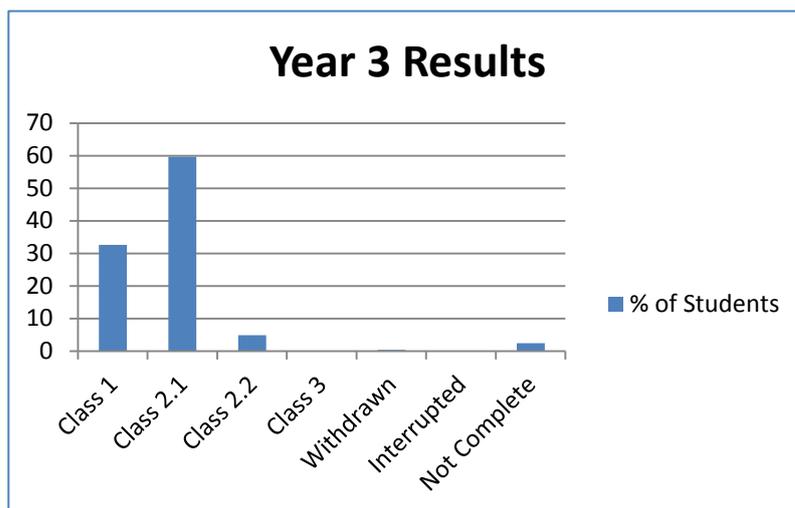
UCL Medical School
University College London

Faculty of Medical Sciences: MBBS Year 3 Programme Organiser Report

Title & Code of Degree Programme	Intercalated BSc		
Programme Organiser	Prof Stephen Davies		
Number Enrolled on programme	285	Average Mark Gained	2.1

MBBS Year 3 Assessment Statistics 2013-14

Marks	% of Students	Number Of Students
Class 1	32.63	93
Class 2.1	59.64	170
Class 2.2	4.91	14
Class 3	0	0
Withdrawn	0.35	1
Interrupted	0	0
Not Complete	2.45	7



Title & Code of Degree Programme	Integrated BSc overview		
Programme Organiser	Prof Stephen Davies (Academic Lead Yr 3)		
Number Enrolled on programme	285	Average Mark Gained	2.1

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken or planned to resolve any problems . You are also asked to look particularly at issues of student progression.

This year again saw a consistently high standard of student achievement across all the individual programmes. This is undoubtedly realised by a combination of the consistently high standard of students, combined with the high standards of supervision and teaching throughout the individual degree subjects. The marks achieved in each programme are again remarkably consistent.

The pace, content and teaching methods were considered appropriate/ excellent for most programmes and the variety of teaching methods employed were acknowledged as enhancing the learning experience.

B. Any Learning Resources problems which have affected the provision of the programme (quality of lecture or tutorial rooms, laboratory or IT facilities and action taken or planned

A prominent complaint received from students has been the shortage of adequate lecture theatres within the Bloomsbury campus (this is particularly the case for programmes within the FLS). This problem has been reported, and is being addressed at the highest levels. For 2014/2015 additional lecture theatre are being made available in Birkbeck College and Bedford Way.

C. Issues Identified by Students (from questionnaires, staff-student committees etc.) and action taken or planned

In response to comments made by students regarding timeframes for feedback on submitted coursework, all individual programme tutors and module organisers have been tasked with improving the response time for feedback. The individual SSCC and overall programme SSCC will be used to monitor progress with this.

For 2013/2014 90% of students were placed on their 1st choice of programme and 10% their 2nd choice.

D. Issues Identified by External Examiners and action taken or planned

The external examiners again comment on the exceptionally high standard of the work presented by the students and this is especially the case for the projects. We have asked the newly appointed external examiner for the IBSc programme (Professor Joy Hinson) to review a representative sample of projects from across the programmes. She has additionally commented on the overall high standard of these.

E. Specific Programme Organiser Comments and action taken or planned

This year 2013/2014 saw the introduction of the overarching IBSc exam board (Chaired by Dr Brenda Cross) and attended by all IBSc programme leads and the IBSc external Examiner (Professor Joy Hinson). This exam board considered the marks from years 1, 2 and 3, (in the scheme 1.1.6), discussed borderline cases, and additionally considered any extenuating circumstances submitted during these 3 years. The Board then determined the degree classification. In future years this exam board will be chaired by the academic lead for the IBSc programme (Professor Stephen W Davies). The IBSc programme has a new administrator, Theadora Jean.

F. Programme Organiser comment on any structural changes to the programme which have been made in the preceding year which might necessitate an updating of the existing Programme Specification (PS). Please confirm that the PS has been reviewed and updated. Programme Organisers are then requested to send in their updated PSs by email each year to Rob Traynor in Academic Support (r.traynor@ucl.ac.uk) for uploading on to the Academic Support website.

The new programmes offered by the Department of Science and Technology Studies, namely History and Philosophy of Science and Medicine (WBMEDWHPSO11), and Policy Communication and Ethics (UBIMEDWPCEO1) will be introduced for the next academic year 2014/2015.

G. If the Programme is subject to accreditation by a Professional, Statutory or Regulatory Body (PSRB), please include the following information:

The name of the PSRB concerned; General Medical Council

The date (month/year) of the latest PSRB accreditation of the programme;

- Medical School Annual Return (MSAR), December 2013.
- Regional GMC QA visit November 2012.

The main outcomes of this latest accreditation;

The GMC review was completed in the Autumn of 2012. The main outcome showed that there were no serious concerns with our MBBS Programme. We were given one requirement to improve the quantity and quality of feedback on assessments, in particular on summative assessments. There were a number of commendations, and a small number of recommendations, for which we are developing and implementing an action plan.

The expected date (month/year) of the next PSRB accreditation of the programme: Expected date of next MSAR due 31st December 2014



UCL

MBBS Year 4

MONITORING REPORT

2013/14



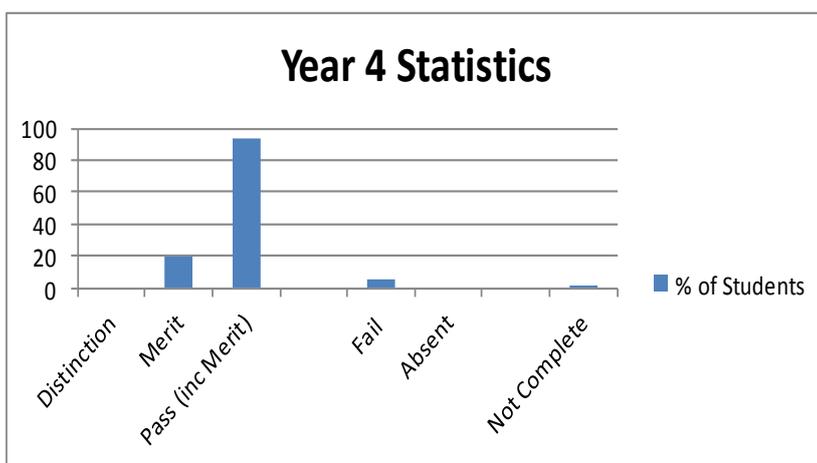
UCL Medical School
University College London

Faculty of Medical Sciences: MBBS Year 4 Programme Organiser Report

Title & Code of Module/ Course	MBBS		
Year	Year 4		
Course Organiser	Dr Gavin Johnson		
Number Enrolled on Course	362	Average Mark Gained	147.4

MBBS Year 4 Assessment Statistics 2013-14

	<i>Number of Students: 362*</i>	
Marks	%	Number
Distinction	0	n/a
Merit	20.2	73
Pass (inc Merit)	93.4	338
Fail	5.3	19
Absent	0	0
Not Complete	1.1	5



*not including 3 MB PhD taken formatively

Summative July 2014

Number of students: 362

	Written Papers	OSCE	Module	Final Result
Pass Mark	58.4	64.4	100	
Entered	358	358	358	358 = total year 4 cohort of whom 6 MB PhD (excluding 3 MB PhD taken formatively)
Group 1 (Pass)	331	336	356	Total 321
Group 2 (Fail)	13	12	1	Total 20 19 – Pass 1 – Directed SSC in Year 6
Group 3 (Clear Fail)	13	9	0	Total 19 (x 3 Group 3 both written and OSCE) 18 – Fail repeat the year
Withdrawn/not entered/not completed	4 WD + 1 withheld	4 WD + 1 withheld	4 WD + 1 withheld	4 WD 1 Result withheld due to exam irregularity pending investigation
Certificates of Merit				73 Pass with merit

Faculty of Medical Sciences: Year 4 Module Organiser Annual Monitoring Report

Title & Code of Module	Introduction and orientation module (IOM)		
Year	MBBS Year 4		
Module Lead	Dr Gavin Johnson		
Number Enrolled on Module	386	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Following the introduction of a new IOM last year we continued to evaluate the module with a post IOM review meeting which discussed student feedback as well as having representatives from the clinical teachers for the modules and student.

The majority of the IOM is working well, the students enjoy and give good feedback for the peer tutors (PALs) and clinical skills sessions and the end of IOM OSCE examination.

The students engage well with a great level of enthusiasm for this fast passed module.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

The cohort size and competition for space for large teaching space (for 380+) means that some teaching needs to take place in the Peter Samuel Hall at the Royal Free campus, which means we are unable to lecture cast those teaching sessions as the software is not available at that location.

The IOM takes place outside the usual UCL timetable which means its often difficult to book rooms as the electronic room booking system is closed during August which is often the time we have confirmed numbers and room requirements.

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

Students and teachers had identified the need for cannulation to be taught in the IOM, this will be introduced into the 14-15 timetables. Students also commented that some of the introductory lectures were too in depth for the start of the year. These lectures will be reviewed and tailored more specifically for students at the start of the year.

Some students felt the groups size during the ward sessions were too large and didn't feel they got an good opportunity to practice the skills they had learnt from the PAL or clinical skills sessions.

The ward sessions are the most logistically difficult to organize and there timing in the module and structure will be reviewed for 14-15

Students were unsure of the reasoning behind their learning sets and the work they were asked to produce together. The introduction of learning sets was a pilot for this year and their continued use will be reviewed.

The module will continue to evolve, taking on board the students feedback and changes to the curriculum and the healthcare provider landscape.

D. Issues identified by External Examiners and action taken or planned

Module isn't reviewed externally

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

Title & Code of Module	Module 4A		
Year	MBBS Year 4		
Module Organiser	Dr Paul Dilworth		
Number Enrolled on Module	366	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

The module has continued to focus on weekly consultant led bedside teaching, seminars and tutorials, ad hoc teaching from junior and middle grade doctors and allocation to outpatient clinics. The students also have the opportunity to go on day and night 'takes'. There has been less conflict between GP and ward based teaching this year due to stressing the importance of GP teaching combined with careful allocation of students to learning sessions. Liaison Psychiatry has continued to suffer from poor attendance but there will be a greater practical focus for next year to involve the students more.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

None

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

Feedback was very good, the students highlighted the organisation and structure as key points, feedback was excellent for respiratory at UCLH and Cardiology at the Royal Free. Feedback remained poor for the new Liaison Psychiatry teaching as students would have liked a more clinical focus and fewer lectures.

The core teaching week received poor feedback due to the feeling that there were still too many lectures and they did not really help prepare the students for the rest of the module as practicing practical skills or a greater focus on clinical cases would have been more beneficial.

Students also identified a lack of structured teaching on the acute 'firm' at the Whittington, this impacted on an otherwise positive experience. There will be a new lead responsible for this module on the Whittington site for the next academic year who will be able to improve on this.

D. Issues identified by External Examiners and action taken or planned (where applicable. Where no comment is required, please see the overall Programme Organiser Report/Department report).

N/A

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Module 4B		
Year	MBBS Year 4		
Module Lead	Mr Mike Oddy		
Number Enrolled on Module	362	Average Mark Gained	

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

The module continues to deliver integrated clinical teaching in gastroenterology, GI surgery, orthopaedics, rheumatology and perioperative care, combined with clinical skills and primary care placements. Previous timetable clashes have been resolved and overall the quality of teaching and clinical experience in the module has been well received.

A perioperative procedures guide has been successfully piloted to enhance guidance in the exposure of anaesthesia/critical care during the attachment and this is now due to be incorporated into a 2014/2015 Module B integrated procedure and clerking log for sign-off. The introduction of procedure, attendance and clerking logs during 2013/14 demonstrated much better engagement and attendance from students, particularly in Block 3.

The module structure aims to provide integrated surgical and medical components of Digestive Health and Movement over 6 weeks although at present Movement at Whittington continues to deliver a 3week/3week orthopaedic/rheumatology split. There have been some potential staff shortages identified for 2014/15 in rheumatology which will need future monitoring through the MMG and if necessary support from other sites.

The module aims to continue delivering teaching in a firm-based structure incorporating ward, small and large group teaching sessions, JCCs and procedure exposures. Good administration support and ongoing site leads aim to continue to maximize staff teaching engagement during the module.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

Recording quality in the Core Teaching Week is still variable at the Royal Free. Ongoing work is needed to improve the capture of recordings to complement the Moodle lectures.

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

Overall positive feedback and no significant changes planned for 2014/15.

Sign-off for attendance / activity: sign-off targets for attendance and activity perceived as too onerous and over burdening by some students; however overall attendance and engagement has improved over the last year. Core activity requirements are being rationalized and will be incorporated into a streamlined combined Module B log for 2014/15.

Core teaching weeks: perceived that there are too many lectures and the CTWs lack structure. The information is however an important background to the following 12 week module. The format is due to be revised for 2014/15, grouping certain days' lectures into themes and incorporating more clinically relevant cases for the pathological lectures.

D. Issues identified by External Examiners and **action taken or planned**

None identified

E. Chair of Teaching Committee's Comments and **Action Taken or Planned** (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Module 4C		
Year	MBBS Year 4		
Module Lead	David Wheeler		
Number Enrolled on Module	362	Average Mark Gained	

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Extra efforts have been made this year to provide more detailed feedback to students during the block. End of placement feedback (every 4 weeks) has been initiated by some clinical leads.

We have continued our efforts to integrate the "laboratory" and "clinical" attachments in ID on the Royal Free Campus so that the experience is similar for all students rotating through module C on this site.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

No.

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

Feedback from students suggests that there is insufficient exposure to endocrinology and nephrology during the module. Nephrology teaching was expanded last year to cover students based at all 3 campuses (rather than just those based at the Royal Free), but it seems that the students still want more teaching in the specialty. Additional opportunities for teaching both nephrology and endocrinology have been identified and will be incorporated into the 14/15 timetables. The appointment of a Lecturer to assist with Nephrology teaching should help to enhance delivery.

Some issues in relation to haematology teaching on both Royal Free and Bloomsbury Campuses earlier in the year. This has been addressed on both Campuses in the form of a timetable revamp and the appointment of Teaching Fellows.

D. Issues identified by External Examiners and **action taken or planned**

The module lead is not aware of issues specific to the module.

E. Chair of Teaching Committee's Comments and **Action Taken or Planned** (Where applicable. Where no comment is required, please see the overall departmental report)

N/A



UCL

MBBS Year 5

MONITORING REPORT

2013/14



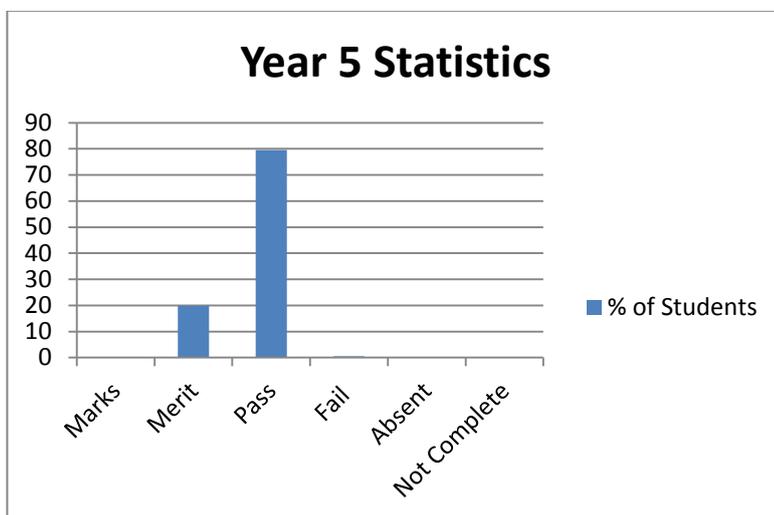
UCL Medical School
University College London

Faculty of Medical Sciences: MBBS Year 5 Programme Organiser Proforma

Title & Code of Module/ Course	MBBS 1004		
Year	Year 5		
Academic lead for Year	Dr Jonathan Cartledge		
Number Enrolled on Course	332	Average Mark Gained	71.0 (written papers) 81.1 (OSCE)

MBBS Year 5 Assessment Statistics 2013-14

Marks	<i>Number of Students</i>	
	%	Number
Merit	19.9	66
Pass	79.5	264
Fail	0.6	2
Absent	0	0
Not Complete	0	0



Overall statistics for Year 5

Marks	<i>Number of Students</i>	
	%	Number
Merit	19.9%	66
Pass first attempt – Group 1	76.8%	255
Pass first attempt – Group 2	2.4%	8
Fail first attempt – Group 2	0	0
Fail first attempt – Group 3	0.3%	1
Pass re-sit	0.3% (group 2 pass at re-sit)	1
Fail re-sit	0.3% (group 3 fail)	1
Absent or Withdrawn	0	0

Faculty of Medical Sciences: Year 5 Module Organiser Annual Monitoring Report

Title & Code of Module	Module 5A: Child and Family Health with Dermatology		
Year	MBBS 2013-14		
Module Lead	Dr Eddie Chung		
Number Enrolled on Module	332	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

The structure of the module has remained basically unchanged. The is an integrated module including a number of vertical themes, delivered by lectures, small group seminars, and clinical teaching/attachments, There are three 4 weeks clinical attachments (2 in paediatrics and 1 in general practice). Feedback from students has been in general favourable and excellent as reflected by the very good performance of the students in their Portfolios and the end of year assessment.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**

A number of staff changes created some degree of anxiety, uncertainty and delay in completing some of the tasks. These are all being addressed and hopefully solved by the beginning of the next academic year. Room booking is continuously a challenging task which requires very early and careful planning. Content and quality of lectures/teaching has been high and appropriate as evidenced in the student feedback.

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

Apparent fragmentation during the central paediatric attachment
 Insufficient guidance on the curriculum/syllabus.
 Actions:
 Transfer some central teaching activities into the DGH attachment such as GP child health days and BLS to increase the clinical time (especially bedside teaching) and continuity at the central sites.
 To produce a syllabus in child health which complements the medical school core curriculum and the module study guide.

D. Issues identified by External Examiners and **action taken or planned**

The previous comment of the noise level in OSCE has improved since moving to a single end of year assessment. We have successfully included a station on clinical examination of children.
 The criterion set pass mark of the written paper is further supported by calculating the standard error of mean of the pass mark to inform more accurately the borderline candidates.

No other major issues.

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

The module is on the whole working well with excellent support from various Trusts and academic institutions. There is a need to improve the communication and integration between the central and general attachments in paediatrics which will be further discussed and planned with away day meetings and small working groups. A continuous process and effort in improving the Moodle site with more educational material, more accurate and up to date information and better interface.

Title & Code of Module	Module 5A: Women's Health and Men's Health		
Year	MBBS Year 5		
ModuleLead	Dr Melissa Whitten		
Number Enrolled on Module	332	Average Mark Gained - Pass	

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Changes during the past year include:

1. Full implementation of the New Curriculum, integrating obstetrics and gynaecology and breast ('Women's Health') and HIV medicine with sexual health and urology ('Men's Health').
2. Introduction of module-specific vertical module content into alternate week Friday teaching sessions alongside horizontal delivery during clinical placements.
3. Development of integrated clinical skills teaching during the Core Teaching week.
4. Pilot introduction of a new clinical session on Termination of Pregnancy (observation of counselling in a TOP clinic) for a limited number of students.
5. Integration of additional components to the module into the end of term mock assessment process.
6. Generation of new SBA and OSCE questions for end of year assessments. The SBA bank has been previously updated and blueprinted. The pre-existing OSCE bank requires further updating to bring it into line with the new template for assessment developed for the OSCEs this year and will require further work in the future.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

1. New obstetric, gynaecological and male genital examination mannequins arrived in time for incorporation into the clinical skills core teaching week sessions. This teaching did not cover breast teaching due to lack of suitable teaching materials. A successful bid has been submitted by the Skills Centre to enable purchase of suitable mannequins during the next year.
2. Successful transition of the Whittington teaching spaces into the new Undergraduate Centre and Clinical Skills Centres helped to enable delivery of teaching locally.
3. Barnet/Chase Farm is undergoing a merger with the Royal Free NHS Trust. No immediate impact on timetabling or clinical provision for students but this issue needs to be kept under review.
4. Barnet currently has a private contract for provision of gynaecological services which could impact upon student learning opportunities. Although we have been assured by the local site lead that there is an educational contract within the agreement to protect student teaching however this will remain under review in the coming year in view of the other potential changes to service provision and changing service delivery landscape.
5. Our midwifery tutors at the Whittington had a change of site for their student midwifery teaching components but this did not impact upon their timetables at the Whittington.
6. The renovation work of the Royal Free Pathology Museum caused some uncertainty as to the availability of teaching space for urology pathology sessions however this was resolved in time for planning of sessions for the 2014-15 year.

C. Issues identified by students(from questionnaires, staff-student committees etc.) and action taken or planned

1. Tutorial provision for O&G at Royal Free campus – occasional clashes of tutorial timetables and clinical sessions caused confusion and difficulty for students. The Module Administrator has worked together with the new Site Lead at the RFH to re-organise the tutorial timetable at the Free to address these problems and initial feedback seems to be positive but will need to remain under review. The Module Lead visited the Royal Free (and Whittington) consultants as part of their regular consultant meetings to discuss issues relating to teaching, and this will continue as a regular event through the academic year.
2. Student involvement with labouring women continues to be a problem in terms of access for some students across all sites. Midwifery leads at all sites have worked hard to reinforce student learning needs and objectives with colleagues and to review timetables to try and reduce potential difficulties with numbers of student midwives on site at same time. This is a standing agenda item at UG Teaching Committee.
3. GP sessions were sometimes problematic due to instances of cancellations by GP tutors at short notice, GP administration problems and, in some cases, with tutors giving variable types of teaching (not all students saw patients, for instance). All of these matters have been addressed by the Primary Care Lead in liaison with the GP tutors.
4. Timetables not being provided until very near to the start of placements (due to knock-on effect in timetabling of administrative problems referred to in (3). Restructuring of timetable organization was made to enable at least a two week warning of evening / overnight shifts ahead of each change of placement.
5. Some problems with breast clinic provision at the Whittington due to changes in the availability of clinical teaching staff numbers which emerged during the Spring of 2014. Students were subsequently reallocated to sessions at Bloomsbury so that all students received the same amount of sessions albeit in different clinical sites.
6. Some timetabling issues relating to integration of O&G tutorials with clinical sessions especially breast. Timetables were reviewed and adjusted accordingly.
7. Problems with urology timetabling with some clinical sessions being overcrowded with students and some sessions being changed / cancelled without due communication to students. Regular and detailed urology subgroup meetings were and are in place to ensure that teaching timetables are consistent and correct and this remains under review.

D. Issues identified by External Examiners and action taken or planned

A new external O&G examiner (Rehan Khan) was appointed this year and examined at the July 2014 OSCE. We will need to identify an additional External Examiner for the July 2015 exam process. No major concerns noted for module specific questions.

E. Chair of Teaching Committee's Comments and Action Taken or Planned(Where applicable. Where no comment is required, please see the overall departmental report)

The past year has seen the implementation of the new curriculum for Year 5 and as such, has been busy with continual review and development of teaching within the module, both in terms of integrated clinical timetables and delivery of several new teaching sessions relating to Vertical Module themes.

Breast and urology components have been successfully integrated into the Module although there is ongoing work to be done in order to ensure consistency of clinical session provision at all core sites.

DGH placements generally received good feedback from students and we conducted a series of informal site visits (together with the Year 5 Lead, CFHD and midwifery colleagues) during Summer 2014 to explore these in more detail. These visits will continue during the next academic year until all sites have been visited.

GP community-based teaching was problematic during the year due to a number of issues detailed above. For the next academic year, the community based GP teaching will move into the DGH component, and this will afford a more balanced timetable between the core site and DGH O&G component and hopefully more flexibility for timetabling in the core sites.

There were continued difficulties with the payments system at the Whittington for the Gynaecology Teaching Associates over the past year (payment came from the Whittington Trust via SIFT funding). A meeting was held in August 2014 with the GTA team and the medical school (via Melanie Hill) to identify a suitable alternative and this was planned to be implemented from Sept 2014.

A limited number of students were able to access the pilot TOP sessions during the year. Feedback from students was extremely positive and an application has been made to extend this opportunity to all students (with appropriate payment through NUT allocations for external providers). Co-ordination of placements between students and clinics needs work and this role has been allocated to the new Bloomsbury Site lead to lead on for the forthcoming year.

The Royal Free Site Lead (Professor Allan Maclean) stepped down in February 2014 and a new appointment to this role (Miss Jo Hockey) was made ahead of this time to enable a smooth transition of leadership locally.

The Bloomsbury Site Lead (Mr Anthony Silverstone) announced an intention to step down at the end of the academic year and work was carried out during the Spring and Summer to successfully appoint a successor to this role (Miss Ephia Yasmin), commencing August 2014.

The Acting Module Co-ordinator role (Jenny Rattray) was ratified into a formal position during the year.

The Bloomsbury Site Administrator (Nadine Mogford) moved to another post at UCL in the Spring of 2014. A new appointment (Wendy Pereira) was successfully made in July 2014.

Title & Code of Module	Module 5C: Care of the Older Person/End of Life and Specialist Practice		
Year	MBBS 2013-14		
Module Lead	Dr Claudia Cooper		
Number Enrolled on Module	332	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

This was first year of the new course; students have generally given very positive feedback. More small group seminars in psychiatry were requested by some and have been piloted this year and will be introduced next year.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

- Nearly half of GP mental health GP led sessions not delivered due to recruitment difficulties of GP teachers which is a sector wide phenomenon – the number of placement days have been reduced from 4 to 2 for next academic year and to be kept under review
- Problems with IT reported frequently at beginning of the year, but with work from the Medical School it seemed to have improved throughout the year.

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

- Length of travel to palliative care hospices – Jane Neerkin, palliative care lead to review arrangements
- More standardization of teaching in psychiatry – new seminar programme to be introduced at main Camden and Islington site on Wednesday mornings
- Very poor attendance at VM days (within COOP and psychiatry) – timetable reviewed

D. Issues identified by External Examiners and **action taken or planned**

Non reported

E. Chair of Teaching Committee's Comments and **Action Taken or Planned** (Where applicable. Where no comment is required, please see the overall departmental report)

See actions above



UCL

MBBS Year 6

MONITORING REPORT

2013/14



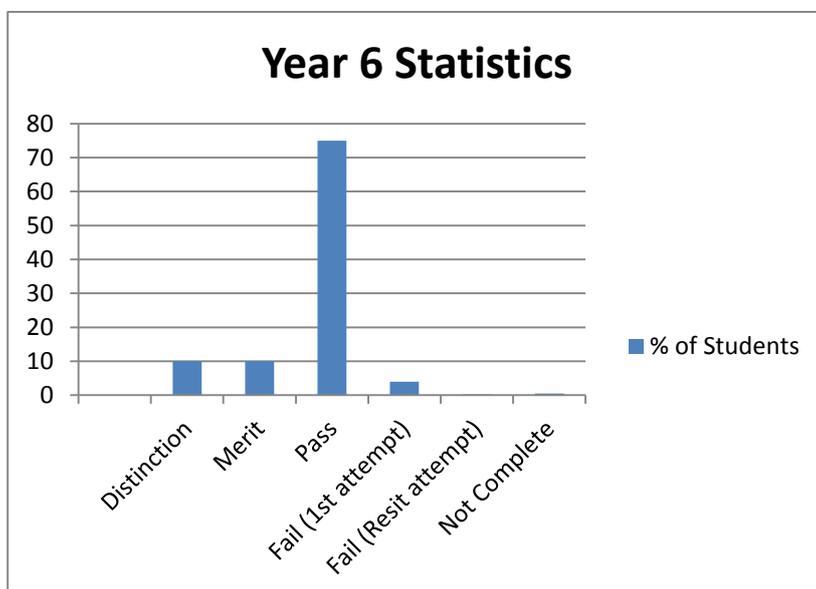
UCL Medical School
University College London

Faculty of Medical Sciences: MBBS Year 6 Programme Organiser Proforma

Title & Code of Degree Programme	MBBS		
Programme Organiser	Dr Aroon Lal		
Number Enrolled on programme	368	Average Mark Gained	Written: 74% Clinical: 77.3%

MBBS Year 6 Assessment Statistics 2013-14

Marks	<i>Number of Students</i>	
	<i>% of students</i>	<i>Number of students</i>
Distinction	10	37
Merit	10	37
Pass	75	276
Fail (1st attempt)	4	15
Fail (Resit attempt)	0.2	1
Not Complete	0.5	2



Faculty of Medical Sciences: Programme Organiser Annual Monitoring Report

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken or planned to resolve any problems. You are also asked to look particularly at issues of student progression.

Undergraduates in the final year continue to work to a very high standard, reflected in the figures above. The assistantship component of the course has developed well and feedback indicates that this is preparing undergraduates both for the examination and their Foundation posts. Students re-sitting the examination have been provided with a tailored placement at one of the DGH sites, giving extra support both from the educational and pastoral perspective, and this has led to a very low failure rate amongst this cohort.

This is the second year for the “post-Finals’ SSC placement and the modules continue to develop innovative ways of preparing the students for practice as a doctor. Several SSCs clearly showed an increase in confidence of the students for the forthcoming Foundation year.

B. Any Learning Resources problems which have affected the provision of the programme (quality of lecture or tutorial rooms, laboratory or IT facilities and action taken or planned

The main challenges to the provision of the Final Year are:

Accommodation: Standards of accommodation continue to improve and regular visits to DGH sites ensure this is kept under regular review. The loss of accommodation at one of the DGH sites (Barnet & Chase Farm) led to a large fall in students choosing to be placed there. Fortunately, there was sufficient capacity at the other site to allow for this.

Service re-configuration: Barnet & Chase Farm Trust has now merged with the Royal Free Trust. This has led to a redistribution of services in that region, but in general has not materially affected the final year apart from the issue of accommodation (above). It is possible that further changes within the new, merged Trust will have an impact and the undergraduate leads for the Trusts involved continue to monitor the situation.

IT access The provision of IT access has generally been good, but students identified 2 of the DGH sites as having sub-optimal provision within accommodation. A formal document on the requirements for provision of IT has been published and all DGH sites have been made aware of this document and have entered into an agreement to fulfill these criteria. The on-going site visits will ensure compliance.

C. Issues Identified by Students (from questionnaires, staff-student committees etc.) and action taken or planned

Overall evaluation of the course has been excellent with 88% of graduates rating it as good or excellent preparation for their career as a doctor and 79% rating the quality as good or excellent.

The new timing of the final MB BS has been unpopular as there is too little time to prepare for a re-take in the event of failing at the first sitting. For the 2014-15 year, this will be addressed by a major re-organization of the final year to allow for the final MB to be taken in March with clear “private study’ before the examination.

D. Issues Identified by External Examiners and action taken or planned

The external examiners were impressed with the final examination. Comments on the relative lack of space at UCL for the clinical examination were made. Attempts to remedy this will be made for next year.

E. Specific Programme Organiser Comments and action taken or planned

This year was the second year in which the Final MB BS examination was moved to an earlier date in order to allow for students who failed on the first attempt to have the opportunity to re-take the examination within the same academic year. This has allowed further development of the 'post-finals preparation for practice SSC' in time for their full scale introduction in the next academic year. Student satisfaction and progression continues to be good.

The main challenge to this year has been the uncertainty over the future of Barnet & Chase Farm Trust (see above), but now that it has merged with the Royal Free Trust, appropriate planning for the future can continue.

F. Programme Organiser comment on any structural changes to the programme which have been made in the preceding year which might necessitate an updating of the existing Programme Specification (PS). Please confirm that the PS has been reviewed and updated. Programme Organisers are then requested to send in their updated PSs by email each year to Rob Traynor in Academic Support (r.traynor@ucl.ac.uk) for uploading on to the Academic Support website.

No structural changes in this year, but the final exam will move to March in the academic year 2014-15 with major structural changes as a consequence.

G. If the Programme is subject to accreditation by a Professional, Statutory or Regulatory Body (PSRB), please include the following information:

The name of the PSRB concerned; General Medical Council

The date (month/year) of the latest PSRB accreditation of the programme;

- Medical School Annual Return (MSAR), December 2013.
- Regional GMC QA visit November 2012.

The main outcomes of this latest accreditation;

The GMC review was completed in the Autumn of 2012. The main outcome showed that there were no serious concerns with our MBBS Programme. We were given one requirement to improve the quantity and quality of feedback on assessments, in particular on summative assessments. There were a number of commendations, and a small number of recommendations, for which we are developing and implementing an action plan.

The expected date (month/year) of the next PSRB accreditation of the programme: Expected date of next MSAR due 31st December 2014

Faculty of Medical Sciences: MBBS Year 6 Module Organiser Annual Monitoring Reports

Title & Code of Module	Year 6 GP Assistantship		
Year	MBBS Year 6		
Module Lead	Dr Richard Meakin		
Number Enrolled on Module	368	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Final Year GP Assistantship is a 4-week out-of-London course, including a departmental introductory and debriefing day. Teaching methods include presentations by GPs and Foundation Year doctors to large groups, and small group work for simulated actor role-play, significant event analysis and mock OSCE practice. One-to-one teaching occurs in the GP practice.

Assessments are formative. All students complete supervised written work and present this work to the GP and practice team. A prize was awarded for the best clinical audit and the best healthcare needs assessment completed during the year. GP tutors were informed of these awards.

The pace, content, teaching methods and assessments are appropriate to senior clinical students, focusing on clinical method, clinical communication skills, communication with colleagues, professional development and reflective learning in preparation for the Foundation Year.

Where GP Tutors or students have raised concerns, these issues have been addressed and followed up by the course team and where necessary in collaboration with the student welfare tutors.

Overall number of self-reported student-led consultations during the rotation has risen again this year with, 70% >25 consultations, 27.8% 11-25 consultations, 2.2% <11 consultations.

GP Tutors have been supported and encouraged to attend educational events to develop their role, e.g. Annual GP Tutors' Conference and Year 5 GP Workshop.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

None

C. Issues identified by students (from questionnaires, staff-student committees etc.) and action taken or planned

Students' overall impression of the placement remains very good, with 91.7% giving a positive rating (66.7% rated 5 (excellent) and 25% rated 4 with a 47.7% response rate.

Four practices were rated 2. On closer inspection of the feedback this seems to have been due to students feeling that the teaching was not appropriate to their level of experience. **Action:** The practices were contacted by the team and appropriate advice, support or action taken. The practice will continue to be monitored closely.

10 confidential comments were made: 5 of which were very positive comments.

Three tutors received specific adverse confidential comments. **Action:** These were followed-up by the Year 6 GP Assistantship course organiser. These were mainly specific issues related to teaching or assessment.

Other less specific confidential comments have been addressed in covering letters to all tutors, newsletters, website updates.

The tutor who was suspected of sexual harassment mentioned in the AMR 2009-10 had 9 students this year. There have been no concerns raised. **Action:** We will continue to monitor this tutor.

Travel costs remain an issue though for fewer students this year (31.4% reported spending over £100 during the rotation). 87.4% were not intending to try and claim for travel expenses from any source. **Action:** We continue to raise student awareness of student support for advice on eligibility for reimbursement of travel costs.

D. Issues identified by External Examiners and action taken or planned

None

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

N/A



UCL

MBBS Vertical Modules

MONITORING REPORT

2013/14



UCL Medical School
University College London

Faculty of Medical Sciences: Vertical Module Organiser Reports

Title & Code of Module	Anatomy and Imaging		
Year	MBBS Year 4		
Module Lead	Prof. Christopher Dean and Dr Navin Ramachandran		
Number Enrolled on Module	362	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

We have now completed the second year of this teaching arranged as a Vertical Module. Three times a year in October, January and May the Year 4 students are divided into 3 groups of ~110. Each group attends a morning of short 10-15 minute case history rotations that cover appropriate imaging in the context of a clinical scenario. Attendance has improved this year with rarely more than 10 students missing from a class. We have stabilized to running 8 or 9 case history rotations each morning, largely because it has been unusual to have 10 teachers available but also because more than 8 appears to stretch the teachers and students too much in 3 hours, even with a break half way. The taught material is completely appropriate to students clinical Module and the feedback is again generally good for the second year running – more so for the early sessions in October than the late sessions in May.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and action taken or planned

The availability of the Anatomy Lab for these sessions is crucial for the success of the Module. Pathological and normal anatomical material together with imaging stations are now set out for each of the 30 case-bases scenarios. This has only been possible because of the dedication of the technical staff working evenings before each morning course to get the Lab ready. This Summer we had to replace 8 high-res touch-screen monitors (at considerable cost) which we hope will now make teaching easier at each station. Finding teachers knowledgeable enough and qualified to enliven each clinical case in the broadest possible way has been difficult but a plan to engage additional year 1 Radiology trainees this coming year will contribute to this module being a success.

C. Issues identified by students (from questionnaires, staff-student committees etc.) and action taken or planned

The student feedback dwells sometimes on the number of cases taught in a morning session. Some feel too little time is spent of each case. Others feel too many cases are covered in the 3 hour session – despite a break half way. Overall, however, students appear to find the Module useful for giving them confidence with ward-based encounters and with imaging modalities they are required to report on and interpret in clinical situations.

The teachers and the Module leads believe the cases should be snap-shots and be short. They each build on each other in a cumulative way during the morning circuit and while we may still experiment with 8 to 10 per session or 12 to 15 minutes each the flavour of the Module should we feel not become too intense with prolonged teaching at each station.

D. Issues identified by External Examiners and action taken or planned

The external examiner in anatomy and imaging (Year 1 and 2) is aware of this Year 4 Module and is very positive about extending anatomy and imaging teaching into the clinical years and where ever possible reducing overload in Year 1 and 2 reciprocally.

While clinical OCSEs and other exams in Year 4 and onwards will obviously incorporate material taught on this Module naturally in an integrated manner, it is not examined as an isolated unit or Module within the curriculum. This course has been successful enough to form the basis of plans to teach similar Modules in Year 5 and 6 that are now being planned and designed.

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Clinical Skills and Practical Procedures		
Year	MBBS Years 1, 2, 4, 5 and 6		
Module Lead	Dr Alison Sturrock		
Number Enrolled on Module	Approx. 1717	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Student work is appropriate to their stage in the course. No specific problems identified.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

The closure of the divisional assessment centre has led to a pressure on room bookings in the clinical skills centres

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

Students want more clinical skills session in the early years with smaller number of students in each session. The number of sessions is limited due to space in the curriculum and number of students per session is limited by the number of clinical and peer teachers available to deliver these sessions.

D. Issues identified by External Examiners and **action taken or planned**

N/A

E. Chair of Teaching Committee's Comments and **Action Taken or Planned** (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Pathological Sciences		
Year	MBBS Years 1, 2, 4, 5 and 6		
Module Lead	Dr Katherine Ward		
Number Enrolled on Module	Approx. 1717	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Year 1 & 2 teaching - has received consistent positive comment both from students and from colleagues. As well as the ongoing commitment to the Infection and Defence module, Pathological Sciences teachers contribute significant sessions on other modules. In addition to his role in Infection and Defence, Professor Delves led on formative assessment, and satisfactory results were achieved. At the beginning of the Academic Year there were severe problems with access to the computer for delivery of Powerpoint and Turning Point. The Module Lead for Pathological Sciences reported the problem but also spent a considerable amount of time trouble shooting and ensuring Turning Point was available. By the end of the first term the issues had been resolved

The change in the format of student feedback for Years 1, 2 remains a major issue. Lecturers no longer receive individual ratings. Outstanding teachers are easily identified from general comments but other lecturers have been disappointed by the lack of specific feedback. Without such feedback it is not possible to drive quality of teaching, to support teachers in the early stages of their career or help and advise failing teachers. In the absence of such feedback there is a very real risk that teachers may feel undervalued or under motivated, and certainly will be unaware of "blind spots" in their teaching. This problem has been reported to the Quality Assurance Unit.

Year 4 teaching – The Core Teaching Weeks for modules A, B and C ran smoothly. An Opinio survey designed for these weeks provided useful specific feedback. Any particular issues were drawn to the attention of the lecturers concerned. The Core Teaching Weeks have been reorganized in response to student feedback and concern over low attendance levels – see C below. The availability of additional material on Moodle and the Pathological Sciences Workbooks were appreciated by the students.

Year 5 teaching – The reorganization of new year 5 proved successful in all three modules.

Pathology Museum at RFH – Closure and refurbishment of the museum caused great concern regarding availability of museum teaching sessions. A working party was set up by Elizabeth Benjamin and in collaboration with Subhadra Das, Curator, UCL Teaching & Research Collections, a working solution is being developed.

The support, hard work and commitment of the Pathological Sciences Teaching Committee and teachers was as usual outstanding. The enormous contribution of Teaching Administration was essential for the smooth running of this complex vertical spine.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and action taken or planned)

Problems with the Lecturecast recording failure at the Royal Free and Bloomsbury site as a result of local AV issues. Both video content and sound were missing on some of the recordings. Concerns were raised with senior staff overseeing AV support to ensure that the support for IT and AV is available for Lecturecast. We have been reassured that there will soon be a system in place to support this and hopefully prevent the recent problems. Apart from lack of proper AV support, another common problem is no sound because teachers do not use the hand held microphone. Reminders about Lecturecast are sent routinely to all teachers involved in the Core Teaching Weeks. In the coming academic year the Module Lead will again take every opportunity to remind teachers about the microphone during the Core Teaching Week and audit Lecturecast sessions giving feedback where appropriate. She will also ask students in the audience to remind lecturers about the microphone.

C. Issues identified by students (from questionnaires, staff-student committees etc.) and action taken or planned

The student rep for Pathological Sciences, Ernest Jin-Ker Chew, gave helpful feedback. The main issue raised by the students was the Core Teaching Week (CTW) and the intensity of the programme together with the lack of Use of Medicines teaching. In June 2014 it was decided at the last minute to reorganise the CTW. This involved an enormous effort on the part of the Module lead and her administrative team. The aspiration is to combine clinical teaching with Pathological Sciences teaching and Use of Medicines. This has been achieved for some topics and it is planned to gradually combine more sessions. Museum sessions have been increased in which the students rotate around various stations.

D. Issues identified by External Examiners and action taken or planned

N/A

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Use of Evidence		
Year	MBBS Years 1 and 2		
Module Lead	Dr Mark Griffin		
Number Enrolled on Module	655	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Feedback from tutors involved in delivery of the sessions has indicated that most students have coped well with all the materials and the tasks assigned to them during the teaching sessions. Given the diversity of student backgrounds some students find the exercises set during large group work sessions (LGW) fairly straightforward whilst others find them more challenging. The sessions are designed to have a graduated level of difficulty so students can build their understanding. The nature of the sessions enables tutors to give individual assistance to students to ensure those who are in need of more help can be given individual support and assistance. Sessions close with a review and summary of session content and an opportunity for students to clarify any points that may still be unclear on before the close of the session.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and action taken or planned)

Rooms used for teaching have, on the whole, been suitable for the teaching purposes. Where any problems with rooms have been identified (e.g.insufficient space/inadequate resources) these have been reported to the relevant administration team and action taken to rectify the problem for future sessions.

C. Issues identified by students (from questionnaires, staff-student committees etc.) and action taken or planned

No specific comments/feedback w.r.t. the UofE VM received.

D. Issues identified by External Examiners and action taken or planned

None identified.

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

None identified.

Title & Code of Module	Use of Medicines (including Mechanisms of Drug Action)		
Year	MBBS Years 1, 2, 4, 5 and 6		
Module Lead	Dr Reecha Sofat		
Number Enrolled on Module	Approx. 1717	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

The early years part of the module, largely taught in year 2, continues to be excellent with high quality lectures and tutorials. Is well received by students with feedback continuing to be of a high quality as in previous years. We have been working hard this year to refresh and improve the question bank of SBA's, and continue to do so, in conjunction with the new lead of this component.

The course offered in years 4-6 has in the last 2 years been unable to develop in the new curriculum. The decision to lose the Taught Course in Medicine, and in particular Therapeutics, means that there has been no formal regular therapeutics teaching to bridge learning from basic mechanisms of drug action to practice based action of drugs in humans. To partially cover, lectures have been available on line for the first year that Y4 ran, with additional end of module review sessions, and a specific out of hours session to prepare students for SBA's. Overall, this was less than adequate.

The Y4 issue is beginning to be resolved with the re-introduction of the course, in the core teaching weeks and in VM time. This is a somewhat piecemeal re-integration, that should be seen as work in progress. We will continue to work with the Y4 lead in order to provide students with a solid grounding in Clinical Pharmacology and Therapeutics.

Year 5- progress has been made with the introduction of a small group session in therapeutics in maternal medicine; this will be offered again, with an additional session with the Medicine for the Elderly block, which will be introduced in the coming year.

We ran a successful pre-finals revision course with excellent feedback, this will be integrated into the final year timetable next year

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and action taken or planned

As above, lack of therapeutics teaching time in the clinical years is being addressed through liaison with year leads.

There are Teaching Fellows within the medical school, with one whose particular interest is UoM. We are trying to integrate these individuals with the UoM MMG. If such a fellow is made available, this could help teaching delivery and planning, and facilitate innovation in teaching, where there is some lack of resource, particularly in Y2.

Although not a learning resource, it should be noted, that as with other VM's, the UoM would like to continue to contribute to the balance of questions that appear in finals exam papers. 2013 was the first year where the UoM lead did not review the final paper, though she did contribute questions. We believe that the MMG leads should have overarching responsibility for the content and balance of this exam paper- reporting to the assessment lead

C. Issues identified by students (from questionnaires, staff-student committees etc.) and action taken or planned

Students have contacted Uses of Medicines staff regarding a lack of teaching in therapeutics and phamacology in year 4, and it is understood that students have also brought this to the attention of the medical school through the staff-student committee.

Continuing the trend from previous years, feedback from the students about UoM teaching has been very good

D. Issues identified by External Examiners and action taken or planned

These are unknown as we have not been informed of any comments pertaining to UoM by external examiners. It should be noted that in year 2, the external examiners report (Professor Sharp, University of Oxford) had not been forwarded to the UoM MMG. We assume there are no matters to address but it would be good to know rather than assume

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

Dr Sofat has taken over as lead for UoM in 2013 and has done an impressive job in her first year. She has had good engagement from the year leads (4-6) and has been successful in persuading them of the need for greater teaching time of this vitally important subject. The Medical School has also been persuaded of this by Dr Sofat. Professor Sivilotti has taken over as lead for UoM in years 1-3 has led the UoM teaching in these years with distinction. Professor Sivilotti and Dr Sofat, they have been an exemplar of team-working. (Professor R MacAllister, Director, Division of Medicine; Professor T Smart, Schild Professor of Pharmacology, Head of Department of Neuroscience, Physiology and Pharmacology).

Title & Code of Module	Mental Health		
Year	MBBS Years 1, 2, 4, 5 and 6		
Module Lead	Dr André Strydom		
Number Enrolled on Module	Approx. 1717	Average Mark Gained	NA

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Half of the Mental Health content this year was new, and the course is being actively reviewed and revised.

Feedback from students on the early years mental health sessions (all in the mind, culture, spirituality, family and mental illness – year one and schizophrenia – year 2; depression, anxiety and cultural mental health in year 4) has been limited in quantity but positive – the year one and the year 2 session (new this year) have attracted positive comments especially. A Vertical Module (VM) tutor wrote to me to praise the schizophrenia session and reported her students had seemed to benefit from it.

Andrew Sommerlad and Claudia Cooper met with VM tutors to discuss the year 1 session on culture and mental illness and Andrew has incorporated their helpful feedback for next year.

Discussion between psychology and psychiatry resolved overlap.

Students' complaints about 'too many Introduction to' lectures in first year met by integrating introductory material better. Most student feedback is general across series of lectures, not specific for lectures, so usually hard to turn into action.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and action taken or planned)

- Problems with IT reported frequently at beginning of the year, but with work from VM department seemed to have improved throughout the year.
- Problems with Peter Samuel Hall: no access (locked), no computer, no computer access, sound is very poor and no microphones etc.
- Very poor attendance at VM days in 5c module (within COOP and psychiatry) – timetable reviewed
- It would be helpful to have details of timetabling earlier – we still do not have a time for the schizophrenia lecture next year, or confirmation it will happen. To book the best lecturers we need to book ahead.

C. Issues identified by students (from questionnaires, staff-student committees etc.) and action taken or planned

It is difficult to separate student's feedback but some suggested to have more practical teaching rather than lectures.

We are developing video based teaching into Year 2 for 2014-15 with a practical focus.

D. Issues identified by External Examiners and action taken or planned

N/A

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Social Determinants of Health (Clinical Epidemiology and Public Health Component and Year 6 Electives)		
Year	MBBS Years 1, 2, 4, 5 and 6		
Module Organiser	Dr Anita Berlin		
Number Enrolled on Module	Approx. 1717	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

STUDENT ENGAGEMENT with the topics is general good especially with the 3 portfolio items : Year 1 NHS structure; Year 4 Global Health Country Study; and Year 6 Post elective report . The student work is generally good often excellent although there have been some significant problems plagiarism : **Action:** advice to students and tutors and more_use of Turnitin

ATTENDANCE at some sessions (especially year 4 and 5) has been very poor. As a result some session have been withdrawn by academics who may need to repeat session 9 times a year. The student culture is generally moving away from attendance. The Medical School position is somewhat confused - insisting teaching is mandatory for academic but attendance is not mandatory for students - resulting resentment particularly from more research orientated academics who are preparing material for a little 15% as the class.

Action: Some session will be moved to on-line only and some have been shortened and moved to Intro & Orientation Modules. Medical School needs to review its stance in the light of changing student values and the impact on academics.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

ADMIN: Considerable confusion continues for administrators, academics and students regarding timetabling. The current division of labour between vertical modules, other module and divisional administrators make little sense. No one seems to have an overview or a complete picture .**Action:** Medical School needs to revise the separation of "vertical" and Horizontal" module administration

FUNDING: Historical lack of transparency regarding funding of the MBBS programme through the load allocation model has not been resolved. This module relies on teachers for a range of sectors (not just UCL and NHS) including the Local Authority (for Public Health) , private sector (occupational health) and voluntary sector (for placements and visitors).

Action: Senior administrators in the Faculty of Population Health are meeting to review "cash" budgets and load allocations.

MOODLE: this is not used to its maximum educational potential. **Action:** temporary Year 1 & 2 administrator will update the SDH section (time permitting)

STAFF AVAILABILITY: Availability of tutors for small group work and providing feedback for portfolio submission remains a challenge which would be helped by clearer funding. Doctoral student have made a great contribution to marking but many supervisor do not permit their doctoral student to get involved with teaching . **Action:** meeting to be organized with Divisional Graduate tutors.

C. Issues identified by students (from questionnaires, staff-student committees etc.) and action taken or planned

Lack of adequate information: Student feedback, especially the on-line SEQs for SDH is so general as to be frequently useless. **Action:** module lead and module administrator will use paper SEQs to target problem or new session
Students reported frustrations with Moodle and timetables:

Year 1: Prof Marmot lecture very popular and small group synthesis session (thanks to excellent VM tutor input). Some sociology has been rationalized to be more focused SPL are no longer timetable as they did not provide any feedback. Portfolio item needs revision to make it more relevant and educational.

Year 2 : In line with students requests and contemporary science a session on Health & Sustainability will be introduced this year

Year 4: The Homelessness/TB sessions effective and extremely popular. The revised Screening session (health economics) was very well received. The health Equity session need further review

Year 5: Global Health portfolio was done well. Attendance at some sessions poor . Some public health session have be revised and shortened: **Action** Further review 5 Global Health teaching more focused on student learning of core . A TEDI grant is being used to research student views

Year 6 : Good engagement with the post elective report : **Action** To be revised for the new timetable

D. Issues identified by External Examiners and action taken or planned (where applicable. Where no comment is required, please see the overall Programme Organiser Report/Department report).

New integrated OSCE station incorporating SDH praised by examiners .More SDH component will be commissioned this year following an assessment workshop in September

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

See points above especially regarding lack of funding transparency and impact of student attendance on academic involvement.

Title & Code of Module	Student Selected Components (SSC)		
Year	MBBS Years 1, 2 and 6		
Module Lead	Dr Greg Campbell (Year 1&2) and Dr Aroon Lal (Year 6)		
Number Enrolled on Module	655 (Year 1&2) 368 (Year 6)	Average Mark Gained	SSCs 1 and 2: B (Above level expected) In Year 6 students take 2 pre-Finals SSCs and 1 Post-Finals Post Finals SSC: A (Well above level expected)

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Year 1&2 SSC:

Once again a generally high standard of work throughout the two years. Most students received a grade between A and C. A few were awarded a D but no one failed with an E. Vast majority of students were happy with the teaching on their SSC.

One student had to resubmit essay after uploading wrong piece of work.

One student who is interrupting next session will need to complete their language SSC.

Year 6 SSC:

SSCs in the final year are broadly divided into two types, pre- and post – finals. The post-finals placement has tended to be more clinical and in many cases takes the form of a ‘preparation for practice’ attachment. Student performance has been good over the wide range of SSCs offered.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

Year 1&2 SSC:

Real problems this year in finding rooms for SSCs on Bloomsbury site. This is likely to be a continuing challenge. We’ve asked the Language Centre to use their space wherever possible, particularly with small classes as these can drain the resource from the bulk of SSCs.

Again some potentially serious SSC funding problems; several tutors (clinical) were either told by their HoD’s that their SSC wasn’t generating enough funding to warrant the running of the SSC or that their department would not receive funding from the division.

Year 6 SSC:

Non reported

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

Year 1&2 SSC:

Students had problem with organization and assessment feedback from an individual SSC (Max-Fac Surgery, Eastman). This usually receives excellent student feedback, even though the SSC is rather chaotic, as students are highly stimulated when they observe some rather remarkable clinical conditions in and out of the operating theatre as demonstrated by members of the clinical team. I have spoken with the SSC lead and he assures me that for 14/15 the SSC will be better organized and structured as he will have more time to devote to it and he has delegation in place.

Similar concerns were voiced regarding a surgery/research SSC and I met with the SSC lead and he assured me that he has staff in place who will cope with the running of the SSC in 14/15 which should result in better organization etc.

One student has serious issues with a Language Centre SSC. I have liaised with the LC and this has been resolved.

Year 6 SSC:

Student satisfaction has been good. 86.07% rated their SSC as very good or excellent and 84.4% rated their educational experience very good or excellent.

D. Issues identified by External Examiners and action taken or planned

N/A

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

Year 1&2 SSC:
Non reported

Year 6 SSC:

This year saw the expansion of preparation for practice SSCs in readiness for the changes in the next academic year brought about by the earlier timing of the final MB examination. From next year, all students will be expected to undertake this SSC after finals, with the pre-finals placement being their chance to pursue a more traditional module.

Title & Code of Module	Portfolio		
Year	MBBS Years 1, 2, 4, 5 and 6		
Module Lead	Dr William Coppola		
Number Enrolled on Module	Approx. 1717	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Tasks are well spaced out and enable engagement throughout the year. Nearly all activities are using a VLE or dedicated ePortfolio. Some students unaware or neglectful of deadlines

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

None

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

Some comments that tasks could be more succinct, and perhaps less repetition. Use of the NHS ePortfolio not always felt to be friendly. Some students felt that more guidance on use and tasks would be helpful. We plan to improve instructions and signposting for students, and are working on improved functionality for ePortfolio

D. Issues identified by External Examiners and action taken or planned

None

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Patient Pathway Year 1 Integrated & Community Care		
Year	MBBS Years 1 and 2		
Module Lead	Ms Shirley Cupit		
Number Enrolled on Module	655	Average Mark Gained	NA

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

This experiential learning approach, with Public and Patient Involvement (PPI) at its core, has continued to be a valuable and popular part of the curriculum, as evidenced by feedback from students, VM Tutors and Community Tutors. Students generally engaged very well with their community placements and meetings with patients and professionals in VM groups, enhancing their communication skills, developing their understanding of the complex factors that affect health and wellbeing and finding out about the range of health and social services that provide support.

Community tutor feedback about the student visits was generally very positive but showed that a minority of students had not prepared for their placements and/or engaged poorly on the day. Some students also attended on wrong dates or at wrong placements and had clearly not accessed the very clear guidance on Moodle. Others were absent without notification. We are taking steps to ensure that all students know how to access the Moodle information and that VM Tutors prompt them to do this before placements. Un-notified absenteeism was dealt with individually as a matter of professionalism. One student whose response raised concerns was referred to the VM Lead for further follow-up.

Representative (anonymised) examples of feedback from placement providers and visitors were made available to all students via Moodle so that they can learn from both positive and negative comments.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and action taken or planned)

For the second year running severe problems with a/v equipment in Cruciform LT1 prevented full delivery of a key lecture in Y1 FHMP Module. We have been assured by the a/v department that this problem is now solved.

Timetabling changes meant a reduced number of dates for community placements and some being scheduled for Friday afternoons and outside of VM time. This presented a big challenge in recruiting sufficient placements for all students and contributed to student confusion about where and when they should attend placements. It also meant we had to continue using practices that received poor feedback previously. This has been resolved for the forthcoming year as placement sessions have been reinstated in VM time with a sufficient number of sessions in the timetable.

Finding accessible tutorial rooms for patient visitors and workshop providers affected by disability was a challenge at the Bloomsbury site (Rockefeller Building) and Whittington site. The Whittington tutorial rooms also proved particularly problematic for visitor sessions as they were spread over a wide area, necessitating long walks between reception and tutorial rooms. In the forthcoming year we believe that the availability of suitable rooms in the newly refurbished Cruciform building will make life easier at Bloomsbury. We have made arrangements for hosting at the Whittington to be concentrated in the Clinical Skills Centre and where this is not possible will only use the Bloomsbury and Royal Free sites. The provision of sufficient staff for hosting and support of visitor sessions continues to be a topic of discussion.

Planned changes to our Opinio feedback questions were not rolled out quite as planned so we were only partially able to match student feedback to individual placement providers and visitor sessions as part of our QA and PPI strategy. We now have agreement to devise a suitable evaluation process that will be undertaken by the PPICC team and should solve this problem in the coming year.

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

Student feedback about placements and visitor sessions was overwhelmingly positive, in particular about how much they enjoyed and learnt from talking with patients/clients. They credited these experiences with giving them powerful opportunities to learn from others, to practice their communication skills, to work with their peers and to make sense of their academic learning. Many students demonstrated commendable ability to reflect in their feedback – both on their interactive skills and on how their knowledge, opinions and attitudes had changed.

Those students who had not accessed the preparatory materials on Moodle were critical of having no clear guidance or objectives for placements. We will endeavor to ensure that students do prepare properly for future placements by increasing the signposting to materials on Moodle.

Whilst most student feedback about placements was very positive, a minority of placements were criticised for poor organisation of visits or lack of suitable activities on the day. Where feedback has been consistently poor we have dropped practices from our recruitment for next year. We have passed feedback on to others and will monitor future performance.

Both positive and negative feedback has been passed on to services, workshop providers and visitors where we were able to link the feedback to individuals. This has elicited positive responses from those providers and visitors, who have welcomed both the positive reinforcement of what worked well and suggestions for improvements.

D. Issues identified by External Examiners and **action taken or planned**

N/A

E. Chair of Teaching Committee's Comments and **Action Taken or Planned** (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Patient Pathway Year 2 Cardiometabolic		
Year	MBBS Year 2		
Module Lead	Prof Aroon Hingorani and Dr Derek Hausenloy		
Number Enrolled on Module	329	Average Mark Gained	Grade B

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

The Cardiometabolic Patient Pathway (CPP) Module offers students the opportunity to learn about Cardiometabolic illness from the patient perspective. Each student group gets the opportunity to meet a patient suffering from relevant disease. The sessions are led by Tutors who help students to focus on the patient and their illness rather than on purely theoretical aspects of the disease.

Students very much enjoyed the course as they had the opportunity to interact with the patients in a very relaxed atmosphere and under a clear direction from the tutors. As part of the assessment, students submit an essay and give a presentation (in a group of 3 – 4).

Students interacted with the patients very well. At the end of the course, tutors, patients and students feedback that when it comes to communicating with the patients, the students have grown in confidence over the course of the module and their communication skills have improved.

At the end of the module, the majority of students produced essays of very high quality. The students were also very confident when giving their presentations. The majority of the presentations and essays were graded A, B or C.

Content: The module focused on cardiometabolic disease and the lectures covered Cardiovascular Disease history taking and management, Diabetes and Peripheral Vascular Disease history taking and management.

Teaching method: the Module started with an introductory lecture on the subject to all students. During all remaining sessions, students were divided into small groups of 12 - 15. Patients were invited to all the sessions with the exception of the introductory lecture. The sessions with the patients started with a half an hour lecture with the remaining time focused on the patient. The teaching concept used was very effective in facilitating the aims of the course.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and action taken or planned)

The module ran very smoothly, there were not any issues that would affect provision of the module.

C. Issues identified by students (from questionnaires, staff-student committees etc.) and action taken or planned

Overall students were very happy with the module and provided very positive feedback about the way the module was organized, subjects discussed, and quality of lectures. What the students enjoyed most was the opportunity to interact with the patients and the guidance and directions given by Tutors.

Issues that some of the students raised:

- Assessment – timing of the submission seemed to fall during busy period when students were submitting end of term portfolios and iBSc applications- the timing cannot be changed.
- Course structure – students would prefer to have lecture slides before the sessions.
- Teaching quality – a minor percentage of students provided negative comments about 1 Tutor in their group

Following from students feedback the following changes will be introduced from 2014/15 academic year:

- Assessment
 - ✓ Presentation will not be formally assessed, the only summative assessment will be essay
 - ✓ Length of essay will be reduced to 1,000 words (from 3,000 words)
 - ✓ Students will be provided with a mixture of core essay titles at the start of the course and will be able to start writing from the beginning of the course.
- Course structure and material
 - ✓ Students will be provided with much more detailed course material before the course. This will allow for the actual lecture to be much more structured / focused and shorter.
 - ✓ Two sets of material will be provided: detailed material for students before the lectures and revised slides for the tutors to use during lectures.
 - ✓ Session length will be reduced from one and a half hour to one hour per group. First 10-15 minutes will be dedicated to a lecture feedback, the remaining time will be focused on the patient.
 - ✓ Patients will participate in the whole session
- Teaching quality
 - ✓ Feedback on Tutors should provide more information (students should be asked to provide best / worst teaching practices and indicate their student group and date of lecture so that the feedback can be traced back to the tutor).

D. Issues identified by External Examiners and action taken or planned

N/A

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

Action taken to improve experience for both students and patients as outlined above.

Title & Code of Module	Patient Pathway Year 5 Cancer Patient Project		
Year	MBBS Year 4		
Module Lead	Dr Ursula McGovern (covered by Dr Eichholz whilst on maternity leave)		
Number Enrolled on Module	362	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Feedback generally good. High calibre of essays – Allen Goldsmith Prize will be awarded in Sept 2014 for the most outstanding essay submitted.

With regards teaching – we are actively trying to recruit more tutors to the project to ensure tutorial groups are kept to a manageable size and essays are marked promptly.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

No projector available at the Royal Free Hospital to deliver the Introductory lecture in Sept 2013. This year, the lecture will just be delivered over one site at UCL.

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

Feedback suggested it still can be quite difficult for students to find a cancer patient. For the coming year, we plan to email clinic clerks and physicians to remind them students will be attending to facilitate the process. Reassurance will be given to the students in the introductory lecture that ALL students will be allocated a patient and this does not need to be a cause for anxiety.

GI and prostate podcasts are being updated for the coming academic year, as have been identified as “out of date” by some students.

D. Issues identified by External Examiners and action taken or planned

None

E. Chair of Teaching Committee’s Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Patient Pathway Year 5 Mother and Baby		
Year	MBBS Year 5		
Module Lead	Melissa Whitten		
Number Enrolled on Module	332	Average Mark Gained – N/A	

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Changes during the past year include:

1. This patient pathway in maternity is a new development for Year 5. The aspiration was for women to be self-recruited through advertising in core site maternity departments and to then be matched with students during their pregnancy in order that students could then follow through the antenatal and postnatal timeframes. Unfortunately the large-scale logistics of this proposal proved logistically ambitious, and it was not possible to achieve recruitment in this manner in sufficient numbers to enable a whole-year matching process. For the 2014-15 year, after consultation with student representatives and the Year 5 Lead, a decision was made to move to a 'throughout' year process whereby students will identify and recruit a patient themselves, during their core O&G placement, usually in the antenatal setting, and will then follow the woman through her antenatal and postnatal course. The aim would be for students to have 2-4 meetings with the woman including during the postnatal period. Support in recruitment will be given to students who find it difficult to recruit women themselves. It will be important to ensure that students starting the summer term are linked with women early on in order that they can complete the pathway ahead of the exam period commencing.
2. Tutorial sessions in the initial proposal for the pathway included two tutorials within VM teaching time throughout the year. This caused logistical challenges for tutors given the complexity of timetabling for each module for VM days, sites and session times. We were able to deliver tutorials to most of the year group who attended VM sessions during the Autumn and Spring Term, and focused these on specific subject areas relevant to the pathway aims. In the 2014-15 sessions, we have moved to a two tutorial support programme, where tutors will meet with students twice during their WHMH VM teaching programme to facilitate sessions relating to two key areas: communication skills and shared decision-making.

B. Any Learning Resources problems which have affected the provision of the Module(quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**

1. Complexity of timetabling of tutorial sessions across the various VM programme made it logistically challenging to provide enough tutors for consistent small group work, often resulting in group allocations having to be changed at short notice (see below). We have changed the schedule for tutorial provision for the next academic year as detailed above and envisage that this will enable a more consistent experience for students.

C. Issues identified by students(from questionnaires, staff-student committees etc.) **and action taken or planned**

1. Delay in starting the pathway
2. Late notice of VM tutorial changes

Both the above matters led to the review of the way in which the programme was being planned and when and how the tutorial programme would support the pathway. Changes have been made for the 2014-15 programme as detailed in (A).

D. Issues identified by External Examiners and **action taken or planned**

Not part of end of year assessment on this occasion.

E. Chair of Teaching Committee's Comments and Action Taken or Planned(Where applicable. Where no comment is required, please see the overall departmental report)

The aspiration was to introduce a patient pathway in maternity and the newborn which would allow all students to be connected to a woman early in the academic year and to follow her through her pregnancy and delivery and into the postnatal period, supported by ongoing tutorials by a small team of facilitators. The logistics of organising and delivering this proved significant and the end result was that the pathway was not implemented in the way in which it had been hoped. A major review of process was undertaken and a modified, and more realistic programme, has been planned for the next academic year.

Title & Code of Module	Synthesis and Professional Practice		
Year	MBBS 1 and 2		
Module Lead	Dr William Coppola		
Number Enrolled on Module	655	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Work quality was generally good, and well supported by VM tutors. A variety of teaching methods were used, resulting in good engagement by students, and no significant academic problems

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and **action taken or planned**)

Room bookings and IT and AV facilities have been problematic. There is insufficient bookable space at the Whittington campus, the Royal Free campus has unsatisfactory booking arrangements (not centrally bookable). IT use at the Whittington has been hampered by over-zealous security on Trust computers, now hopefully partly resolved by the supply of approved USB sticks. IT provision at the Royal Free campus is not comprehensive, and at Bloomsbury there have been frequent AV and IT failures in the main cruciform lecture theatre. A medical school IT operations group has been established to address some of these problems.

C. Issues identified by students (from questionnaires, staff-student committees etc.) **and action taken or planned**

Clearer learning objective for some sessions, and better consistency of delivery. Better labelling of the sessions

D. Issues identified by External Examiners and action taken or planned

None

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Ethics and Law		
Year	MBBS Years 1, 2, 4, 5 and 6		
Module Lead	Dr Jayne Kavanagh		
Number Enrolled on Module	Approx. 1717	Average Mark Gained	N/A

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

Significant changes to teaching sessions this year included:

Years 1 and 2

The reinstatement of E&L lectures in VM time, immediately before the small group work as requested by VM tutors.
 The reinstatement of the Duty of Care and Clinical Negligence seminars.
 Seminar powerpoint slides provided to help tutors structure their seminars and convey key take home messages and learning outcomes
 New exercise on abortion and conscientious objection argumentation

Year 4

New PALS/medical student delivered IOM session on 'Sexuality Matters in Healthcare'.
 Loss of tutor training sessions before each Block's teaching

Year 5

New FGM session run 6 times per year
 New 'Towards the end of life' session run 9 times per year
 All year 5 sessions were facilitated by clinicians with an interest/expertise in ethics and law. Patient visitors were invited to speak in the FGM and abortion sessions.
 Voluntary placements in abortion assessment clinics were introduced to supplement the seminar-based abortion session.

Problems identified and actions taken to resolve them:

General

Lack of peer facilitated sessions. New peer delivered sessions on the pharmaceutical industry and access to the NHS will be introduced in Year 2 next year.

Year 2

Exercise on abortion and conscientious objection argumentation too complex. This will be simplified for next year.

Year 4

The IOM session was not an 'introductory session. Difficult to sustain session as reliant on available 'expert' students. Next year there will be an introductory lecture in the IOM delivered by staff and the 'Sexuality Matters' material will be incorporated in a new session on prejudice and discrimination called 'Did I really hear that' in Block 2. Raising concerns will be a theme throughout the year with related material in each Block, including the introductory lecture.

Year 5

Difficulties throughout the year with reliability of 'expert' paediatricians. Four per session were required to deliver the seminars following the lectures. The seminars had to be given to the whole group by the lecturer on two occasions. The sessions will be reconfigured and delivered three times a day once per term by two expert paediatricians with one back up next year.

Year 6

The revision lecture time was cut to 1 hour. This was not long enough. Next year, there will be two hour long revision lectures.

The quality of student work both in terms of engagement in sessions and performance in assessments remains good.

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and action taken or planned)

I still get emails from students who can't find ethics and law material on Moodle.
 I have requested an Ethics and Law Moodle site.

C. Issues identified by students (from questionnaires, staff-student committees etc.) and action taken or planned

Overall, students remain happy with the clear and practically useful presentation of the law and professional guidance throughout the MBBS.

Students seemed to genuinely enjoy and appreciate the ethics and law sessions in Years 1 and 2.

Some Year 4 students objected to the 'repetitive' Capacity session as they had covered this topic in Year 2. From next year Capacity will be a new topic for all students.

The year 5 format - integrated ethics and law and clinical sessions facilitated by expert clinicians with patient visitors was very highly evaluated by students and will be repeated next year. Funding has been secured to pay patient visitors.

Year 6 students highly value the revision lecture and FYs report referring back to the slides during their Foundation Year.

D. Issues identified by External Examiners and action taken or planned

N/A

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

N/A

Title & Code of Module	Clinical Communication Skills		
Year	MBBS Years 1, 2, 4, 5 and 6		
Module Lead	Dr Lorraine Noble		
Number Enrolled on Module	Approx. 1717	Average Mark Gained	NA

A. Quality of student work, pace and content, appropriateness of teaching methods and action(s) taken to resolve any problems

No problems reported

B. Any Learning Resources problems which have affected the provision of the Module (quality of lecture or tutorial rooms, laboratory or IT facilities and action taken or planned)

Technical difficulties with recording and replaying consultations at Whittington Clinical Skills Centre due to a new system put in when the Centre moved from the Archway Campus - the computer equipment was changed which resolved the problem. Sound problems (low volume) were reported at the Whittington and the Royal Free Clinical Skills Centres in one room each at the end of term - these have been reported to audiovisual technical support and will be investigated further as term begins again.

C. Issues identified by students (from questionnaires, staff-student committees etc.) and action taken or planned

One student in Year 4 contacted the student representative about some concerns she had had about a session she had attended. As the academic lead, I met with her to discuss her comments, which related to the feedback she was given by the simulated patient, the fact that the teaching was delivered in a small group rather than in smaller numbers (1-2 students per tutor), and the behaviour of another student in providing her with a copy of her videoed consultation. Following this meeting, I discussed the student's comments with the tutor involved in the session and all the tutors on the course at the following tutor training session, and agreed some points for tutors to clarify with each group of students. I also informed the Vertical Modules lead to keep him apprised.

D. Issues identified by External Examiners and action taken or planned

None to my knowledge.

E. Chair of Teaching Committee's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

None to my knowledge.



UCL

MBPhD

MONITORING REPORT

2013/14

Not here!



UCL Medical School
University College London

REPORT REQUESTED

Augmented Programme Organiser Report: MBPhD

A) Any amendments which have been made to the programme (and the Programme Specification (PS)) since the previous review, including the reasons for those amendments.
B) The extent to which the programme has met its stated learning outcomes and met its student number targets. When evaluating the extent to which the original programme learning outcomes remain appropriate, consideration might include, for example: <ul style="list-style-type: none">• The cumulative effect of changes made over time, as a result of regular AM, to the design and operation of the programme. These might include the continuing availability of staff and physical resources;• Current research and practice in the application of knowledge in the relevant discipline(s), technological advances, and developments in teaching and learning• Changes to external points of reference, such as subject benchmark statements, relevant professional or statutory body requirements;• Changes in student demand, an analysis and inclusion of statistical data on student admissions, progression, completion, employment (the analysis of statistical data should cover the current academic year and academic years since the last AugAM report (ie. for the preceding four years).• Data relating to student progression and achievement;• Faculty and Departmental Learning and Teaching Strategies;• Student feedback, including the National Student Survey (NSS) together with action taken in the light of such feedback.
C) Responses to recommendations made by the External Scrutineer to a previous AugAMR.
D) Responses over the five year period to issues raised in External Examiners' reports.
E) Envisaged future developments and prognosis.
F))Outcomes of and responses to any professional accreditation exercises by PSRBs if applicable. If the programme of study is subject to PSRB accreditation, the department should, in completing the AugAMR, indicate: <ul style="list-style-type: none">• The name of the PSRB concerned• The date (month/year) of the latest PSRB accreditation of the programme• The main outcomes of this latest accreditation• The expected date (month/year) of the next PSRB accreditation of the programme.



UCL

Student Presidents Reports

MONITORING REPORT

2013/14



UCL Medical School
University College London

Senior	RUMS President 2013-14
Years	MBBS Years 1-6
Completed by	Swathi Rajagopal

A. Course summary (i) Pace and content, appropriateness of teaching methods etc.

- Overall, students have been satisfied with the type, methods and content of teaching through all years.
- Early years students fed back positively about their experiences in lectures, dissection, VM etc.
- With regards to clinical students, year 4 has been hugely improved and modified from last year with a better-structured course that ran a lot more smoothly. However, clinical students still feel some further guidance is needed as to how to split their time amongst clinical learning and book learning and how much to devote to specific modules.
- The personal tutor system is very variable amongst clinical students with some tutors being very supportive and knowing their role and others unable to even meet their students despite being contacted. This has been fed back to the Medical School and will be looked into.

B. Any Learning Resources problems which have affected the provision of the course-unit (quality of lecture or tutorial rooms, laboratory or IT facilities)

- Early years students faced a lot of technical problems both in lectures and with the lecturecast online system. It is hugely valued by students but some lectures are currently left out for copyright/confidentiality reasons – students wondered whether there is any way around this issue.
- Timetabling has been an on-going problem. The new Moodle site (especially for VM) was designed poorly and difficult to navigate. Initially it did not work on mobile phones but this issue was resolved quickly.
- Additionally, timetables for clinical students are often sent very last minute and are very difficult to interpret as it involves compiling pieces from 3 or 4 separate documents for one student to have a complete timetable.
- The opening of the student hub at the Royal Free has been a huge success with only positive comments from students. The space is being well utilised for studying, socialising and group work.
- There were some difficulties in exam period with the lack of library space, however with the reopening of Cruciform library, this should no longer be an issue. The new student space in the Cruciform building has also been very well received.
- Internet at DGH sites continues to be a problem but reports from the Education VPs indicate this is being dealt with locally at the sites.

C. Particular Modular Issues Identified by Students and Action Taken or Planned

- Clinical students found it difficult to get all their paperwork signed off for each module and to get doctors to fill in online e-portfolio forms. This has been simplified somewhat for 2014-15 students.

D. Student President's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

In order to improve the feedback system, the student reps need to be publicised more so that students know where to find them and how to contact them. Their details are now on the Moodle pages so this should help towards better feedback.

The Year 5 Question Time programme was a big success, providing an interface between staff and students to address issues in real-time and hear what changes will be made. Perhaps this should be extended to other year groups.

Lastly, I wish to extend a big thank you to all the staff who work with the students to ensure our educational needs are being met. A lot of the points raised in SSCC meetings led to quick and effective changes and I hope this continues.

Junior	Vice-President for Education 2013-14
Years	MBBS Years 1 and 2
Completed by	Owais Ahmed

A. Course summary: i) Pace and content, appropriateness of teaching methods etc.

In general, the MBBS Year 1&2 course has been well received. Students were satisfied with range of teaching methods and their subsequent delivery; this includes lecture, CALs and practical sessions e.g. anatomy, histology and pharmacology. The content itself is detailed and learning objectives are clear and ever improving, as many lecturers are willing to add to their lecture slides and hand-outs with questions and supplementary information as requested by student feedback.

Vertical modules teaching consist of an effective combination of regular small and large group sessions with accompanying CALs and PALs teaching. Students tend to enjoy clinical skills teaching, and this is very popular and well executed, but small group sessions are also well received with students appreciating the regularity of it. It reaches the point where many students build more of a rapport with their VM tutor than their personal tutors, as has been mentioned previously.

Consolidation, Integration and Feedback (CIF) weeks were introduced this year, as a replacement for the previous reading week portions of the year, where a few medical school sessions are run in order to provide revision aid with exam practice (as in the case of formative assessments and the anatomy vivas). As this was the first time these have been run, there were some issues but there is a great deal of potential.

B. Any Learning Resources problems which have affected the provision of the course-unit (quality of lecture or tutorial rooms, laboratory or IT facilities)

There have been many improvements made this year in terms of learning resources, many of which were raised by student representatives in previous years. The most significant of which has been the updates made to the course Moodle site- the organisation and ease of navigation of many modules, especially VM, have greatly improved making it easier for students to use and benefit from. We are now also informed in advance of a lecture not being recording in advance, which was requested by students in the past. Students have really appreciated the time and effort members of staff have put into improving these resources.

Lecture cast is a worthwhile system that enables students to learn at their own pace, and review a lecture to avoid missing valuable information. It also provides a chance to catch up on any sessions missed. It is therefore now surprise that students highly value this resource. An issue still remains regarding subjects such as anatomy, where due to legal issues, lectures cannot be recorded; and although understandable, it presents a problem to students who need more time to get through a set of information. It seems unlikely that audio recording could be taken instead, but hopefully there is a resolution that suits everyone. It should also be mentioned, that the anatomy Moodle learning resources are very highly appreciated among students and are a valuable tool for revision and learning purposes.

With the Cruciform Hub developments, it has been difficult for students to find space for quiet and computer study. Although, an IT suite has been set up for medical students in the main university building (this has been widely publicised this year), it was almost always full. It was really appreciated then to have timetables SPL sessions where a computer lab was booked for student use, as requested through student feedback.

There were some quite significant audio-visual problems in Cruciform LT1 near the start of this year, which has been dealt with but did negatively impact lecture sessions. The plan to train student reps in using the equipment in LT1 was unsuccessful but should be looked into in the future.

C. Particular Modular Issues Identified by Students and Action Taken or Planned

Many of the specific modular issues that have arisen this year have been brought to the attention of the Y1&2 SSSC, and have either been dealt with or are in the process thereof. Some of these issues have been mentioned before such as the role and training of personal tutors being variable; the view that the formative assessments are not as representative of the final summative as they should be; and the issues with lecture cast.

Students have requested some more guidance for OSCE preparations, and general horizontal data-handling teaching. The formative OSCEs were well received and are a valuable addition to the course, but students feel that they are not well enough prepared for it to be worthwhile. There is great variability of clinical skills teaching between the 3 main medical school sites, and these sessions are really only run once with little or no supplementary material. Students have requested more of an opportunity to practice these and other skills such as communication and data handling with more practice scenarios etc. to allow students to become more familiar to the style and breadth of questions.

D. Student President's Comments and Action Taken or Planned

Being able to convey and discuss significant issues between the medical school and student body has been an incredibly worthwhile and valuable experience. The problems that have been resolved have made a great impact on student learning, and as such are highly appreciated.

One of the main issues we still face is the lack of contribution to student feedback from students towards the end of the year. The possible reasons for this include the length of time it takes, but also that students are sceptical that their feedback is being acted on. The new Moodle 'You said, we listened' page, aims to show students what we are able to do with their input as well as providing a means to contact the medicals school directly. Its launch was not as widely advertised as it should have been, so it should be made clearer to students that this system exists, perhaps by adding it to the welcome to the medical school/module leaflets.

The Y1&2 student representatives and I, along with the entire student body would like to thank the medical school staff in giving up their time and energy to listen to our feedback and act on it accordingly.

Senior	Vice-President for Education 2013-14
Years	MBBS 4, 5 and 6
Completed by	Katherine Belessiotis

A. Course summary i) Pace and content, appropriateness of teaching methods etc.

- In general, students are satisfied with the pace of the course. Students feel that learning objectives for clinical placements are not always made clear. In particular, they are given a list of conditions to know about but the depth of knowledge required is not explained. Students would appreciate more guidance on course content to help navigate and make the most of the many and diverse clinical placements which the medical school organizes for them.
- In all three clinical years, it is felt that there is a good balance between lectures and clinical teaching. However, thus far there have been a number of repeat lectures, delays and cancellations in the Vertical Module and Core Teaching Week courses, which meant that some students have had to travel back to campus from DGH placements unnecessarily, wasting money and time.
- Students appreciate receiving their timetables ahead of their next rotation. This allows advance accommodation and travel arrangements, as well as more effective time management with extracurricular commitments.
- In Year 4, it is felt that there is still insufficient Clinical Pharmacology teaching. Students felt that a more structured Clinical Pharmacology course or curriculum would be extremely helpful.
- The Year 5 curriculum was felt to be somewhat disjointed this year, and students expressed a preference for continuity in their clinical placements, for example: community care as a single block separate to hospital rotations.

B. Any Learning Resources problems which have affected the provision of the course-unit (quality of lecture or tutorial rooms, laboratory or IT facilities)

- The new Student Hub at the Royal Free Hospital is an asset to student learning and experience (enhanced by the reinstatement of free tea and coffee by UCLMS). Students are hoping to take full advantage of the new student hub in the Cruciform Building, as of September 2014.
- Not all lectures, particularly in some of the Core Teaching Weeks in Years 4 & 5, are made available on Lecturecast, mainly due to poor quality recordings are teaching taking place in the Peter Samuel Hall. This has been raised with all Year leads and seems to have been resolved with the use of microphone equipment and IT support.
- Internet access is now available at all DGH sites and any problems with these should be reported to the Vice President for Education 2014/2015.
- Many students felt that Moodle was difficult to navigate and there have been a number of meetings between UCLMS and UCL ISD Services to revamp and update the Virtual Learning Environment.
- Staff and students alike have suggested online Timetables, and there are ongoing discussions between UCLMS and UCL ISD Services to look into employing available programs such as Moodle or the Online Curriculum Map (UCL).
- In Year 4, students mentioned there was a lack of space dedicated to small group teaching on MAU at UCLH. They felt that they had no choice but to discuss cases at the bedside and felt this was not respectful or appropriate in front of patients and relatives. A letter was sent to Professor Dacre about this and will be followed up by Dr Gill, as the new director of the medical school
- Students were not all aware of who their student representatives were and as such were not able to raise specific issues. In response to this, all student representatives contact details were made available on Moodle and on the UCLMS QAU website.

C. Particular Modular Issues Identified by Students and Action Taken or Planned

- Again this year we have been made aware of concerns in Year 4 regarding Clinical Pharmacology teaching. Students feel this is a core competency as a junior doctor and feel they are not being well prepared to prescribe. UCLMS Staff are still unsure as to how to formally incorporate a taught course into the curriculum due to current timetable constraints. Although the UCLH Clinical Pharmacology team ran lunchtime lectures in Year 4, attendance was poor as many students were unable to travel to and from different sites within the allocated time.
- Year 5 students saw the first piloting of the In-Placement Multisource Feedback form this year. At first, students were concerned that these were not an adequate reflection of their progress, as they were quite restrictive and generic. However, after initial discussions with UCLMS Staff at the first Staff Student Consultative Committee Meeting, in November 2013, the process was updated and became much more flexible for students and assessors.
- There were no specific concerns in Year 6 and students praised the implementation of Finals Examinations, this year. Students also felt quite well prepared for the process of applying for Foundation Programme jobs, through their Year 6 introductory lectures.
- All Years would greatly benefit from an identical template for timetabling, due to some conflicting timetables on Moodle that caused a lot of confusion this year. The administrative team is looking into using a common format for all placements. Dr Cartledge is trying to ensure students receive timetables with two weeks' notice for all Year 5 placements.
- There are ongoing Staff Student workshops to improve the Moodle layout and accessibility.
- There are ongoing Staff and Student concerns about the MB,BS Assessments in Years 4 & 5. Students feel that the OSCE, in particular, is not a fair assessment due to sharing of information between peers. As a result, restructuring plans are in being implemented for the next academic year.

D. Student President's Comments and Action Taken or Planned (Where applicable. Where no comment is required, please see the overall departmental report)

- The Years 4, 5 & 6 Staff & Student Consultative Committee met three times throughout the year. Student representatives appreciate this commitment from the medical school and feel that their feedback is listened to and acted upon.
- Numerous issues were addressed throughout the year, the vast majority of which were resolved. The students are always thankful to the staff for their input, effort, and assistance.
- We have made good progress in updating the curriculum in line with student feedback and I feel that the relationship between UCLMS Staff and Students is respectful and as such, has led to efficient and reasonable resolutions to the issues we faced this year.