

STANDARDS FOR CLINICAL TEACHERS AT UCL MEDICAL SCHOOL

Purpose: To define the standards expected of clinical teaching at NHS Trusts.

UCL Medical School seeks to provide the highest standard of clinical education. The Medical School realises that it will do that by forming effective partnerships with trusts, their clinical directors and clinical teachers and this document aims to communicate our aspirations in delivering excellent medical teaching. This document aims to set out the roles and responsibilities of those involved in teaching UCL medical students. It aims to provide up-to-date guidance about the standards required for good practice in medical education, which is in alignment with the standards set by higher education institutions, the professional bodies and funders on which decisions about UCL's quality of medical education will be judged.

UCL Medical School wishes to ensure a consistent, high quality learning experience for students. This will involve clinical teachers contributing to teaching, curricular development, feedback and assessment. We are grateful to our clinical teachers who already participate in this worthwhile and enjoyable activity and hope this document provides a framework for their recognition, reward and professional development as an educator. This document also aims to provide support to Clinical Directors and Trust Chief Executive Officers with whom UCL Medical School wishes to foster and develop academic relationships, adding to their reputation and providing clear guidance on what constitutes evidence for their accountability.

Contents

The document covers the standards required of clinical teachers, their involvement with quality assurance and enhancement as well as the standards for involving patients in undergraduate education. We have tried to identify key aspects or topics relevant to teaching undergraduates. The standards are generic and each course that you teach will have its own requirements in terms of contact time and content delivery; these guidelines are meant to be read in conjunction with specific course guidance.

Your views

If you have any suggestions or queries about standards or educational quality in general we would be delighted to hear from you - please get in touch.

THE CLINICAL TEACHER

Clinical teachers, who are all those that teach UCL medical students, will be encouraged to undergo initial teacher training (e.g. TtT- Training to Teach or similar) and should work towards formal educational qualifications, (e.g. a Certificate of Medical Education or Fellowship of the Higher Education Academy). This is something that the GMC is requiring as part of its 'Recognition of Trainers' criteria. A proportion of teachers' CPD time should reflect their involvement in teaching and their desire to develop as a teacher. They should be appraised, and take part in the appraisal of other clinical teachers, and be able to demonstrate evidence of taking part in activities which support their development as a teacher and a widening portfolio of educational achievements. They must have undertaken equality and diversity training. Clinical teachers also need to keep up to date regarding the policies and frameworks involved in teaching and training. These will include medical school policies, which will cover a host of issues relating to teaching in clinical settings, including working with patients and the changing emphasis of quality assurance of medical education. Teachers who are excellent in their role should expect support from the Medical School and their Clinical Divisional Directors on applying for recognition such as **Clinical Excellence Awards** and **Excellence in Medical Education Awards**.

Below is a list of attributes and duties against which the quality of clinical teachers can be measured.

Essential teaching skills

- Knowledgeable and enthusiastic teacher
- Be student-centred, assess and respond to the needs of students
- Facilitate the active involvement of students in their learning
- Plan and organise teaching sessions/placements
- Provide appropriate clinical and education supervision
- Provide timely and constructive feedback

Assessment skills

- Provide clear guidance on completing assessments
- Provide formative assessment to students as an intrinsic part of the course
- Provide summative assessment as required by the medical school or department
- Feed back on assessment performance to students (where required)
- Participate as an examiner in students' examinations

Working with students

- Brief students about relevant details of their placements
- Provide induction and site ground rules
- Set the learning objectives of the placement at induction
- Provide accurate timetables and communicate any changes
- Expose students to patients with the core conditions indicated by the module management group and the medical school curriculum
- The emphasis should be on exposure to patients and clinical case study
- Adhere to minimum patient contact as defined in course materials
- Integrate:
 - Imaging and radiology
 - Use of drugs and safe prescribing

- Practical clinical and communication skills (with simulation where appropriate)
- Medical professionalism and ethics
- Patient safety and quality improvement
- Diagnostic reasoning, synthesis and presentation skills
- Multi-professional respect and understanding
- Ensure adequate opportunities for students to learn with and from other healthcare professionals
- Ensure students attend and inform medical school of ALL absences
- Inform the medical school (as soon as possible) of unplanned student absences

Curriculum input

- Feedback strengths and weaknesses to the course organiser
- Read course material and tutor guides
- Tailor the curriculum to students' needs
- Arrange appropriate resources
- Adhere broadly to the written curriculum
- Demonstrate awareness of the curriculum aims and objectives

Developing as an educator

- Reflect on student evaluations and develop practice-based teaching programmes
- Take part in peer observation and self-assessment exercises
- Demonstrate commitment to developing teaching skills either formally or informally
- Attend educational events at least once every three years
- Have the appropriate PAs attributed to education in your job plan (see Appendix A)
- Take part in annual appraisal, which involves your role as an educator
- Participate in UCL's schemes to reward excellent teachers:
<http://www.ucl.ac.uk/medicalschoo/quality/teaching-awards>

Good Medical Practice

- Provide good clinical care as defined by the GMC documents (e.g. Good Medical Practice)
- Possess a GMC licence to practise
- Be a member of a defence organisation
- Keep up to date regarding GMC/medical school/trust related teaching policies. These will be found on the QA website: <http://www.ucl.ac.uk/medicalschoo/quality/>

Student support

- Be trained in equality and diversity
- Demonstrate a positive approach to students' needs arising from cultural diversity
- Assess and respond to students with exceptional needs (including students with disabilities and religious requirements) and facilitate reasonable adjustments through close liaising with the medical school
- Discuss or refer pastoral and/or academic concerns to the medical school at an early stage
- Report students causing concern promptly to a member of the medical school
- Report significant events concerning students to the medical school
- Advise students on the appropriate method of raising concerns (see Appendix B)

- Respond to students' concerns about placements and provide written documentation as required

QUALITY ASSURANCE AND ENHANCEMENT

- Commit to quality enhancement
- Sign up to the ethos of standards
- Respond appropriately to student feedback
- Provide the medical school with constructive feedback
- Return a SIFT/NUT accountability statement annually
- Involvement in annual monitoring, quality self-assessment returns and other reasonable requests for information and site visits as requested
- Have a management plan and internal quality review process for education at your site
- Have UCL Medical School's statement on dealing with students raising concerns (AKA whistleblowing) in your trust policy (see Appendix C)
- Develop quality assurance processes for medical education in line with GMC and medical school guidance
- Keep a record of funding provided and resources purchased
- Provide evidence that SIFT/NUT income is spent on the development of the student experience
- Make provision for resources to support self-directed learning
- Ensure adequate resources e.g. library, accommodation etc
- Provide adequate access to IT (see Appendix D; IT standards at Trust sites)
- Provide information on other resources and sources of funding
- Have a management plan to ensure resources are fit for purpose

PATIENTS

- Patients should be aware that your site is a teaching hospital and that medical students are present
- You should inform patients what to expect in regard to their involvement in medical education. Ideally this should be in writing
- Encourage patients to participate in student learning
- Ensure all staff and students are aware of the need for sensitivity, consent and confidentiality
- Adequately brief and debrief patients before and after meeting students
- Clinical teachers must be aware of their role in consenting patients taking part in clinical education
- Written consent (where necessary) should be kept in the appropriate records
- Members of the clinical team should discuss and analyse specific complaints in the form of Significant Event Analysis
- Provide support and advice to both the student and the patient following a patient complaint
- Keep a written record of patient complaints related to teaching and what action has been taken
- Read and be aware of the document 'Public engagement in the education of tomorrow's doctors' (Appendix E)
- Gather feedback from patients in regard to their involvement in undergraduate education
- Encourage mechanisms for getting feedback from patients on student performance

- Consider the recruitment of patients with good histories or clinical signs for formative and summative assessments
- Encourage patient involvement in medical school developments through recruitment into the Patient and Public Involvement database
- Ensure students are appropriately screened for blood borne viruses and, if necessary, carry an Exposure Prone Procedure (EPP) exemption card
- Be aware that some students may hold EPP exemption cards and alter teaching accordingly
- Follow UCL policy in the event of a needle-stick injury

APPENDICES

APPENDIX A

Suggested PAs for clinical teachers

Specialty Site firm leads/Clinical Teaching Leads	1PA
Firm lead/firm tutors/lead teachers	1PA
DGH Undergraduate Tutors	as agreed locally

APPENDIX B

Medical students during the course of their training may witness behaviours or attitudes from teachers, clinical staff or fellow students which cause them concern. UCL Medical School is anxious to hear about these concerns in order to take appropriate action whilst protecting students. If a student brings a concern to a teacher, the teacher should discuss the student's concern with them and encourage the student to report the concern through the dedicated medical school reporting procedures.

More information and the reporting form can be found at:

https://www.ucl.ac.uk/medicalschoo/quality/raising_student_concerns

APPENDIX C

Please include the following paragraph in your Trust whistleblowing policy.

“Medical students are not covered by the Public Interest Disclosure Act (1998), which applies to employees who raise concerns about practices in their workplace (“whistle blowing”). UCL Medical School therefore has procedures in place for students to report their concerns about a range of matters, from incidents where patient safety has been compromised to minor unprofessional acts by staff. If a student reports a concern regarding patient safety or professional behaviour to a member of NHS staff, the student should be encouraged to use the reporting form available online. A team including senior clinical and academic staff review the reports regularly and decide what action should be taken. Where appropriate, these concerns will be passed on to Trusts to be addressed and the Medical School will seek feedback about the outcome. Some reports may be kept on a secure database at the Medical School.

Please see https://www.ucl.ac.uk/medicalschoo/quality/raising_student_concerns

For more information, contact Helen Lewis: helen.lewis@ucl.ac.uk.”

APPENDIX D

UCL MBBS IT AND LIBRARY SERVICES PROVISION FOR UNDERGRADUATE STUDENTS AT NHS SITES

Standards for Trusts (May 2015)

These standards should be read alongside those within the Trust-signed LDAs

ITEM	Expected Trusts must implement by 2015-16	Ideal Trusts should aim to implement in 2016-17	Responsibility for implementation and monitoring UCL + Trust liaison	Relevant LDA, GMC advice or good/best practice
ACCESS TO CLINICAL SYSTEMS				
1	Clinical system: access in clinical settings during whole attachment using individualised login	Read-only access to path, imaging (after suitable induction)	Appropriate access to electronic patient records including entering appropriate data	* Liaison required with IT department at each Trust GMC Advice §33 student access to the placement providers' IT systems §50 when on a student assistantship students must be able to access IT systems in order to gain a realistic experience of patient care §56 The effectiveness of the placement, for example in delivering the set learning objectives, should be evaluated. This may include: (b) the availability of resources such as libraries and IT systems LDA (V2): The Placement Provider is required to: 2.7.3 provide Medical Students with passwords for secure access to electronic medical record and electronic radiography systems used in the Placement Provider * See also NHS-HE Connectivity Best Practice Working Group recommendations: https://community.ja.net/groups/nhs-he-forum-connectivity-project/article/accessdirectly-nhs-desktops
ACCESS TO PERSONAL COMPUTING FACILITIES				
2	PCs	Sufficient numbers of PCs to ensure students can gain access to Desktop@ UCL Anywhere when needed, without competing with other users – http://www.ucl.ac.uk/isd/services/computers/remote-access/desktop	24 hour access	* Liaison required with IT department at each Trust (UCL ISD) LDA: The Placement Provider is required to: 2.7.2 ensure Medical Students have access to personal computing facilities on the Placement Provider's placements site. These facilities should include: access to standard applications, the ability to access their remote desktop, and the ability to print. These facilities should be readily available to Medical Students during normal working hours and as much out of hours access as is reasonably possible * See also NHS-HE Connectivity Best Practice Working Group case studies: https://community.ja.net/groups/nhs-he-forum-connectivity-project/article/useterminal-services

3	Email access: Essential for student access to UCL communications	Access to Live@UCL and Desktop@ UCL Anywhere	Ensure access to Live@UCL and Desktop@ UCL Anywhere is not blocked from NHS computers	* Liaison required with IT department at each Trust (UCL ISD).	The Placement Provider is required to: 2.7.2 ensure Medical Students have access to personal computing facilities on the Placement Provider's placements site. These facilities should include: access to standard applications, the ability to access their remote desktop , and the ability to print. These facilities should be readily available to Medical Students during normal working hours and as much out of hours access as is reasonably possible
4	Printing	Inexpensive and in safe locations on the hospital site	* Free printing * Printing may be subsidised if funding is allocated for this purpose	* Liaison required with IT department at each Trust (UCL ISD)	The Placement Provider is required to: 2.7.2 ensure Medical Students have access to personal computing facilities on the Placement Provider's placements site. These facilities should include: access to standard applications, the ability to access their remote desktop, and the ability to print . These facilities should be readily available to Medical Students during normal working hours and as much out of hours access as is reasonably possible
5	Internet access	Fast access – for audio and video streaming etc	This should ideally include wifi access for students to enable use of their own devices (tablet devices, laptops, mobile phones etc) at the placement sites	* Liaison required with IT department at each Trust (UCL ISD)	LDA: The Placement Provider is required to: 2.7.2 ensure Medical Students have access to personal computing facilities on the Placement Provider's placements site. These facilities should include: access to standard applications, the ability to access their remote desktop , and the ability to print. These facilities should be readily available to Medical Students during normal working hours and as much out of hours access as is reasonably possible
6	Web resources access	e-resources to be accessible through Trust firewalls		* Liaison required with IT department at each Trust (UCL ISD, UCL Library Services)	See e.g.: LKS Leads SIMTG List of Domains which should not be blocked http://www.libraryservices.nhs.uk/forlibrarystaff/information/technology.html or e.g. the NHS-HE Forum Connectivity Best Practice Working Group report: Web 2.0 and Social Media in Education and Research https://community.jisc.ac.uk/groups/nhs-he-forum-connectivity-project/document/web-20-and-social-media-education-and-research
7	Access to e-learning resources	Access to all Desktop @ UCL Anywhere-accessible resources – http://www.ucl.ac.uk/isd/common/ucldesktop/anywhere-user-guide	Sufficient bandwidth, hardware and software to allow full access (including audio and video streaming)	* Liaison required with IT department at each Trust (UCL ISD, UCL Library Services).	See e.g. the e-Learning ToolKit Technical Standards page: http://www.elearningreadiness.org/page_189.html or e.g. the e-Learning for Healthcare Technical checker http://support.e-lfh.org.uk/technical-information/technical-checker/

INTERNET ACCESS IN ACCOMMODATION				
8	Internet access in accommodation	At least some access, at least some extended hours	<p>* 24 hour wifi or fast broadband cable access (with the ability for students to create their own secure wifi hotspot if not provided); free or on not-for-profit basic charge (e.g. £10 per month)</p> <p>* Should fulfil all the e-learning and access requirements outlined above</p> <p>* Dongles and portables with full Desktop@UCL Anywhere facilities may allow interim student access to personal computing in accommodation</p>	<p>See e.g. NHS-HE Connectivity Best Practice Working Group case studies on Shared Use of Wireless at: https://community.ia.net/groups/nhs-he-forum-connectivity-project/article/nhs-andeduroamshared-use-wirelesspsnroom</p>
ACCESS TO LIBRARY BOOKS AND NHS E-RESOURCES				

9	Access to library books / study space outside working hours	As a minimum, libraries will be open for at least the core hours of 09:30 to 17:00, Mondays to Fridays	Study space to be available 08:00-20:00	* Liaison required with the library at each Trust (UCL Library Services)	<p>GMC Advice:</p> <p>§56 The effectiveness of the placement, for example in delivering the set learning objectives, should be evaluated. This may include:</p> <p>(b) the availability of resources such as libraries and IT systems</p> <p>LDA</p> <p>The Placement Provider is required to:</p> <p>2.7.1 ensure that Medical Students have access to a library, meeting the standards as defined in Library Services for Medical Students on Placement in the NHS – <i>reproduced below</i></p> <p>3.4.2 ensure that the provision of any teaching and teaching support facilities (including local Placement Provider-managed library and information services) by the Placement Provider takes account of the needs arising from Undergraduate Medical Education Training activity</p>
10	Access to NHS e-resources			* Liaison required with the library at each Trust (UCL Library Services)	<p>* UCL Medical School students will have been issued with personal NHS OpenAthens accounts giving access to NHS England e-resources, but may need to be reminded of these at start of placement; guidance to be provided by UCL Library Services</p> <p>* Optionally, it may be appropriate for students to be issued with additional local NHS OpenAthens accounts when on placement, if access is required to specific local resources that are not otherwise accessible</p>
CONTACTS FOR LIAISON					
	Named IT contacts	At each Trust an identifiable IT contact / point of contact to work with <ul style="list-style-type: none"> • Students • UCL ISD 		* Annual check of named contacts recommended * Clear instructions required on how to report problems to UCL ISD service desk staff	
	Named library contacts			* UCL Library Services / DGH Librarians meeting to review library contacts list annually	

APPENDIX E

Patients in medical education: the responsibilities of students and teachers

This guidance seeks to clarify how students should act in order to respect the rights of the patients you are involved with as part of your medical education.

Sometimes your interaction with patients will be solely for your educational benefit, for example taking a history from a patient when the information you gather is already known to the team. At other times you will assist in providing care at the same time as learning, for example when you take a blood sample from a patient.

At all times you should see your interactions with patients as a privilege and be clear about your responsibilities to them. Patients are not obliged to allow you to practise your skills or to participate in their care and they should be given the opportunity to agree to or decline this. It can be difficult for patients to say no, given that they may be in a vulnerable position and may see you as being in a position of authority. It is important to bear this in mind when seeking consent.

The following principles aim to help you develop lawful, professional and ethical interactions with patients as a medical student.

Principle 1: Patients must know who you are

You must always introduce yourself when you are meeting a patient. You should be clear that you are a medical student, and should not introduce yourself or allow yourself to be introduced as a colleague, assistant or any other name which implies that you are a qualified doctor.

Principle 2: Consent must be obtained for your participation in every patient's care

Generally this consent will be given verbally by the patient. The patient must be fully informed about what you are going to do and give consent voluntarily, without any pressure from you or others. If the patient declines you should accept this without expressing disapproval or disappointment. The patient should be reassured that their refusal will not affect their care in any way. Patients should be assumed to be capable of giving their consent unless one of the situations in Principle 3 applies. Most of the time, verbal consent is sufficient, but there are specific situations where written consent should be obtained (see Principle 4).

Principle 3: Patients who are unable to consent for themselves can participate in teaching under certain circumstances

It is important for your learning that you are involved in a broad range of patient care, including those patients who lack capacity to give consent to your involvement. In these situations the following guidance applies:

Children: You or the clinician in charge of their care should seek the consent of the parent or legal guardian for any child under the age of 16 years. In addition, you should seek the permission of all children older than infancy, using language that is appropriate to their level of development.

Adults with dementia or moderate/severe learning disability: You or the clinician in charge of their care should seek permission from friends and relatives close to the patient. In addition, you should seek the permission of all those who are able to provide it, using appropriate language.

Severely ill and unconscious patients: The clinician responsible for their care should balance your learning needs against the need to ask permission of friends and relatives close to the patient. Practical procedures on such patients by students must always be carefully supervised by a clinician.

Principle 4: Written consent must be given for intimate examinations under anaesthetic

Intimate examinations (vaginal and rectal examinations) and catheterisation should ideally be practised with patients who are awake and can give or withdraw consent as they choose. However, it may be difficult for some students to get enough experience with patients who are awake. Explicit permission for you to perform an examination under anaesthetic must be sought prior to the procedure. It must be made clear that the

examination is not a routine part of the patient's care and that they can refuse the examination without any consequences. The patient's consent to the examination under anaesthetic must be recorded in the patient's notes using the UCLMS standard consent form for intimate examination under anaesthetic (Appendix F). This should include the name of the student who will perform the examination, and be signed by the patient. You must not perform intimate examinations under anaesthetic unless these conditions are met.

Principle 5: Students are bound by the legal and professional duty of confidentiality

Relevant information is shared with the clinical team responsible for a patient's care, but should not be disclosed to anyone else. If a patient seems to be talking to you in confidence or asks you to keep information to yourself you should make it clear that you have an obligation not to withhold relevant information from clinicians responsible for their care.

Principle 6: Students and clinicians are jointly responsible for ensuring these principles are followed

It is impossible to provide guidance which covers the details of all potential situations; the nature of professional practice is such that students may sometimes find themselves in situations where they are unsure how to behave ethically and professionally. If this happens to you, you should attempt to follow these principles, and should look to your teacher for guidance. If a clinical teacher asks or expects you to behave in ways that contradict these principles you should flag this through the Raising Concerns procedures; https://www.ucl.ac.uk/medicalschoo/quality/raising_student_concerns. This will facilitate the monitoring of adherence to this guidance and provision of training on particular issues or to specific staff where needed. It will also contribute to the review and development of this guidance.

APPENDIX F

PATIENT CONSENT FOR INTERNAL EXAMINATION UNDER ANAESTHETIC BY A MEDICAL STUDENT

BARKING, HAVERING & REDBRIDGE UNIVERSITY HOSPITALS, NHS TRUST

ROYAL FREE LONDON, NHS FOUNDATION TRUST

BASILDON AND THURROCK UNIVERSITY HOSPITALS, NHS FOUNDATION TRUST

UNIVERSITY COLLEGE LONDON HOSPITALS, NHS FOUNDATION TRUST

EAST & NORTH HERTFORDSHIRE, NHS TRUST

WEST HERTFORDSHIRE HOSPITALS, NHS TRUST

LUTON & DUNSTABLE UNIVERSITY HOSPITAL

WHITTINGTON HEALTH, NHS TRUST

NORTH MIDDLESEX UNIVERSITY HOSPITAL, NHS TRUST

The hospitals listed at the top of this page are all involved in teaching medical students from University College London Medical School.

Teaching medical students is an important part of the work of these hospitals. As part of their training, students observe trained and experienced doctors during operations and the treatment and examination of anaesthetised patients (patients who are asleep).

We would be grateful if you would give your permission for the named medical student below to perform an internal examination under the supervision of a trained doctor while you are anaesthetised in the operating theatre. The student will have taken your medical history and will be known to you.

Please note that if you decide to refuse permission this will not affect your treatment or care in any way.

I agree to an internal examination under anaesthetic by the medical student named below.

Patient's signature..... Date

Name (PRINT)

Hospital Number

Student's signature.....Date.....

Student's name (PRINT)

Consultant's name (PRINT).....