

University of Aberdeen
Internal Teaching Review (ITR)

SCHOOL OF MEDICINE, MEDICAL SCIENCES AND NUTRITION
(focus on Medicine and Dentistry)

Virtual Panel Visit: 11-14 October 2021

INTRODUCTION

1.1 The Internal Teaching Review (ITR) of the School of Medicine, Medical Sciences and Nutrition, with a specific focus on Medicine and Dentistry, was carried out under the University's published process and procedures for ITR which are available here: <https://www.abdn.ac.uk/staffnet/teaching/internal-teaching-review-6112.php>. To note, as a response to the onset of the COVID-19 pandemic and the move to homeworking, the format of the ITR was amended as follows (also noted in the updated process document found through the link above):

(i) student engagement was focused on involvement in the Pedagogic Partnership session, removing the additional requirement for students to engage during specific sessions earlier in the review; and

(ii) the review was scheduled to take place over the course of three working days, to ensure that panel members had adequate time to engage with other activities as required

1.2 The School was asked to submit a streamlined Critical Analysis document which addressed the following key areas:

(i) School context: to include student numbers, demographics and outcomes; highlight any areas of teaching and learning practices that are specific to the School and a summary of the School's response to the previous ITR

(ii) Positive aspects of the School's teaching and learning: to include examples of positive practice and particular strengths of the School as well as how this good practice is shared both within the School and beyond

(iii) Challenges that have been encountered in the School's teaching and learning provision: to include potential areas identified for improvement and an action plan for how they might be addressed – or whether these were issues for discussion at the ITR. It was advised that this section was not only focused on response to the COVID-19 pandemic

(iv) Future plans: to include areas for development in the next few years, e.g. new course/programme developments, partnerships proposed

1.3 The ITR Panel was comprised of:

Prof Bill Harrison	Chair School of Natural and Computing Sciences Quality Assurance Committee
--------------------	--

Dr Jeff Oliver	School of Geosciences Quality Assurance Committee
----------------	--

Dr Hannah Burrows	School of Divinity, History, Philosophy and Art History
-------------------	---

Mr Ondrej Kucerak	Vice President for Education, Aberdeen University Students' Union
Mr Kevin Hayes	External Subject Specialist, St George's University of London
Dr Kirsty Hill	External Subject Specialist, University of Birmingham
Mrs Morag MacRae	Clerk, Academic Services

- 1.4 The Panel considered the documentation provided by the School, by way of an evidence-based Critical Analysis (CA) as detailed in 1.2 above. In addition, prior to the virtual visit to the School, members of the Panel were provided with access to the School's Quality Assurance (QA) repository, containing the School's annual monitoring materials (Annual Course and Annual Programme Reviews (ACR and APR)), Course Feedback Forms, minutes from meetings of Staff-Student Liaison Committees (SSLC), and External Examiner Reports (EERs), as well as the minutes from various School Committees. Consideration of this documentation, along with the School's submitted CA, enabled the Panel to identify key themes for further exploration.
- 1.4 The Panel conducted a virtual visit to the School via Microsoft Teams, where they met with a range of staff, as well as a variety of students during the Pedagogic Partnership session.
- 1.5 The themes for focused discussion agreed with the School prior to and during the visit were:
- (i) **Communication**, particularly in terms of the communication between the Foresterhill and Old Aberdeen campuses, as well as the implications of the School's seemingly complex committee structure
 - (ii) **Student Support**, specifically addressing the increase in mental health issues and the challenges in supporting students while on placement
 - (iii) **Student Experience**, particularly in terms of the COVID-19 pandemic and its effect on the delivery of healthcare teaching
 - (iv) **Aberdeen2040**, which aimed to address the topics encompassed within the University's corporate strategy: Interdisciplinary, International, Inclusive and Sustainable
- 1.6 This report is split into three sections:
- (i) Part A gives the overall impressions of the teaching provision within the School, formed from the whole ITR process;
 - (ii) Part B covers the outcome of various meetings with staff and students, focusing on a small number of themes as outlined above. It also details the Pedagogic Partnership Session, which involved more free-form discussion; and
 - (iv) Part C details the School action plan which will form the basis of the one-year follow-up report.

PART A: OVERALL IMPRESSIONS

- 2.1 The Panel were impressed with the high academic standards held by all colleagues and students within the School, and by the associated efforts made to achieve and exceed such standards. Recognition should be given to the increased demand on the School throughout the COVID-19 pandemic, and members of the Panel were keen to congratulate colleagues

for their “extra mile” approach in ensuring the ongoing success of educational provision under such challenging circumstances.

- 2.2 It was recognised that the School had addressed several issues regarding equality, diversity, and inclusion (EDI) in recent years. However, colleagues were open and honest about their experiences and demonstrated a clear and proactive approach in tackling matters, which translated into positive steps towards ensuring a more inclusive and diverse teaching environment.
- 2.3 The School was commended for their ongoing support of the wider student experience, including access to societies and to career opportunities. Ample opportunity is provided for students to engage with clinical experts from very early in their University career, which was appreciated by many. However, some students commented that the effectiveness of the regent system, which provides career mentoring and pastoral support to students, was variable.
- 2.4 The partnerships between students and staff were judged to be very positive, and associated communication was excellent. Academic and support staff provided effective guidance to students, particularly throughout the COVID-19 pandemic, and it was clear to the Panel that staff genuinely cared about the success and wellbeing of their students.
- 2.5 The use of technology to support practice-based learning was commended, and students emphasised their satisfaction with the introduction of iPad use to chart progress. However, the number of Virtual Learning Environments (VLEs) employed by the School was felt to be confusing and at times burdensome, and students expressed a desire to streamline this aspect of their educational experience.

PART B: QUALITY ASSURANCE AND ENHANCEMENT; OUTCOMES OF DISCUSSIONS WITH STAFF AND THE PEDAGOGIC PARTNERSHIP SESSION

4.1 Theme: Communication

- 4.1.1 The Panel queried the management structure within the School, and whether it was potentially too complex. It was explained that the two key differences to note which were specific to the School of MMSN were that it was the only School with a dedicated institute for teaching and learning, and the only School required to consider the extensive involvement of external staff, namely from the NHS and associated health boards. The creation of the Institute for Education in Medical and Dental Sciences (IEMDS) translates into a unique committee structure, with each undergraduate programme creating a curriculum-level committee. Strong networking and learning opportunities are provided through themed groups on Feedback and Assessment, Student Support, and Admissions, and the overarching Education Steering Committee (ESC) handles strategy and provides a communication forum. Additional committees concerning NHS matters such as funding and tutelage are also required, and a separate Teaching and Learning committee handles the Quality Assurance work within the School. Colleagues are content with the set-up and believe every committee has its place within the larger network. The External Subject Specialists on the Panel commented that the structure was similar to those in their own institutions, and it was agreed that benchmarking in this way was more appropriate than doing so against other Schools within the institution.

- 4.1.2 The Institute of Dentistry is currently undergoing an internal review process which has streamlined the committee structure, and this will likely become the model used in the other institutes within the School. They have appointed an Education Lead, a Research Lead, and an EDI Lead which translates into fewer meetings with fewer attendees, and a positive focus on action which pleased the Panel. It was noted, however, that the numbers of students in Dentistry perhaps facilitated this approach, and that certain requirements for the MBChB programme could not be amended due to external requirements.
- 4.1.3 It was agreed that one of the main challenges for Medicine and Dentistry was to balance the requirements of the institution with those of the NHS, while retaining a feeling of belonging in both settings. Good relationships were reported with Registry, central professional services colleagues, and the Careers Service, but relationship management between two campuses can be challenging. It was highlighted that differences in timetables and term dates, as well as following an intense educational programme, could preclude students from fully immersing themselves in university life, and the School would appreciate more consideration from central colleagues to facilitate better opportunities for students and staff based at Foresterhill.
- 4.1.4 The Panel addressed the effectiveness of communication with External Examiners, and particularly the training they received. The School reported a reduction in the number of External Examiners appointed, and increased support for those who examine across multiple programme years. Local training was deemed to be effective and timely, and communication was proactive. External staff were given access to Assessment Central, which hosts all assessment information and relevant training, and they can also access the Medical Schools Council Assessment Alliance (MSCAA) platform to view and comment on written papers.
- 4.1.5 It was noted that the School uses several individual programme focused VLEs, and the reasons for this were queried. Staff explained that MyMBChB was built on timetabling, which ensured that the complex needs of the MBChB timetable were met, and students often needed to revisit content from previous years which Blackboard could not initially support. However, Moodle had also been introduced to provide additional resource while students were distance learning during the COVID-19 pandemic, which confused some students. The School had undertaken a substantial review of the existing VLE offerings, and ultimately decided to retain access to individual systems for each programme rather than using MyAberdeen. This was due to several factors, but the key issues were the timetabling complexities and the ability to grant effective access for NHS staff. MyAberdeen does not allow sufficient access for external staff to act as tutors, which was problematic due to the number of NHS staff fulfilling this role. Using multiple systems translates into double handling of information and there is a substantial effect on the workload of administrative staff. Student ambassadors have recently been recruited to undertake some administrative work to ease this burden. Students also noted that E-portfolio did not connect to other systems and suggested a need for it to be streamlined for ease of engagement. However, the School remains open to the possibility of rethinking their VLE offering, while ensuring that students, University staff and NHS staff all have clear and appropriate access to the information they require.
- 4.1.6 The Panel heard that the creation of the ESC had mitigated previous communication issues within the School. Clearer channels now existed to communicate information to management, and it was felt that central communication to Schools was now more frequent and effective. The administrative staff structure sometimes caused confusion in central colleagues, but the

School Administration Manager ensured that all central communication was disseminated effectively.

- 4.1.7 It was highlighted that the administrative staff played a key role in communicating within and outwith the institution. Their roles encompassed financial administration, student travel, accommodation, and expenses in addition to the traditional administrative tasks found in similar roles in other Schools, and this translated into heavy workloads. However, staff praised the opportunities for progression and believed management staff were supportive of development opportunities.
- 4.1.8 Staff reported good communication between administrative leads and a willingness to help each other out during high pressure times during the year. During the pandemic, staff met regularly on Microsoft Teams with lead academics to ensure a smooth transition to blended learning, and staff involved in the final, more clinical, years of study held regular meetings with small groups to keep in contact. An area was created on the School website for communication during preparations for the move to online delivery, and educational groups used MyMBChB, MyPA and MyBDS as repositories for student information. The School also ensured they held regular open meetings led by Prof Patey and provided regular newsletters.
- 4.1.9 Communication with students was judged to be excellent, and engagement with student representatives was effective and frequent. Staff believed it to be vital to engage with students when making significant changes to their studies, such as during the introduction of iPads. A whole-class Student-Staff Liaison Committee (SSLC) is scheduled for the end of the final year and the General Medical Council (GMC) attended this as part of the recent QA assessment. The School believes it is important to allow two-way feedback regarding concerns and aspects of good practice and enjoys the opportunity to have conversations about student experience, despite the challenges which may arise.
- 4.1.10 Careers Service staff commended the creation of a Careers Lead, who acts as a conduit into communication with students while ensuring appropriate support is in place. Student Support colleagues were also positive about the introduction of a duty Student Support Advisor at the Foresterhill campus on a Wednesday afternoon, recognising that attending appointments in Old Aberdeen may be problematic for some students. Both Careers and Student Support staff were glad have been able to introduce a choice of modes of engagement for students, with online appointments facilitating easier communication.

4.2 Theme: Student Support

- 4.2.1 The Panel initiated discussion surrounding the increase in mental health illness in students within the School, which doubled between 2016 and 2020. This links to the reported nationwide of effect of COVID-19 on mental health in terms of isolation, exam anxiety and lack of peer support, and it was agreed that the figures reported by the School likely reflected national averages. The culture of care is paramount to the School and the employment of a new Student Support lead has been welcomed by staff in several initiatives. The School ensures that a student-centred approach is maintained regarding the sharing of sensitive information and reported that meetings would be initiated with any student identified as struggling with their mental health to provide support and signpost them to institutional support services, such as counselling and occupational therapy.
- 4.2.2 School staff are also conscious that students may not always ask for support, and hence they monitor unauthorised absences, lateness, and clinical safety concerns to ensure that all

students who require help are approached. Detailed handovers are provided from one year to the next to ensure that support is maintained. The School also introduced workshop training on writing effective occupational health referrals to ensure effective support is accessed. School staff praised their clinical colleagues providing leadership for ward placements, commending their quick action to highlight potential issues to appropriate staff. The Panel were impressed with the care embedded within the ethos of the School and agreed that students were at the centre of these process.

- 4.2.3 Staff reported that some of their biggest challenges during the COVID-19 pandemic were borne out of the inability to provide students with certainty regarding their studies. Staff sought to communicate with students via the mass emailer function on the VLEs but found that often information which was disseminated by the institution did not apply to healthcare students. The quantity of communication required was problematic, but the School praised the admin teams, nurses and nurse educators who all provided information as accurately as they could and directed students to appropriate support where required.
- 4.2.4 The School uses a Regent system, akin to the Personal Tutor system but with the provision of a professional role model for students. This relationship lasts for the duration of the student's career at the University and is designed so that students might gain insight into a clinical professional identity. Students reported a variety of experiences of the Regent system, with some being very satisfied and others highlighting the requirement for further support. It was agreed that providing parity of experience, though challenging, was essential for students entering a complex clinical setting. Additionally, the School reported that many Regents had highlighted a training need surrounding effective identification of students struggling with their mental health.
- 4.2.5 The School has introduced increased opportunities for "flipped" teaching, particularly during the early lecture-based years of the MBChB programme. A review of case-based learning is ongoing and the School reported advances in creating more tutor-led cases to be used in Level 1-3 teaching. Cases used thus far had produced more engagement from students, and they reported enjoying the format. "Flipped" teaching has also produced some challenges, but the School introduced a suggested timetable for Level One which detailed a plan of engagement, resulting from feedback from students requesting more structure. In Dentistry, students are given a focus for the week with weekly plans for engagement. In addition, progressive exams were introduced throughout semester to encourage students to keep up with the coursework. The Panel appreciated that staff are mindful of workloads and want to avoid courses being content-heavy.
- 4.2.6 Staff commented on the speed of the Physician's Associate programme, which covers the basics of the first three years of the MBChB programme in a few months. The programme is small but growing and relies on very few staff which translates into multiple single points of failure. However, the School have recently appointed working Physician's Associates to undertake part-time teaching and believe that will help with coverage. Additionally, the School hopes to further integrate the programme team into the wider administrative team to provide support for the planning of assessments.
- 4.2.7 The Panel queried the support provided to students in remote and rural areas while on placement. The largest group of students are in NHS Highland and they are visited often by Year Leads, as well as having core University staff based in Inverness. Students on placement in island communities are known very quickly due to the low local population, and hence

issues are usually easy to identify. Any students with complex needs can arrange to be on placement locally if required, as the School is keen to work on a case-by-case basis in terms of ensuring appropriate placements for students requiring additional support. Students reported a variety of experiences in remote and rural locations and were particularly keen to emphasise that the expenses policy favoured car use over public transport. It was also noted by locally placed students that little notice was given of their ward commitments, which could make managing a work/life balance difficult.

- 4.2.8 The School runs a successful Student Support group, which unites staff from all programmes together with central Student Support staff to provide learning opportunities and to ensure continuity of service. Student Support staff also reported being grateful to attend meetings on campus regarding disability provision for assessment, which has allowed enhanced support to be provided through increased understanding of the requirements for in-person assessment.
- 4.2.9 The Medical Library was pleased to have been able to purchase new resources and e-books for Medicine and Dentistry students and were proactive in finding alternatives to expensive electronic textbooks for reading lists. The blended experience has gone well in their view, and students have been supportive of the library provision.

4.3 Theme: Student Experience

- 4.3.1 The Panel asked about the impact of the COVID-19 pandemic on the student experience within the School. Delivery of the MBChB programme had to stop and move to online delivery in a very short space of time. Staff were delighted to have been able to maintain some face-to-face contact with students and managed to reinstate clinical placements in very challenging circumstances. The School also recognised the opportunity presented to them to move away from didactic and lecture-based teaching methods and instead utilise recordings and interactive case-based sessions to delivery teaching. An iPad programme was implemented to monitor progress in clinical placements by completing workplace-based assessments which produces a dashboard of achievements. Students were also able to engage via Microsoft Teams with clinicians, to attend multi-disciplinary meetings, and to practise patient led care. This was very well received by all and impressed the Panel.
- 4.3.2 The Panel was also impressed with the innovative methods employed to integrate further GP medicine into the MBChB programme. The School is working more with the interface between primary and secondary care to enhance student understanding of the relationship between the two. Increased case-based learning in Levels Two and Three has boosted this, as has the integration of GP tutors delivering cases from a primary care perspective. Level Four students also focus on the link between GP care and long-term care. The School has sought to integrate GP medicine throughout the programme and looks to further increase this focus going forward.
- 4.3.3 Dentistry staff reported finding the move to blended learning difficult, as many of their learning outcomes did not translate well to an online environment. However, they are delighted to have their students back on campus and are keen to restart clinical work. In Medicine, the clinical skills and practical anatomy themes require face-to-face interaction, but the ability to record sessions makes timetabling less burdensome. Online teaching has also provided the opportunity for increased contact time from clinical colleagues, as they are able to engage from wherever they are based. School staff and students agreed that lectures are

still relevant but being able to incorporate other teaching methods has enhanced the student experience immeasurably.

- 4.3.4 The School reported that assessment has been exceptionally challenging during blended learning, particularly in terms of satisfying GMC and GDC requirements. In order to utilise online MCQ assessment, the School used the Medical Schools Council Assessment Alliance (MSCAA) online question bank and invigilated the assessment using MyAberdeen. Clinical assessments have changed significantly, with the introduction of remote stations and patient partners on video call. Medical students were largely positive about the changes in assessment, but the School reported a higher failure rate in Level Two due to most students having progressed from Level One without having sat an exam. Dentistry students also use MCQs throughout their programme, with clinical scenario short answer papers introduced in the final year. As with the MBChB programme, an assessment alliance was formed with other dental schools in the UK to allow question sharing. The School has increased opportunities for formative assessments, particularly in Level One to address the assessment gap between school and university. This often takes the form of weekly quizzes with true/false questions from a large bank.
- 4.3.5 The Panel queried whether distinct assessment styles were required for the students within their School. It was confirmed that the School had created an assessment unit to standardise and adapt according to regulatory requirements. Additionally, a psychometrician had joined the team to help ensure the assessments met quality assurance standards and to advise on the creation of appropriate and reliable assessment. It was highlighted that the School holds question writing days where staff are encouraged to look at the existing question bank and address gaps with new topics or low volume topics. The School reported very low instances of academic misconduct, partly due to the lack of essay writing which means that collusion is rare. Professional misconduct concerns are more common than those concerning academic integrity.
- 4.3.6 The Panel heard about the School's approach to feedback. A feedback session is scheduled for all Level One students to define what feedback is and when it is given. Students receive individualised feedback on exams via MyMBChB and are able to view examiners' comments. Any student who has failed is offered an individual meeting for further feedback and to explore the reasons for failure. Students also have an online clinical passport which gives a live update on their progress through clinical procedures. Students noted that feedback was often useful but was sometimes late or vague in nature.
- 4.3.7 The Panel were impressed with the examples of teaching innovation cited by members of School staff. Small group sessions which simulated GP consultation were judged to be an excellent way to expose early year students to real life experience. Simulation, although labour intensive, was commended as being very beneficial to students, and examples were given of simulated ward rounds, ward exercises, and virtual reality ward simulation for large groups of students in a lecture setting. The School noted that more funding and space would be appreciated to enable simulation to be rolled out further. Students also had the opportunity to conduct simulated virtual appointments via Zoom, and final year students saw a ward round filmed using a GoPro camera. The Panel were impressed with the School's innovations and agreed that many could be translated into other disciplines throughout the University.

- 4.3.7 The Panel heard that the Physician's Associate programme had undergone some changes to enable increased shared teaching with the MBChB programme, and to increase online teaching of several new topics. The programme start date is also now aligned with other January start programmes. It was noted that numbers of Physician's Associate students are likely to increase in the coming years, but the School is mindful of the requirement to provide sufficient placement opportunities to students. Several Scottish Health Boards are now employing Physician's Associates which should mitigate this in future.
- 4.3.8 The Careers Service noted an exceptionally high completion rate for the first-year professional skills course in Medicine and Dentistry students and commended both staff and students for their focus on the wider educational experience, particularly in terms of skills development. The increase in online delivery of co-curricular offerings had translated into more participation from students based at Foresterhill, which was encouraging.
- 4.3.9 The Panel commended the Dentistry staff for their communication efforts during uncertainties surrounding student progression during the COVID-19 pandemic. Regular meetings with students took place during this period and staff strove to minimise the stress on students, despite not having clear guidance from the Scottish Government regarding the options available. In addition to this, the Institute has put an action plan in place following their recent review and is working with their new Director and the Head of School to make effective changes.
- 4.3.10 The Panel was pleased to hear about the level of student involvement in the shaping of the School, with proactive and enthusiastic student representatives and School Conveners. Students give a "year review" presentation to alert staff to good practice and areas for enhancement, and action is taken by the School as a result. Students are encouraged to volunteer to sit on the various School committees and a robust recruitment process is in place. Students enjoy and greatly value these opportunities.

4.4 Theme: Aberdeen2040

Interdisciplinary

- 4.4.1 The Panel were interested to hear about the Medical Humanities opportunities for students. Level Three students choose from around thirty courses to expand their knowledge and gain experience of a topic other than Medicine. Courses run in Anthropology, Music, Art History, Creative Writing and many other disciplines, and some students then go on to undertake an intercalated Medical Humanities degree programme in Level Four. The School believes it is a unique selling point and attracts many students to study at the University. It was highlighted that it can be difficult to find courses for the students to undertake, and the Panel recommended that increased publicity might help this. The School noted that contacting the Interdisciplinarity Lead for the institution would be prudent.

International

- 4.4.2 The School has seen a recent increase in the diversity of the student body, which pleased the Panel. The focus of the Scottish Government is largely to increase Scottish student uptake, but the School hopes to continue to diversify and to attract students from a variety of backgrounds. 16% of the institution's widening access students study Medicine, and around a third of the students who access the MBChB programme through Gateway2Medicine have English as a second language. The School intends to build further on this success and will

shortly submit a business case to the Scottish Government for the continuation of the Gateway2Medicine programme.

Inclusive

- 4.4.3 The Panel heard detail of an open letter written by MBChB students in 2020 which raised concerns about racist incidents during teaching. The School responded immediately and has since requested further feedback from students to continue making positive changes. Student-facing staff now have enhanced training in place surrounding race literacy and race equality awareness. A joint task force was created with NHS Grampian to ensure that clinical environments also promoted EDI values, and a colleague has been appointed within NHS Grampian to act as a Race Equality lead. The School appointed four Race Equality champions which feed into the institutional Race Equality Strategy Group. Additionally, the School has signed up to the British Medical Association Race Equality Charter and the institutional alignment with the Advance HE Race Equality Charter complements this. The Panel believe the School provided an excellent, proactive response to this matter and should be recognised for their prompt actions.
- 4.4.4 Students requested freedom and space to articulate their EDI concerns, and the School responded by providing listening sessions, open seminars, and mechanisms for reporting incidents. It is recognised that the School's multi-agency setup can be challenging in term of reporting events and supporting students, but communication has remained central to ensuring that students and staff feel able to voice concerns. The student body has been engaged with every step of the process, including scheduling a virtual away day on inclusivity and recruiting students to work on scholarship projects during the summer regarding decolonising the curriculum. Students have also been well supported by the Aberdeen University Students' Association (AUSA) to raise concerns.
- 4.4.5 In terms of decolonising the curriculum, the School has ensured that their mannequins for simulation are now split evenly in terms of white and BAME skin colours. This was a student-led change, which has resulted in manufacturing companies increasing their production of BAME mannequins to respond to demand. Level Two and Three students led ethical code of conduct sessions which drew on case studies highlighting inclusivity and diversity issues. Many textbooks include Caucasian bodies regardless of where they are published, which is problematic, but the School notes that they are at the start of a long journey to instigate change in partnership with their students.
- 4.4.6 In terms of the wider community, the School added EDI-focused questions on all Course Feedback Forms to ensure oversight of any issues when interacting with patients. Some issues had been noted involving students on placement in areas of the country with a strong religious population, and the School was mindful of the balance between being sympathetic to these issues while also preparing students for the resilience they will require in their future medical careers. Incidents such as these are recorded in an annual log by administrative staff, and students are also able to anonymously raise matters via the VLE. Staff visits to placement are scheduled where appropriate.
- 4.4.7 The Panel noted that the gender balance of students may be challenging for the School, and it was confirmed that this was the sector norm. Staff try to persuade male students to be in their promotional material, but this is sometimes difficult, and particular challenges have been encountered in recruiting male students to the Physician's Associate programme. The School

will continue to carefully consider their promotional material to encourage applications from a diverse pool of candidates.

Sustainable

4.4.8 The Panel queried the need for paper-based record keeping within the School. It was noted that this is an issue throughout the healthcare professions, but professional monitoring must be undertaken to satisfy regulatory requirements and hence the School must work within the parameters set for them. Some improvements have been made during the pandemic, but the School is looking to be awarded funding to develop a more robust online system. The Form2 system has been adapted for use within the School and has removed the need for handwritten sign offs for clinical workbooks. It was agreed that there was potential for further improvement to minimise paper-based records.

4.5 Pedagogic Partnership Discussion

4.5.1 The pedagogic partnership discussion backed up many of the points mentioned during the focused meetings. In addition, the group highlighted several additional points for consideration, which can be found in Appendix A. The School are invited to consider this appendix to help inform future practice. Student comments are highlighted in blue and staff comments in green, with related responses given in corresponding boxes on each side of the table.

4.5.2 There was agreement between staff and students on many of the issues discussed. Early exposure to patients and real-life simulations were universally commended, and the employment of technology to assist in teaching and learning was gratefully received. In particular, students really appreciated using iPads to track their skills and to aid their clinical work. Communication between staff and students was regarded as effective, and management staff were approachable and responsive. In terms of more recent developments, students enjoyed the variety of teaching methods and the option to engage with their studies in multiple ways. Staff agreed, and voiced support for the continuation of this varied teaching style following the pandemic.

4.5.3 Staff and students had different experiences of some aspects of the regent scheme, with some students reporting that it needed to be improved. Staff recognised this, but also noted that there were responsibilities on both the regent and regentee. Feedback on OSCE examinations was also varied, with some students feeling it was not substantial enough to be helpful. Staff understood this matter but also needed to retain the integrity of the examination, and hence it would be difficult to provide more feedback. External Examiners also seemed to be satisfied with the feedback provided. Views were mixed in terms of remote and rural placements: students appreciated these opportunities but found that travel expenses could be unfairly awarded and accommodation could be very basic. However, staff agreed that the travel expenses policy needed to promote sustainability.

PART C: SCHOOL ACTION PLAN

5.1 Enhance the overall student support provision, specifically by:

i) ensuring that adequate support is provided to early years students in terms of welfare and mental health, particularly following a potentially difficult educational experience during the COVID-19 pandemic

ii) assessing the effectiveness of the regent system with regards to inequity of availability of staff involved, an increase in pastoral care and a reduction in inconsistencies. It was recommended that staff communicate a set of minimum expectations to students, as it was recognised that some regents will go above and beyond to support their students

5.2 Increase support for students on placement by:

i) reaching out to students to ensure their facilities are adequate and their social opportunities negate the potential for social isolation

ii) communicating a clear expenses policy effectively to all students, particularly in terms of perceived inequity regarding transport and sustainability implications

5.3 Streamline administrative and technical processes by:

i) consolidating the use of VLEs, with a view to utilising fewer systems to simplify access for students. The Panel understood that using MyAberdeen may not be appropriate, but a review of existing VLE material to avoid information overload would be useful

ii) replacing paper-based records with an IT-based equivalent to avoid the potential for loss and to ensure ease of access for all stakeholders

iii) eliminating single points of failure where possible and ensuring there are written SOPs for key processes

5.4 Promote further integration by:

i) ensuring that all students feel part of the wider School and institutional communities. This was felt to be particularly important for Dentistry and Physician's Associate students

ii) continuing to develop a robust and forward-thinking EDI strategy and communicating its aims to all staff and students

iii) confirming that current admin structure is appropriate and that it aligns with central systems. The Panel struggled to understand the reasons for a separate Education Steering Committee (reporting to the University Education Committee) and a Teaching and Learning Committee (reporting to the Quality Assurance Committee), and were concerned about duplication of effort and membership

Appendix A – Pedagogic Partnership Session feedback

Staff led - What are we doing well?

Student comments			Staff comments		
<p>Disagree, could offer more options in medicine related subjects and specialties. Could use a good review.</p> <p>Some others enjoyed the variety of the SSCs.</p>	<p>Better in earlier years. Could use bit reorganization in later years.</p> <p>Adaption to online went well</p>	<p>See the other document</p>	<p>Choice of study in Student selected components</p>	<p>Communication skills teaching run online</p>	<p>Student Support</p>
<p>Good for networking. There wasn't much to gain skill-wise.</p> <p>Dentistry would welcome more inter-professionalism with medicine at UoA</p> <p>Good opportunities to shadow other professionals</p>	<p>Good and frequent sessions at Inverness, Aberdeen students miss out a bit on these.</p> <p>Helps with confidence.</p> <p>Improve the variety of the simulations and make them more specific to real life situations in Aberdeen.</p>	<p>Depends on the remoteness of the area. It can get quite lonely, and additional support to fight social isolation could be done.</p> <p>Good placements in terms of dentistry. More would be welcome by the students.</p>	<p>Interprofessional learning - Interdisciplinary with RGU</p>	<p>Clinical Simulation</p>	<p>Support on placements</p>
<p>Agreed, great experience, need to bring this back on form as soon as possible</p>	<p>Staff at Aberdeen are more approachable than at other universities</p>	<p>Experience with reagent scheme is incredibly varied, very tutor dependant</p>	<p>Early exposure to patients (pre-pandemic)</p>	<p>Accessible senior management team</p>	<p>Regent scheme means that students still have individual contact with student support</p>

			Adapted written and clinical assessments to current circumstances	Regular engagement with students through online Q&A sessions	Involvement of patients/ public including external stakeholders e.g. charities in teaching
			Working with NHS and third sector organisations to enrich teaching	Suttie centre - shared environment public and NHS	Development of Peer examination - students practice examination skills on each other
			Anatomy: exposure over first 3 years to a range of learning opportunities, which cater for a wide range of individual learning styles: inclusive	Histology Radiology Pathology: clinical anatomy correlation	Peer Assisted Learning programme, where older students assist early years in a range of settings
			e-learning	Remote and rural opportunities	Clinical Simulation teaching
			Provision for different learning styles	Bespoke VLE's supported locally with accessible support staff	Racial equality task force - making real changes
			Technology enabled T&L. Technology enabled reflective learning - both sustainable	Co-creation of teaching material with students	Feedback on clinical assessment and remediation support
			Student: staff ratio	Innovation in virtual learning	Student project opportunities and curriculum development
			Adapted to blended learning	Medical humanities - interdisciplinary	G2M and Pre-med programmes

					to widen access.
			Patient safety lead - human factors appointed	Inter-dental school collaboration in human factors and peer led/assisted T&L (Scottish Dental Schools Networks)	Increased online teaching has potential to widen access by allowing students to work while studying. Some are retaining quite professional jobs in the early years (and still doing well!).
		Some students prefer paper, but on the whole iPads (for use of FORM2 and Teams) are very well received	SLMP and Global health SSC has led to more interational input and collaborate to teaching	Introduction of sustainability teaching with support for expansion	Introduction of iPads for clinical years
			45% of year 3 MBChB students on courses across university in medical humanities	Meetings are more "efficient" and can be attended by many but less interaction	
			IEMDS is a very effective home for our teaching, much is shared, exchanged, and planned through it, certainly compared to many similar institutions.		

Staff led - What are we not doing well?

Student comments			Staff comments		
Quality of personal grading is low, and personalized gathering of data would be better. Consider a mixture of both.	agree	<p>Spreadsheet of who is where when is bit too much and perhaps shouldn't be shared with everyone.</p> <p>Maybe consider sharing information on specific place with only the people in that specific place and time</p>	Standardising all assessment practices, with simple criteria	Student support in distant sites	Sharing information on students between years - what do students expect us to pass on, what is confidential. Sometimes conflict.
Not too aware of the implications from student perspective now		<p>Sort out e-portfolio. Streamline it in a way it's easier to use. Show clearer progression.</p> <p>Reflective essays are good, but currently there are too many and too long. Give freedom to decide what's reflected upon.</p>	Sustainable staffing for interdisciplinary work - often the first to be dropped if under pressure	Communication between areas (although improved significantly)	Need to refine work-based learning environment smart assessment practice
Agree		Lower years don't have strong connections with staff or students. It makes it a very difficult situation compared to the previous years. They need additional	We could improve feedback to students generally	We could have a more global curriculum and review our current teaching materials	Increase in student numbers potentially students feel more anonymous - also with current reduction in full cohort group sessions and online learning

		support - Particularly current 2nd years.			
			Student support can expand to very high levels at certain times, and can be very difficult to manage effectively and efficiently	Feedback to staff about clinical placements (SCEF not immediate enough)	Feeding back to students on action we have taken in response to their feedback
			Sustainably incorporating innovative student produced/developed material into the curriculum	Being flexible to student needs as all students undertaking same programme timetabled en masse	Could have sustainability as more prominence within school (difficult with COVID though)
			Allowing staff to step back from some commitments when they are asked to take on yet more tasks: staffing	Extending interprofessional learning into senior years MBChB on placements	Administrative support - overburdening core members to enable successful quality delivery
			Leadership development & succession planning	Integration with wider university - always could do more	Diversify our patient partners (but this is not through lack of trying)
			Improve community engagement - corporate social responsibility e.g. health literacy		Consider inclusivity in our teaching and teaching environment – e.g. quotes or pictures of role models from a wider range
			Response to student feedback is sometimes limited or exaggerated.	SCEF/ feedback needs to be updated and more immediate	Ethics decisions - changing the system to a maximum of four cases to be considered monthly can result in huge delays for staff and students

			Lost centre for medical humanities that was a potential means to facilitate across university interdisciplinarity - do we need a hub such as this		We could work better with our colleagues at other schools in UoA and possibly avoid duplication and share ideas
--	--	--	---	--	---

Staff led - What should we stop doing?

Student comments		Staff comments		
Case based discussions can be a bit outdated, and with the amount it might feel a bit overwhelming. There needs to be a review of what is done, what students need to know and not just add on top of everything all the time.			Adding more teaching material without removing some. The curriculum, is now very heavy, often new innovative methods of delivery are added onto older styles making the volume of material a student is expected to get through overwhelming.	Duplication of work - share resources /good practice across institute more and utilise UoA resources more too
Too many VLEs (Teams, Blackboard, MyMBChB).				
Too much time required compared to contact teaching.				

Student led - What are we doing well?

Student comments			Staff comments		
iPads					
Regent Scheme (good in some parts, bad in some parts)	Remote and rural opportunities	Dental would appreciate non dental academic staff take on this role.	We recognise that students can have variable experiences from the Regent scheme	This is a key part of the opportunities in UoA and will continue to be.	
Student Support with Dedicated Team	ILOs have always been excellent, very clear	Dental - Student support is good within and outside the institute		Good to hear we are working on making this even better	

	and easy to find			in clinical skills	
Contact in first and second year		Dental - Access to clinic early on and clinical skills excellent	We try our best to engage all students early on. Even under current circumstances		
Communication in terms of placements has been good in some areas (worse in some too, draft would be appreciated instead of waiting until Fridays)		Dental - Good. More outreach pls for final years. Students enjoy consolidating theory and practise and independence.			
Mix of pre-recorded and live lectures for Years 1-3 works well		Dental - Variety of teaching methods being used and improving year on year. Staff are obviously researching and applying evidence base to teaching but still lots to be achieved.	The plan is to continue this mix.		
Improved Moodle platform is good		Dental school: Lack of pts in extraction clinic, can this be a huge priority please. Glasgow dental school has advertisements for pt clinic on Facebook, maybe have the same for ADS?	Glad this is well received was vital with the change to more distant online learning and has enabled us to think about how workload is spread through each week etc...		
Exams are mostly done well - feedback from them however was a bit worse and vague		Dental - Excellent clinical experience!! Lots of influences and learning from staff of varied experience. Dental - Exam feedback is improving but still	Thank you. We tried very hard re exams. The feedback could be improved and there are plans to do this for the clinical		

		needs further improvement. Perhaps ensure feedback comes from the topic tutor specifically. More support for staff to create personalised feedback for students as some give lots and some minimal.	exams especially		
Clinical skills teaching and support is excellent. I feel supported on placement especially when I see the clinical skills team. The Teams check in sessions for students outwith Aberdeen is useful.		Medical school has iPads, and this would be useful in the dental school as well. It can act as our electronic copy of DOPS and continuous feedback on our clinical skills as well as keep up to date with our prereqs for pt data.			
Clinical skills placements for years 1-3 are excellent - well organised and lots of opportunities, even when online during last year		Dental school: to be able to contact our pts for appt reminders as so many missed appts due to lack of communication with pts.			
getting direct feedback from doctors, nurses etc. was highly appreciated		Better feedback for dental school exams, especially for CSPs and SBAs. We do not know what the correct answers can be especially for SBA and we can continue making the same mistake.			

Student led - What are we not doing well?

Student comments			Staff comments		
Disconnect with e-portfolio	Change in curriculum wasn't well communicated to clinical staff and seems to limit the experience that students are having on the ward. The idea of 'hub' wards seems to limit experience and clinical skills	Dental students would welcome a portfolio and perhaps could learn from how medicine are using theirs	Currently reviewing e-portfolio	Hard to communicate as clearly as we wanted in the mist of global pandemic - point is valid. Hub ward works well in highland with positive feedback but in NHSG model not worked as well due to covid clinical arrangements	Share learning with dental institute as we review e portfolio
Information on Student Support and leads should be communicated more (update the website too)	Quarterly wellbeing newsletters with updates on student support would be useful	Dental happy with what is on offer here but more available for mature students, family planning etc	Feel there is a lot of information for MBChB including through tile on MyMBChB. Perhaps an issue in peripheral sites? Have greater awareness of Aberdeen services on placements	Encourage students to engage with UoA resources, not only medical specific.	Dental coordinator wellbeing and support
Having more frequent check in with Regent would be appreciated (rather than	There should be a way to find out how students have done in		Regents are encouraged to contact the student regularly. It is also hoped that	We removed information on how the class performed as a whole	

<p>tick box once a year)</p>	<p>comparison to others on assessments and exams. There is quite a lot of pressure to be ranked every year, and not knowing where you stand has mental challenges.</p>		<p>the students feel comfortable enough to contact the regent if needed. Many regentees do not respond, so their opinion on this varies enormously</p>	<p>in assessments as this created unhelpful competition. It was only a rewarding experience to those at the top of the curve and was demoralising to others.</p>	
<p>Accommodation for placements (usually poor quality)</p>	<p>Simulation sessions and opportunities are greater in Inverness, a disconnect with Inverness.</p>		<p>Accommodation has room for improvement - being worked on currently</p>	<p>Equity is an issue but better to encourage provision of good experiences if enthusiastic teachers? Also different placements will offer different experiences (e.g. medical ward in Inverness not same as medical ward in ARI)</p>	
<p>Expenses forms are unfair (advantages cars to bus)</p>			<p>This is not sustainable - perhaps review? Public transport not available/suitable in</p>		

			all placements so difficult to be fair Vs environment		
There should be more encouragement for sustainability (and particularly in terms of travel, consider incentives)	OSCE feedback has not been extremely helpful		Sustainability of matters such as travel is important, especially given 20240 objectives, and is something we should consider, where possible	Noted - it can be difficult to provide detailed feedback without risking integrity of OSCE but we are working on how to get around this and improve the feedback	External examiners have commented that our OSCE feedback is very good - perhaps we are doing well compared to other institutions, even if there is room for improvement.
Many hidden costs (and it's quite inaccessible for poorer students and disadvantages those having to work to fund tuition fees/expenses)			The aim is the teaching should be accessible for all. Please let us know if there are any specific issues. There are hardships funds available and anyone who is having difficulty should contact student support or year lead		
Clinical data		Dental- More work on staff using Liftupp clinical grading	Appreciate access to clinical systems - if	Would be good to increase provision of staff	Dental - assessment of students on clinic being reviewed and

		appropriately – students still leaving clinic unsure about how to improve. More reflective input and follow up by students on liftupp perhaps.	they ask they can get!	training opportunities in clinical and assessment systems.	discussed with students to enhance what is done
Rules on accommodation provided (where do the 20 miles start/end? And is it fair)		increased diversity in teaching staff and students. On the document sent BAME is all counted as one but in reality there were only 5 black students in my first year and currently only 2 in my current year	? need clarity on boundaries is it from home or point of study ? Accommodation provided free over 20miles		Admissions and actively encouraging diverse applicants in recruitment. Aligns with University goal on diversity and inclusivity
		Dental - More support for career development in final year – consider portfolio.	Significant piece of work by DSC in this area with the involvement of all dental schools. Not sure where it is with implementation at Abdn	Support portfolio - long overdue!	
Methods of teaching		The institute overload early years with too many lectures covering topics already understood by all post grad students. Students very quickly need case-based	Knowledge of post-grads likely varies considerably, and there will always be overlap at the start of a new course	Recognise this: Certain disciplines reviewing teaching and redistributing teaching	Multiple disciplines use CBD

		application of theory as we treat patients early on. Change teaching methods			
--	--	--	--	--	--

Student led - What should we stop doing?

Student comments			Staff comments		
Website like passmed is used so widely, the resources created by university is not really being used.					