The paper is the annual report from the College of Medicine and Veterinary Medicine Quality Assurance Executive Committee on quality assurance activity within the College in 2000-2010.

Action requested
For comment and to note

Resource implications
No

Risk Assessment
No

Equality and Diversity
No

Originators of the paper
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25th March 2011

Freedom of information
Can this paper be included in open business? Yes

The guidance on the exclusions from Freedom of Information legislation should be consulted before responding to these questions at:

http://www.recordsmanagement.ed.ac.uk/InfoStaff/FOIstaff/foi_exemptions.htm
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1. Introduction

*College of Medicine and Veterinary Medicine - Overview*

1.1 School and Units

CMVM has four Schools and four Directorates. The Directorates are Undergraduate Learning and Teaching, Postgraduate Studies and International Affairs and Quality Assurance and Enhancement and Research.

QA is overseen by the CMVM QA Executive convened by the CMVM Director of QA. The Director of QA sits on the College Strategy Group, which is the senior management body within CMVM thereby ensuring that issues relating to quality are considered at the highest level within the College. Four Committees with QA responsibilities representing the Undergraduate and Postgraduate programmes in CMVM (MBChB QA Committee, Veterinary Medicine QA Committee, Biomedical Sciences Teaching Organisation and the Postgraduate Studies Committee) report to the Executive. Memberships and remits of all Committees are listed in Appendix 1. The structure continues to work efficiently, allowing for QA issues to be dealt with efficiently within the College and for enhancement and good practice to be shared.

1.2 Scale and Scope of Learning and Teaching Activities

The College has three undergraduate degrees leading to professional qualifications – MBChB (medicine), BVM&S (Veterinary Medicine) and BSc (Oral Health Sciences). The BVM&S, in addition to the five year programme, also offers a four year, graduate entry programme. In addition a BSc in Medical Sciences is offered as well as a number of biomedical BSc honours options. The PGT provision is primarily distance learning programmes. In 2009 82% of PGT student admissions were to distance learning masters. The PGR student numbers are growing and a number of Masters by Research programmes are offered alongside the PhD provision. This allows flexibility in terms of offering 1+3 arrangements.

In 2009-2010 the College had 2251 UG students, 708 PGT students and 851 PGR students.

1.3 Key Features of Annual Monitoring and Review in the College

The CMVM QA Executive receives annual reports from each of

- MBChB (09/10 Professor Danny McQueen, from 10/11 Professor Richard Knight)
- BVM&S (Dr Tudor Jones)
- Biomedical Sciences Teaching Organisation (Dr Simon Talbot)
- Postgraduate Directorate (09/10 Dr C Harlow, from 10/11 Professor Karen Chapman)

The four major teaching areas each have a QA Director or lead academic, named above, who is responsible for all aspects of QA in their respective areas and who produces an annual report. These reports are reviewed and discussed in depth at the February meeting of the QA Executive and it is the issues arising from this review and discussion that form the background and substance of this report. The methodologies and tools used in 08-09 were largely unchanged on previous years. The QA Executive accepted each report as complying with College QA standards.
2. Actions taken as a result of issues raised in the 2008-2009 Report

<table>
<thead>
<tr>
<th>WE SAID</th>
<th>WE DID</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVM&amp;S Programme</td>
<td>The BVM&amp;S TPR took place successfully on 4th/5th February 2010 and the School responded in September 2010.</td>
</tr>
<tr>
<td>Participation in the Veterinary Medicine Teaching Programme review in February 2010 and monitoring the School response to the TPR report.</td>
<td></td>
</tr>
<tr>
<td>Assessing the impact of the School’s plans to improve feedback to students in response to NSS results.</td>
<td>The outcomes of the NSS published during 2009-10 were disappointing, in particular the low scores received for feedback. This is despite the School’s efforts over the last two years to try to improve feedback mechanisms and student perception of what constitutes “feedback”. Currently efforts have concentrated on developing a system that provides each student with immediate personalised, outcomes-lead, structured electronic-based feedback system for final year students to replace the previous unstructured mixture of verbal and written feedback. While this has attracted many positive comments from students within the School this initiative is still to impact on NSS scores.</td>
</tr>
<tr>
<td>Review of course QA procedures and process for academic year 08-09 and reporting to CMVM QAE.</td>
<td>These were reviewed, found to be working well and have therefore been left largely unchanged.</td>
</tr>
<tr>
<td>MBChB Programme</td>
<td>This move towards an outcomes based curriculum to meet the requirements of both the GMC Quality Review of the Medical School and Tomorrows Doctors 3 is well underway and will be implemented on target in 2011/12.</td>
</tr>
<tr>
<td>Commence the implementation of the curriculum reorganisation following the GMC inspection and the publication of Tomorrows Doctors 3. This will be a staged implementation which will continue to 2011-2012. This is a significant and potentially far reaching development.</td>
<td></td>
</tr>
<tr>
<td>Continue to actively implement and pursue the Academic Code of Practice for Feedback</td>
<td>The MBChB Academic Code of Practice for Feedback is now operational and its effectiveness is being audited in 2010/11</td>
</tr>
<tr>
<td>Preparation for the MBChB TPR</td>
<td>This took place. It has been very closely linked to the ongoing GMC related quality work with a number of overlaps. The central University QA Office liaised with the GMC in an attempt to avoid duplication, a move which was welcome, but which would have been more effective if a member of Medical School staff with a detailed knowledge of the MBChB curriculum had been involved in the discussions</td>
</tr>
</tbody>
</table>
**Oral Health Sciences BSc**

The first intake to this new BSc was in 2009-2010 so the first set of QA feedback will be received and reviewed. This has been received and is reviewed elsewhere in this Report.

**Biomedical Teaching Organisation**

Work towards the introduction of a new 2+2 BSc in Biosciences in partnership with a Chinese University with students coming to Edinburgh in 2012. This degree, now called BSc in Biomedical Sciences, has obtained approval and students will be admitted from September 2011.

Take responsibility for the administration for PGT programmes in the School of Biomedical Sciences. The administration for the PGT programmes owned by the School of Biomedical Sciences has now successfully been centralised in the BMTO.

**Postgraduate Studies**

Continue to work towards the strategic aim of doubling postgraduate student registration to 1000 by 2013. This work is ongoing to meet this ambitious target. Application numbers to both PGT and PGR programmes continue to rise significantly and an increased number of offers has been made but the difficult issue impacting on this, and being addressed on 10/11, is low conversion rates from offer to matriculated student.

Implementation of the new PG Strategy

The new strategy is now being implemented.

Review of PGR QA and creation of effective and efficient processes

This is ongoing. PG Researcher Experience will be addressed by the CPRE Committee in 2010/11, to identify ways in which this can be enhanced, in line with the recommendations of the Task Group report.

To enable the College to meet its increased targets, postgraduate programmes must reflect the best use of resources and perhaps more importantly, answer the needs of students. For this purpose the College has set up a team to review and evaluate its PGT programmes, to look at areas of possible expansion and encourage opportunities for flexibility and change.

A PGT College Review Team was established to evaluate and review PGT programmes, to look at areas of possible expansion and encourage opportunities for flexibility and change. The Review Team carried out a review and evaluation of all OLDL programmes, to help create clear guidelines to develop new and existing programmes and to review the practical obstacles in their development. The team reported to College Strategy Group in 2010 and is discussed elsewhere in this Report.

The College gained approval from SPGSC that all of its Online Distance Learning programmes were permitted to submit Electronic Submission of Theses/Dissertations electronically without a hard copy being submitted. This will be introduced for session 2009-10 when the first of the OLDL students will be submitting their dissertations. This system is now operational.

New programmes under development in 2009/10 include:

- MSc in Human Anatomical Sciences
- MSc in Paediatric Emergency Medicine (OLDL)
- MSc in Biodiversity, Wildlife &
| Ecosystems (OLDL);  
| MSc in Animal Bioscience  
| Certificate in Cognitive Ageing Research  
| Methods for Medical Scientists |

In line with the University's requirements for Quality Assurance of PGT programmes, the QA Representative will be conducting a survey to determine the methods used to assess student feedback at the end of a programme. In addition he will find out what provision is in place for staff/student liaison. These practices may vary widely between different programmes and depending on whether the programme is OLDL or On-Campus based.

The Survey was carried out by Dr Chris Harlow, who stepped down as College PG QA Lead in Sept 2010. The findings will be collated by the current College PG QA Representative, Prof Karen Chapman, in 2010/11.

As issues of plagiarism arose in 2008/09 it became clear that the College didn’t have a clear strategy to deal with it for its PGT programmes. The Convener and Secretary of the CPTC will take this issue forward for 2009/10 to discuss how a unified strategy can be agreed for all CMVM PGT programmes.

The issue here was not dealing with dealing with cases of suspected plagiarism, but avoiding them in the first place. College Policy is now that as a minimum, the first piece of a student’s coursework should be submitted to TURNITIN software and feedback given to the student. All PGT Programmes should now be adhering to this in 2010/11.
3. Assurance of Quality and Standards

3.1 Annual Monitoring and Review

The annual monitoring and review procedures worked well across all areas in the College, however the response rate from the PGT Programme Directors was slow. It has been agreed by the QA Executive that the School PG Directors and Heads of School will be notified quickly in the future when a report isn’t submitted and asked to help in obtaining it.

The common theme running through all the reports was that where an issue was identified as being problematic there was a procedure in place to address it. This was particularly well demonstrated in the BVM&S report where the QA loop is closed by discussion with the Director of Veterinary Teaching and the BVM&S Curriculum Executive and in BMTO where the responses from the Director of BMTO were contained in the body of the report.

Space issues are a common problem although these are being addressed by, for example, the opening of the new Vet School in May 2011 and by the QA Director discussing and attempting to resolve recurrent issues with the relevant Heads of School.

3.2 Annual Monitoring and Review of Continuing Professional Development

The majority of CPD in CMVM happens within the R(D)SVS and is co-ordinated by the Office of Lifelong Learning. This activity has not so far fallen within the scope of the R(D)SVS QA but this will be reviewed in conjunction with OLL.

There is very limited CPD available in other parts of the College although this is seen as an area which could be significantly grown and developing a strategy is a part of the longer term College PG strategy.

3.3 Student Performance and Achievement

The performance of students across the College continues to be very high. The professional programmes are largely achieving pass rates in excess of 90% of the cohort. The issues that have previously been identified in Year 1 of the BVM&S causing the pass rate to be below 90% are continuing to improve. The pass rates in BMTO also remain high.

3.3.1 MBChB

The progression rate throughout the MBChB programme continues to be excellent, with 98% of year 1, 97% of year 2, 96% of year 3, 94% of year 4 and 99.6% of year 5 passing the assessment and proceeding to the next stage.

Progression is shown in Table 1 in Appendix 2

3.3.2 BVM&S

The improvement in first year pass rates seen over the last three years has continued with final pass rates well above 90% although first sitting pass rates are yet to reach 90% for some courses. This continuing improvement in first year pass rates is related to the School’s proactive risk analysis-based intervention strategy introduced in 2007-08 coupled with redevelopment of the first year curriculum. It is of concern that the previous trend in increasing pass rates in the first year of the four year Graduate Entry Programme (GEP) has not been maintained for some courses with the pass rate dipping below 90%. It is hoped that
pass rates will increase again once the newly designed first year GEP programme has been fully implemented from 2011-12. However, the diverse background of those admitted to the first year of the four year programme is likely to continue to produce a wider range of pass rates than the equivalent first year intake into the five year programme which are predominantly school leavers with more recent experiences of examination and assessment practices than many of the GEP entrants. Positively, however, beyond first year there is no evidence that GEP outcomes are different from those achieved by students following the 5-year programme.

The pass rates in other years are on target.

Progression is shown in Table 2 in Appendix 2

3.3.3 BSc in Oral Health Sciences

This new programme admitted its first cohort of 9 students in 2009. It admits biennially. 100% of the cohort progressed to Year 2 in 2010.

3.3.4 BMTO

Tables 3 and 4 show the percentage pass rates for all BMTO first-year, second-year and third-year courses in 2009-10. This is the second year that the first and second year courses were the responsibility of a single Board of Examiners, the Medical Sciences Pre-Honours Board of Examiners. Last year the Medical Sciences Pre-Honours Board of Examiners identified a number of procedures and policies that differed between courses. Changes have been introduced and now students have to pass both in-course assessments and degree examination in order to pass a course. All first and second year course had pass rates of >80% at the first attempt and >94% after the August diet. For third year courses there are no resits and the pass rate at the first attempts was above 92% for all courses.

Table 5 shows the numbers of students who were awarded Honours degrees in 2009-2010, with cumulative totals since 1994-5. The data shows very little change in the distribution of degree classification from the previous year. For Biological Science students the percentage attaining first and lower second class degrees dropped slightly with a corresponding rise upper second class degrees. For intercalating students there was a rise of approximately 6% in the number of first class degrees and a corresponding drop in upper second class degrees.

Progression is shown is Tables 3-5 in Appendix 2

3.3.5 Postgraduate

PGR and PGT student awards are shown in Tables 6 and 7 respectively in Appendix 2

3.4 Feedback from External Examiner Reports

The engagement with, and feedback from External Examiners has continued to be constructive and to lead to useful dialogue often resulting in changes to and enhancements of existing practice. External Examiners are invited to comment on exam questions and proposed curricular change. Reports are seen by TO Directors, Year Leaders and Module Organisers, Programme Directors and the relevant College Committees who have the responsibility of ensuring action required is identified and actioned. All reports are copied to the Head of College. There are a large number of External Examiners contracted to the College because of the vocational nature of the BVM&S and MBChB and obtaining
appropriately qualified examiners from relatively small pools can sometimes present challenges.

The relationship with Externals has continues to require particularly careful handling over the because of the enhanced HR requirements and the difficulty in implementing them. Support staff in the UG and PG Offices are dealing well with this tricky situation and ensuring that relationships with the Externals are maintained but this continues to be challenging. This is particularly acute in the case of PhD examiners.

The complexity of the MBChB and BVM&S programmes means that there are a large number of external examiners contracted. This can potentially lead to additional administration and delays in reports being returned. In order to address this there is now a facility for the External Examiner forms to be completed electronically and this is beginning to have a positive impact.

The reports across the College have been very positive with several comment and suggestions for constructive development being made and no major concerns regarding the quality of the teaching or organisation of the programmes, courses or assessments being made.

3.5 Feedback from Students

Staff Student Committees are in place across the College and student representation on College Committees is actively encouraged.

In general the undergraduate students are significantly more engaged than postgraduates. Response rates to questionnaires, especially those delivered electronically via the VLEs remain high, particularly in the MBChB programme where it averages at 73%. The BVM&S has continued with its good practice of the Staff Student Committees being student led and of having an independent staff adviser present at each meeting. The feedback obtained from students is mainly very positive and where issues are raised they are acted on. The MBChB has a “You said We did” section on the VLE to communicate these actions to students.

PG students have much lower response rates to requests for feedback although experience with the e-based students is that given the nature of these programmes they are engaged in ongoing dialogue with staff so feedback is being given fairly constantly in both directions but very informally. This is the same situation in the BSc in Oral Health Sciences, although its on campus, the small number of students means that there is daily interaction with staff and again feedback goes constantly in both directions. This is recognised as being good practice although the College does recognise that it would be useful to formalise or track some of this communication. It could, however, have the effect of lessening students participation in the formal surveys on the basis that they feel they have already both given feedback and had a response to it.

There was considerable promotion and advertising of the Postgraduate Taught Experience Survey within the College in 2009-2010 but despite that only 173/655 (26%) of students completed it. This was, however, a considerable improvement on the 2008/9 response (68/398; 17%) and probably reflects the generally low response rates in these types of surveys. An analysis carried out on data from the Postgraduate Taught Experience Survey was sent to CPGT Committee members to cascade down to Programme Directors. No further action was necessary. There was no PGRE Survey in 2009/10. The next will be in March 2011.
The College had mixed results in the NSS, scoring well in some areas but still getting low scores in Assessment and Feedback, particularly in the Veterinary and Biomedical programmes. Free text comments from students and discussion at staff-student liaison meetings would suggest that students do require more academic feedback, there is a surprising discrepancy between the National Student Survey results and those from our internal module and end of year feedback.

This issue is given very high priority at both strategic and operational levels and a number of initiatives have been ongoing throughout the year in an attempt to impact these scores.

The BVM&S concentrated on developing a system that provides each student with immediate personalised, outcomes-lead, structured electronic-based feedback system for final year students to replace the previous unstructured mixture of verbal and written feedback. While this has attracted many positive comments from students within the School this initiative is still to impact on NSS scores.

The School’s Curriculum Executive is actively involved in improving feedback mechanisms by providing specific guidance on improving communications between staff, students and VTO including

- Methods for providing students with advice and formative feedback
- Acting on matters arising from end of course questionnaires
- Student contract to learn
- Staff contract to teach and clear job specifications to staff role
- VTO Admin Staff ensuring EEVeC has correct details for course organisers, year directors and year administrators.

The MBChB Feedback Action Group comprising staff and students created a Code of Practice for Academic Feedback across the MBChB which was in place in 2009/2010 and will be audited in 2010/2011.

The professional programmes in CMVM need to benchmark not only against other programmes in the University but also, and importantly against other UK Medical and Veterinary Medical programmes.

The performance of the three critical domains over the last three years is in the tables below. It should be noted that this is based on the mean score in each.
To note:-

- The five year BVM&S results are used in the above table.
- Oxbridge and St Andrews, which aren’t comparable with other Schools, are included. If, for example, they were omitted the MBCChB would rate 2nd equal in overall satisfaction and in the Organisation and Management domain, first equal.
- The BVM&S 2010 teaching result is excellent and reflects a move from the bottom to the top of the table between 2009 and 2010.

3.6 Internal reviews

In 2009-2010 the BVM&S underwent an internal TPR and the R(D)SVS a PPR.

The BVM&S TPR took place in February 2010. A very positive report was received. The recommendations were discussed at the Curriculum Executive and presented at Board of Studies with the School response submitted to the University’s Quality Unit in September 2010. Many of recommendations have already been implemented. The full report is available at [http://www.docs.sasg.ed.ac.uk/AcademicServices/Quality/QA/Int%20reviews/Past%20TPR%20reports/VetMedReport2009-10.pdf](http://www.docs.sasg.ed.ac.uk/AcademicServices/Quality/QA/Int%20reviews/Past%20TPR%20reports/VetMedReport2009-10.pdf) and the response is at [http://www.docs.sasg.ed.ac.uk/AcademicServices/Quality/QA/Int%20reviews/Past%20TPR%20reports/VetMedresponse200910.pdf](http://www.docs.sasg.ed.ac.uk/AcademicServices/Quality/QA/Int%20reviews/Past%20TPR%20reports/VetMedresponse200910.pdf)

The R(D)SVS PPR report is here [http://www.docs.sasg.ed.ac.uk/AcademicServices/Quality/QA/Int%20reviews/Past%20PPR%20reports/PPRReportVetSchool0910.pdf](http://www.docs.sasg.ed.ac.uk/AcademicServices/Quality/QA/Int%20reviews/Past%20PPR%20reports/PPRReportVetSchool0910.pdf)

The outcome was encouraging with 12 commendations and 13 recommendations. The significant improvements made in PG provision since the previous review were marked and highly commended. The response is due in 2010/2011.

3.7 External Reviews

The GMC Medical Education Quality Unit launched the Enhanced Annual Return (EAR) which is a very detailed return that each UK Medical School is now required to make annually to the GMC and essentially measures progress against Tomorrows Doctors 3 which is the GMC publication setting the standards for medical education in the UK. The key part of the return in 2009/2010 was the first section reporting against the requirements identified in the GMC inspection report a year earlier. This part of the EAR is at [http://www.gmc-uk.org/static/documents/content/Edinburgh_return_2010.pdf](http://www.gmc-uk.org/static/documents/content/Edinburgh_return_2010.pdf) and was adjudged by the GMC as representing satisfactory progress towards recommendations and requirements.

The BVM&S had no formal external review in 2009-2010 but made the required data returns to the Royal College of Veterinary Surgeons and the American Veterinary Medical Association.

3.8 Peer Observation of Teaching

This is recognised as being good practice but has not taken place in 2009-2010 because it also presents a considerable practical challenge in terms of time for teaching staff. It is inappropriate in some clinical situations because of confidentiality and patient care.
3.9 Collaborative Provision

The College had a number of collaborative arrangements in place in 2009-2010 as follows:-

1) UoE/Royal College of Surgeons of Edinburgh
   MSc Surgical Sciences
   MSc Health Information Governance

2) Scottish Agricultural College
   MSc Applied Animal Behaviour and Welfare

3) Blood Transfusion Service
   MSc Transfusion, Transplantation and Tissue Banking

4) Royal Zoological Society of Scotland
   MSc Biodiversity, Wildlife and Ecosystems

5) University of Sydney
   MSc Pain Management

These collaborations represent strategic partnerships with high status organisations which are valuable to the College. The programmes, once launched, have in the main worked well. The University in all cases awards the degree and is responsible for the academic governance. The main and ongoing challenge has been agreeing business plans for each of the programmes with the collaborating organisation. This is in part due to the complexities of the University’s Income and Expenditure model.

4. Enhancement and Good Practice

4.1 College Learning and Teaching Strategy

In the College of Medicine and Veterinary Medicine, we recognise that students arrive with a commitment to careers in medicine, veterinary medicine and medical science, and with a rich variety of skills and attributes. Our aim is to develop these abilities through challenging curricula, with an ethos of respect and support for our students, and to ensure that our graduates are caring, competent, confident and reflective, equipped for high personal and professional achievement.

The following six principles form the basis on which the Learning and Teaching strategies within the College of Medicine and Veterinary Medicine are based. Progress is noted in the bullet points after each section.

1. Educational Experience

   The College aims to achieve the highest quality of educational experience for all students on the basis of identified best practice, rigorous feedback and evaluation from students, staff and employers and a policy of proactively enhancing the educational environment for both students and all staff with responsibilities in learning and teaching.

   - Progress continues with the new School of Veterinary Medicine, due to open in May 2011.
• Significant work has gone on across the College to enhance feedback to students, including agreeing and publishing explicit Codes of Practice for the major College programmes and beginning work to audit against these standards.

• Work is ongoing to enhance and assure the quality of assessment procedures, including the use of Assessment Panels for standard-setting and blue-printing in the MBChB programme.

• The College system for students evaluating their teaching has been continued, and in medicine, supplemented by a nationally-agreed set of quality indicators, which are shared routinely with our NHS partners.

• In the MBChB, a “You said, we did” website has been successfully established to “close the loop” on evaluations from students.

• Feedback from employers is routinely obtained for both medical and veterinary graduates and from recent graduates (BVM&S 1 year and 5 years post graduation).

• Thesis committees are now standard across all 4 Schools of the College

• Increased opportunities for cross-Programme or cross-College sharing of PGT electives, where this will enhance student teaching and learning experience.

• The MSc Programme Directors’ Forum has continued to promote exchange of best practice and common problem solving. There are two types of meeting: periodic general forums held separately for on-campus and on-line programmes; and thematic sessions, open to all. Themes have included: international students; using Turnitin to promote good scholarship avoid academic misconduct; alternatives to the dissertation. The next forum will discuss the role of the programme director as a DoS.

2. Student Centred

The College aims to preserve and enhance the enthusiasm of students by avoiding overload of factual information and assessment, providing clear learning outcomes and goals and ensuring a supportive learning environment. Students will be given responsibility for their own learning and appropriate resources will be available to support this philosophy. The learning and teaching opportunities provided by group and team work will be facilitated. Curricula delivered within the College will have outcomes, teaching method, assessment and environment aligned in the interests of student learning.

• Continuing development of the VLEs (EEVeC and EEMeC) and the electronic platforms for the delivery of the eMasters programmes.

• A review of the induction and Year 1 experience of MBChB students, which has led to significant improvements.

• Ongoing curricular restructuring in the MBChB and the BVM&S. In both cases this involves a more explicit definition of the graduating learning outcomes which must be achieved by all graduates. These are closely aligned with the requirements of clinical practice, as defined by the General Medical Council and the Royal College of Veterinary Surgeons, in the interests of enhanced employability and accountability. Curricula are being re-structured to ensure that all of the outcomes are appropriately taught and assessed.

• Ongoing development of the student-selected components, including a new SSC in the MBChB programme where students choose their clinical attachments in the interests of career exploration and introduction of SSC1 and SSC2 in the BVM&S programme.

• Commencement of the new BSc programme in Oral Health Sciences

• Addition of four new MSc programmes and a new PG Certificate to the PG programmes offered by the College.
• Increased opportunities for cross-Programme or cross-College sharing of PGT electives, where this will enhance student teaching and learning experience.
• A PGT Programme Handbook template was developed for use in 2010/11. This template is designed to give the minimum list of the things that must be included in a Masters Programme Handbook and will improve consistency between Programmes, including the OLDL Programmes.

3. Learning through Enquiry in a Research Rich Environment
The College encourages an atmosphere of questioning and critical approach, training students to integrate knowledge, extrapolate it to new situations and to communicate synthesised information effectively. Students will be prepared for life long learning by developing generic skills such as time management, the ability to manage their own learning, study skills, the ability to critically appraise, writing skills, data collection and management, skills in experimental design and statistical analysis. Opportunities for learning will be made available to all students from our research activities.

• This principle is integrated across UG and PG programmes in the College, including the opportunities for intercalated study and student-selected components such as the 14-week SSC in Year 4 MBChB. The College supports intercalating and SSC students through bursaries and small grants.
• Many students each year complete successful research projects, leading to publications and presentations at Conferences. The College provides financial support to students in this regard.
• The College has encouraged and supported new research-oriented student bodies, such as ATRIUM (Academic Training in Undergraduate Medicine).
• Edinburgh medical students are proving very successful in applying for the new Academic Foundation posts, in national competition.

4. Learning Styles
A variety of teaching methods will be developed and utilized within the College to support a range of learning styles. Maximum use will be made of e-learning where it is able to enhance the quality and the efficiency of learning and teaching.

• The number of elearning MSc programmes continues to rise and a great deal of developmental work is ongoing to ensure the number continues to rise and new markets for these programmes are identified.
• The undergraduate VLEs play a major role in maximising the use of e-learning in those curricula.
• A systematic review and enhancement of the Problem Based Learning strand in the MBChB has been undertaken.
• The MBChB and BVM&S curriculum now include a programme of Peer-Assisted Learning, which is being expanded to allow all students to develop teaching skills.
• Increasing use is being made of simulation technology in both veterinary and medical education, to allow students to develop key competences in a safe environment.

5. Achieving Professional Accreditation
The College will work with relevant accreditation bodies such as the General Medical Council and the Royal College of Veterinary Surgeons to ensure that students are prepared to the highest standard for entry to the professions.
• The MBChB programme underwent a full accreditation process by the GMC in 2009, and continues to participate each year in the Quality Assurance of Basic Medical Education (QABME) process through the new GMC Enhanced Annual Return. Much of the current innovation and development in medical teaching is designed to meet the requirements of the new version of “Tomorrow’s Doctors” (2009). It includes a new framework of Outcomes for medical graduates, and specifies more comprehensive teaching of biomedical and social science and increased exposure to real clinical practice.

• The BVM&S programme has been successfully reaccredited by the RCVS and EAEVE in 2005 and by the American Veterinary Medical Association in 2008.

• The College continues to support the increased workload and activity associated with accreditation and quality assurance of its professional programmes.

6. Learning and Teaching Staff
The College is committed to valuing the expertise of staff involved in learning and teaching by ensuring they have opportunities to develop their skills and knowledge regarding the scholarship of learning and teaching. Excellence in learning and teaching is a recognised path towards professional and academic development.

• The MBChB programme has successfully introduced a new, more inclusive method of advertising and recruiting to key curriculum roles, with associated role descriptions.

• A new Regional Staff Development Officer post supporting medical educators in SE Scotland has been created and an appointment made. This has allowed the development of an inclusive staff development strategy for medicine, which is being implemented in partnership with the NHS and Postgraduate Deanery, under the umbrella of the new South-East Scotland Faculty of Clinical Educators.

• Teaching symposia are held at least annually for teachers on the MBChB and BVM&S programmes.

• Increasing numbers of College staff are undertaking advanced study in medical education, including DEd and MD degrees based on education topics.

• Numbers of staff undertaking the University of Edinburgh MSc programme in Clinical Education have increased markedly; this offers a developmental opportunity to all clinical teaching staff in the College and elsewhere. A Summer School in Clinical Education is also offered, with increasing numbers attending. The College provides bursaries to allow active teachers to participate in these programmes.

• Teaching continues to be important in both University and clinical staff achieving promotion and recognition.

• The College supports staff in their participation in professional associations for education, such as the Association for the Study of Medical Education and the Association for Medical Education in Europe.

• The College welcomes and supports the work of the Institute for Academic Development as a means to further support the development of our teaching staff.
4.2 Update on activities in support of QAA Enhancement Themes

The QAA enhancement theme “Graduates for the 21st Century” and the concept of employability are already embedded in both the MBChB and BVM&S programmes with, for example, the twelve graduating outcomes of the MBChB and the work the BVM&S have undertaken with employers to test the competence of new graduates. The thinking the BMTO has been undertaking with regard to the Innovative Learning also feeds into this agenda.

Transferable skills are emphasised in PG programmes and the launch in 2009-2010 of the Principals Career Development Scholarships promoting and encouraging the development of vocational PhDs has also encouraged the development of this theme.

4.3.1 Graduate Attributes and Employability

See section 4.2 above

4.3.2 Pastoral and Academic Support

The College has discussed the recent report “Pastoral and Academic Support Standards and Guiding Principles” although as this report was approved by Senatus in June 2010 it doesn’t impact significantly on the 09-10 activity in this area.

All undergraduate students have an individual Director of Studies whom they can approach for advice and guidance on any matter. Directors of Student Affairs are in place in both the BVM&S and MBChB programmes who is proactive in helping students who are experiencing academic or personal problems, or have special learning needs or difficulties. In the MBChB there is also a Professional Development Committee to which students may be referred for help in resolving professional issues.

Further enhancement of the MBChB Director of Studies system has been discussed. It is proposed that a mentoring and appraisal system for all undergraduate medical students is introduced to provide them with professional and pastoral support, guidance and advocacy throughout their studies. This system will require students to meet with their mentors at least every year thus reducing the sense of anonymity and lack of guidance that some students report.

PG support arrangements are less proscribed but, for PGR students, communication arrangements and support for students experiencing difficulty were discussed with each of the research centres in 2009-2010 to ensure that a clear path was in place and was being well communicated. In addition a system was put in place at College level to support students when they wanted to go beyond local systems to deal with a problem or a complaint. PGT students are supported by the Programme Directors but it is recognised that more support could be made available in different ways and this will continue to be kept under consideration.

Pastoral support for distance learning students has also been discussed over the last year. This group contains mainly working professionals who have support networks in place so what is required is very different but both the Counselling and Careers Service are considering what could be put in place electronically. Learning support is important for these students ensuring, for example, that they are fully informed about issues such as plagiarism and, again, ways of putting this in place electronically are being explored.
4.3.3 Assessment and Feedback

See section 3.5 above

4.3.4 Equality and Diversity (including Teachability)

Teachability, and in particular the Disability subsection of Teachability, has become increasingly important in both the MBChB and BVM&S programmes and a number of initiatives are underway.

The BVM&S and MBChB require students and graduates to achieve core competencies to be able to meet the graduate outcomes of both programmes. These, in the case of the MBChB, are defined by the GMC so necessary for successful practice. The BVM&S Admissions Committee are working towards a statement to go on the website clarifying what is required to meet the competencies while the MBChB is in full support of a statement produced by the Higher Education Occupational Physicians network which would mean that all UK Medical Schools had the same requirements.

We have also had very helpful dialogue with the Disability Office and now have in place an annual CMVM/Disability Office meeting to discuss adjustments, professional requirements and how we work together to achieve a good outcome for students while, at the same time, protecting patient safety.

The role of Disability Co-ordinator has been separated from a Student Support role in order to give it more objectivity and to ensure no conflict of interest.

4.3.5 Teaching and Learning Spaces

The College, overall, has reasonable teaching and learning space provision. The medical teaching facilities at Little France and on other sites are good and the new Vet School is almost ready for occupation. We are aware, however, that increasing class sizes are putting pressure on laboratory space and space that is currently dry lab study space would be better utilised as a wi-fi study area. These issues will continue to be kept under review.

Assessment space is important and as we move more towards e-assessment our space needs in this area are changing. We have had a great deal of support from the Registry in finding appropriate space but as this grows over the next few years this could increasingly become a pressure point.

Teaching space in medical student placement areas is kept under review by the Additional Costs of Teaching (ACT) Office who inspect NHS sites and put SLAs in place regarding the requirements, particularly for IT and study areas.

5. Forward Look

- The MBChB Programme Committee agreed a Project Plan following the GMC audit and publication of Tomorrow’s Doctors 3. Significant progress has been made on all sections of this and will continue throughout 2011.
- Continuing development of OSCA (electronic assessment system) and in particular the development of an OSCA item bank for questions
• Ensuring that the relocation of the School’s non-clinical teaching to the new teaching building in August 2011 does not adversely impact on the quality of teaching. Also that staff are provided with adequate opportunities for training in the use of new technology and novel teaching spaces such as the teaching studio to maximise the School’s investment in enhancing teaching and learning.

• Monitoring the success of initiatives that the School has put in place to improve the Schools standing in NSS outcomes, in particular those relating to improved feedback to students and actions required to be taken as per VP Enhancement letter.

• Review of course QA procedures and processes for academic year 2010-11, in particular those relating to QA of vertical themes.

• Improved monitoring and evaluation of PGR supervision and experience. The recommendations of the Task Group are very helpful in this respect and implementing these will be a priority in the next year.

• A College QA website is currently under development. Work will continue throughout 2011
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AVMA</td>
<td>American Veterinary Medical Association</td>
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<tr>
<td>BMTO</td>
<td>Biomedical Teaching Organisation</td>
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<tr>
<td>BVM&amp;S</td>
<td>Undergraduate degree in veterinary medicine</td>
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<tr>
<td>CMVM</td>
<td>College of Medicine and Veterinary Medicine</td>
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<tr>
<td>CPD</td>
<td>Continuing Professional Development</td>
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<tr>
<td>CPTC</td>
<td>College Postgraduate Taught Committee</td>
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<tr>
<td>DOS</td>
<td>Director of Study</td>
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<tr>
<td>EEMeC</td>
<td>Edinburgh Electronic Medical Curriculum</td>
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<tr>
<td>EEVeC</td>
<td>Edinburgh Electronic Veterinary Curriculum</td>
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<tr>
<td>ELIR</td>
<td>Enhancement Led Institutional Review</td>
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<tr>
<td>GEP</td>
<td>Graduate Entry Programme (BVM&amp;S)</td>
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<td>GMC</td>
<td>General Medical Council</td>
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<tr>
<td>MBChB</td>
<td>Undergraduate degree in medicine</td>
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<td>MBQAC</td>
<td>MBChB Quality Assurance Committee</td>
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<td>MTO</td>
<td>Medical Teaching Organisation</td>
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<td>NSS</td>
<td>National Student Survey</td>
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<td>OLDL</td>
<td>On Line Distance Learning</td>
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<td>PAL</td>
<td>Peer Assisted Teaching</td>
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<td>PBL</td>
<td>Problem Based Learning</td>
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<td>PGT</td>
<td>Postgraduate Taught</td>
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<td>PDP</td>
<td>Personal Development Planning</td>
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<tr>
<td>PPD</td>
<td>Personal &amp; Professional Development</td>
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<tr>
<td>R(D)SVS</td>
<td>Royal (Dick) School of Veterinary Studies</td>
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<tr>
<td>SBMS</td>
<td>School of Biomedical Sciences (SBMS)</td>
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<tr>
<td>SBS</td>
<td>School of Biological Sciences (SBS)</td>
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<td>TO</td>
<td>Teaching Organisations</td>
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<tr>
<td>VLE</td>
<td>Virtual Learning Environment</td>
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<tr>
<td>VTO</td>
<td>Veterinary Teaching Organisation</td>
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