

CAPC teaching strategy document for quality assurance and improvement

Centre for Academic Primary Care, University of Bristol, July 2021

In CAPC teaching we want to enable and support our GP teachers to deliver high quality education in the primary care clinical environment. Our aim is that this teaching should meet the needs of all students, as well as being enjoyable and rewarding for the teachers.

This strategy is the result of a broad overview of our work in CAPC teaching. This included review of all of the processes in place to maintain and improve the quality of medical student education during GP placements. The primary objective was for clear processes for systematic review and subsequent action, harmonised across all five years, and acceptable and accessible to all stakeholders. This quality assurance is important for accountability, as well as to support the ongoing development of our teaching and teachers.

Our quality assurance is driven:

1. Nationally, via the GMC

- Annual reports, inspections, surveys, and other data gathered from across the system
- Responds to concerns

Theme 2 of 'Promoting excellence: standards for medical education and training' (2016) state that "The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met"

2. Institutionally, by Bristol Medical School (BMS).

Central process/responsibilities/standards for **Quality management** available at <http://www.bristol.ac.uk/academic-quality/>

Programme Directors and Emma Clark, the School Education Director who has overall responsibility for this in the School. This role is to monitor, review and evaluate the quality of teaching provided within departments. Reports submitted from year leads annually for APR.

3. Locally, quality control within CAPC teaching

Year leads are responsible, accountable to TT, then Programme directors.

Aims within CAPC teaching:

- Identify and celebrate excellent teaching
- Ensure all teaching is to a high standard: develop and continually improve
- Ensure problems are rapidly identified and addressed
- Clear policies, with consistent processes across all 5 years and across the MBChB course
- Annual review and summary of findings.
- Preparedness for inspections

Methods

- Collect evidence/data on teaching in practices
- Collate the evidence, triangulate, get more when needed
- Identify

- trends which may lead to the sharing of good practice. Share positive feedback with individuals. Review data when considering awarding teaching prizes
- patterns leading to areas of interest that may require feedback to practices to improve their teaching
- issues which lead to further targeted checks
- areas of risk that need further investigation

Quality assurance checklist for year leads

Promoting Quality

- Run at least one workshop for all teachers each year.
- Ensure your students and teachers are very clear on expectations
- Ensure Teaching plans include ILOs and teaching is mapped to GMC and MBChB curriculum

Monitoring Quality and acting on feedback

- Conduct a 1/3 way through block Activity Analysis and act upon it
- Ensure relevant questions are in central feedback; access, and act on results
- Ensure regular communications and be accessible to students and GP teachers
- Request specific feedback from GP teachers at end of block, on payment form

Responding to Issues

- Respond quickly to issues, triangulate and act when needed.
- Submit SEAFE when appropriate.

Rewarding Excellence

- Award prizes to your best teachers

Reporting on Quality

- Share outcomes with all stakeholders annually: via newsletter/workshop/'you said, we did'/APR report

How do we promote the quality agenda in our teaching?

Training

- Provision of annual GP teacher workshops
 - Pre-learning followed by a synchronous online workshop with Q+A
 - Recorded and available to all
 - Mid-point zoom catch up if year leads feel is needed.
 - CAPC teaching admin to review every 2 years on which GP teachers have not attended a workshop within that period and year leads to address
- Periodic face-to-face teaching days (not year specific) e.g. summer education workshop
- Periodic specific workshops: Bias & Bystander workshops, new GP teachers, ST doctors, Allied healthcare professionals
- Signpost to others: Charlie Waller memorial training courses

Provision of quality resources

- Teaching plans all include ILOs and all teaching mapped to GMC and MBChB curriculum
- Generic teaching competencies on website and year specific information in handbooks
- Structures and resources for staff training e.g. AHCP resource

Disseminate good practice

- Signpost and provide access to resources – via newsletter and website
- Top tips sessions at each workshop and presentations from prize winning GPs

Communication

- Regular (variable frequency/methods in different years) communications with GP teachers
- May include drop-in sessions using Teams (e.g. year 3)
- Regularly remind of ILOs etc.
- Space for GP teachers to feedback to CAPC teaching on payment forms where applicable

Support

- Ensure CAPC teaching and year leads are accessible. Provide support and remedial training (case by case) where needed

Appraisal

- Appropriate inclusion of educational activity in appraisal. CAPC teaching provision of 3-stage documents for this:
 - Syllabus of teacher knowledge, skills, and attitudes
 - Teaching Standards – The GP Teacher (Self Evaluation Form)
 - Teaching Standards – The Practice (Self-Assessment Form)
- Encourage GP teachers to collate their own feedback at the end of the teaching block: provision of sample template on CAPC teaching website. CAPC teaching request that they share any relevant FB with CAPC via final question on payment form.
- Encourage peer review of teaching within the practice (provision of template for this)
- Where a learning need is identified: year leads could offer a telephone review and support and, in some circumstances, consider practice visits, direct observation and peer review of teaching.

How do we monitor the quality of our placements and act on the feedback we receive?

- Ensure clear channels of communication with MBChB year leads who regularly meet with students so that they feedback any GP related issues.
- Make contact with colleagues e.g. CTFs (via induction/workshops) and EC/CBT tutors, and be accessible for them to communicate any feedback.
- Ensure students are aware of ILOs and minimum requirements for each teaching block. Use intro lectures as opportunity to remind of the need to take ownership of and communicate any issues in a timely manner.
- Year leads to be accessible to students and teachers.

Central feedback

- This is collected once or twice annually by MBChB year leads via online form. Some years also have focus groups.
- Year leads to contact med-admin for their year and ensure aware of all methods by which feedback is collected.
- When possible, participate in these processes. As a minimum, submit specific questions i.e. clearly defined criteria for quality assurance, e.g. in Year 4, how many own consultations?
- Year leads responsible to access this feedback and act on the results.

CAPC teaching specific feedback

- Activity analysis via MS form or BOS: at 2 points during the course, 1/3 way through and at the end.
- Make this part of session plan with allocated time (to minimise feedback burden on students)
- Year leads to review in a timely manner so can address issues mid-course as needed

- Consider student focus groups if needing to review changes.

For all feedback from stakeholders: summarise, document actions, and circulate “you said, we did”

How do we ensure problems are rapidly identified and addressed?

Issues identified by CAPC teaching

- Triangulate (e.g. administrators often have a good ‘feel’ for how practices were performing, e.g. from how they responded to requests for information, any difficulties with contacting them etc.) and discuss as a team where appropriate.
- Address by relevant year lead with support from Head of Teaching with action decided on a case-by-case basis.

Issues identified by GP teachers

- Clear pathways (on website) and easy communications: whole of the CAPC teaching team to be accessible and responsive; encourage and provide opportunity for timely discussion of concerns.
- Regular opportunities for ad hoc feedback (e.g. payment forms, yr. 3 Teams drop-in meetings)
- Request specific feedback from GP teachers at end of block, on payment form. Year leads to write year specific questions. Year leads to review, summarise and share

Problems experienced by students

- Ensure clear expectations to students regarding teaching expectations (e.g. LOs, minimum expected consults) - circulate with course materials.
- Triangulate info (liaise where appropriate with secondary care colleagues, CTFs, cluster-based teaching teams, student staff liaison committee, Galenicals)
- Clear pathway for students to express any concerns (however small). Year leads to be accessible and respond quickly when needed.

For all issues:

- Year leads overall responsible to manage and engage with central MBChB processes where needed.
- Standard format to record/share minor issues: weekly CAPC teaching catch up
- Share, reflect on and learn from significant events: SEAFE at every SMT (3 meeting/year)

How do we identify and celebrate excellence in teaching?

Encourage students to highlight to CAPC teaching individuals who have inspired/impressed them.

Disseminate good practice -see above

Prizes for GP teacher in each year- robust transparent standardised process

- All students invited to nominate GP teacher for a prize at end of year (via email and bulletin)
- Year leads to review, discuss with 2 colleagues, and decide
- Prizes given as part of grad ceremony
- Comments forwarded to all those nominated
- Ad hoc positive feedback noted and forwarded to teachers

Areas for future development

- QA of central teaching such as lectures, assessment, and SCPs