

Quality Management Framework

University of St Andrews, School of Medicine



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Overview

1. The University of St Andrews and School of Medicine have a duty of care to provide students with a quality leaning experience within a safe learning environment. Many University quality management processes are common across Schools, but Medicine must have additional quality functions linked to the significant proportion of medical education being delivered by Local Education Providers (LEPs), who may be Hospitals, GP Practices, or other Community Healthcare facilities. Unlike other Schools, Medicine must also put measures in place to ensure patient safety whilst engaging with medical students in the School of Medicine and at multiple placement provider locations. This document gives an overview of how the different requirements of quality management are brought together by the School; the responsibilities that lie with each partner and the expectations of governing bodies and external regulators.
2. This document focusses on teaching activities and purposefully does not cover research or health and safety, which are covered in other documents. It is hoped that staff will find this a useful document for navigating School of Medicine quality management processes and gain an increased understanding of the roles played by multiple people in a critical School function.
3. Who are these multiple people; who does Quality Management? The straight answer is, everyone does; but, led by the Head of School, there are certain roles within the School who have specific responsibilities regards Quality Management and these will be highlighted throughout the document.
4. **Definitions:** Quality Management is the process by which the School of Medicine manages the delivery of medical education through multiple partners. In this context it relates to the collections of policies, procedures, systems and practices, internal or external to the organisation designed to achieve, maintain and enhance quality. Key components are:
 - a. **Quality Assurance (QA).** The processes that provide confidence that a product or learning activity is suitable for its intended purpose and satisfies the requirements of the University, the School, the student, the Scottish Government and external regulators.
 - b. **Quality Planning.** The setting of quality objectives and specifying of necessary operational processes, and related resource, to fulfil the quality objectives.
 - c. **Quality Control.** An occasional test of a specific activity to provide a definitive assessment of an aspect of the QA system fulfilling requirements and can be carried out pre-event, during, or post-event.
 - d. **Quality Enhancement.** The aspect of Quality Management focused on increasing ability to fulfil quality requirements.

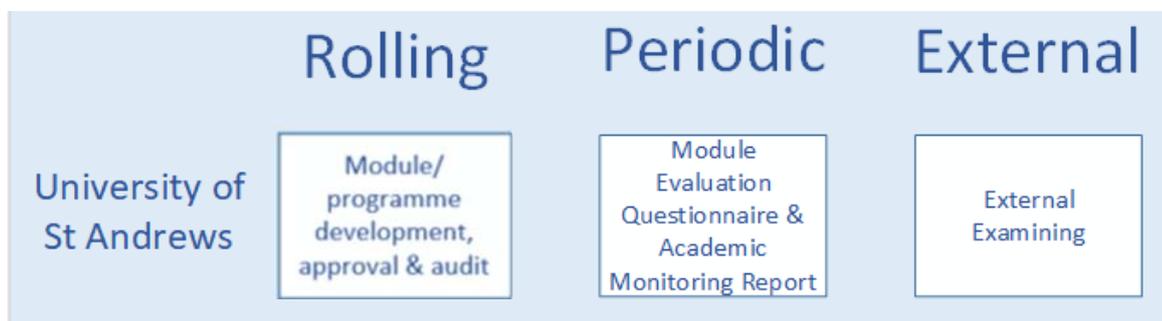
The St Andrews School of Medicine Quality Management Framework

5. The School of Medicine manages quality through processes which are part of rolling or periodic cycles, which may involve external reporting or engagement with external agencies.

	Rolling	Periodic	External
University of St Andrews	Module/ programme development, approval & audit	Module Evaluation Questionnaire & Academic Monitoring Report	External Examining
Scottish Funding Council	Student Engagement & Public Information	Enhancement Themes & Institutional -Led Review (ILR)	Enhancement -Led Institutional Review (ELIR)
Quality Assurance Association - Quality Enhancement Framework			
Student Feedback	Student Voice, Student Representatives & Student President	Staff Student Consultative Committee	National Student Survey (NSS)
NHS Education Scotland	Measurement of Teaching (MoT)	Feedback to External Lecturers	Red Amber Green (RAG) Reports & Quality Reporting Panel (QRP)
General Medical Council	Quality Reporting System (QRS)	Self-Assessment Questionnaire (SAQ) & Self declaration	Enhanced Monitoring & Accreditation

The Quality Management process takes place as follows:

University of St Andrews



Module/programme development and approval

6. Quality management of module/programme development and approval is a partnership between University and School. Proposals for new modules and new programmes or substantial changes to existing ones must be in line with the University's overall strategy for Learning and Teaching and with the academic plans presented in the School of Medicines Strategic Plan. They must also meet multiple requirements relating to module structure, credits, academic levels and learning outcomes, as outlined in the [University Policy on module and programme approval](#). Proposals may be initiated at School Operations Group, Module Controller Meetings, or other School forum and will be taken forward through School Teaching Committee, led by the DoT and course lead, before being presented to the [Curriculum Approval Group \(CAG\)](#).

Module audit

7. At the end of each academic year Module Controllers review each module of the curriculum, with particular focus on assessment and student feedback (from MEQ and SSCC). A module audit presentation and staff discussion takes place, with action points recorded, and any proposed changes to the module are taken forward for discussion at School Teaching Committee. The effectiveness of changes made as a result of the previous years module audit are reviewed following first year of implementation.

Module Evaluation Questionnaires (MEQs)

8. MEQs allow the University to collect data on student feedback using questionnaires produced for completion by every student, on every module for which they are registered within the University. The evaluations provide students with an opportunity to comment anonymously on various aspects of their modules, e.g. content, structure, presentation, workload, and provision of resources. Delivered online, they consist of a set of core questions, and module specific questions, which the School wishes to ask. MEQs run once per semester (December and June for BSc, June for ScotGEM). Feedback data is uploaded through

University software EvaSys feeding into the so called 'Tartan Rug'. The academic calendar of ScotGEM modules currently precludes inclusion of ScotGEM feedback data in the 'Tartan Rug'.

9. MEQ feedback associated with teaching staff may be used as part of an individual's Continuous Professional Development, as might feedback from peer observation, see section on [Peer Observation of Teaching](#). External teaching staff who teach fewer than 3 lectures per academic year are not usually included in the MEQ. As the ScotGEM programme includes a significant percentage of elements taught by external lecturers, delivering fewer than 3 sessions, students are additionally invited to provide feedback through Solas, see section on [Feedback to External Lecturers](#). Generalist Clinical Mentors (GCMs) are included in the MEQ.

10. Module Controllers/Year Leads hold individual Module Audits at the end of each semester to review results of student exams, MEQs and other sources of student feedback. As part of these discussions, Module Controllers/Year Leads will produce a list of MEQ Good Practice and Priority Areas, which is shared with the Undergraduate Staff Student Consultative Committee.

Peer Observation of Teaching

11. The School operates a Peer Observation of Teaching programme for all internal staff involved in teaching students. Led by the Head of the Education Division the programme requires observation of teaching by a peer, who may be a colleague with an appropriate background in a cognate field or an observer from an external, independent group who is knowledgeable in the relevant field. The particular form of teaching activity observed will vary from cycle to cycle and will not always be limited to observation of lectures. Outcomes of the programme of peer observation are reported in the Schools annual academic report along with any suggested follow up action; they may also be used as part of an individual's Continuous Professional Development, including those who may be enrolled in the General Medical Council [Recognition of Trainers](#) scheme.

Academic Monitoring

12. **Annual Academic Monitoring (AAM)** is an important University procedure for the quality assurance and enhancement of learning and teaching at St Andrews. The AAM process requires all Schools in the University to submit an annual report to the Academic Monitoring Group (AMG) reflecting on their previous year's teaching. Reports are generated by School Director of Teaching and discussed at both School Teaching Committee and School Ops Group before submission. Reports are monitored by the Academic Registrar, reported to Teaching, Learning and Assessment Committee (TLAC) and Academic Council. Any feedback to School is similarly discussed at both School Ops Group and School Teaching Committee allowing engagement with staff and students.

13. The [Academic Monitoring Group](#) is responsible to the Academic Assurance Group for the quality of educational provision and student experience delivered by the University, taking into account the University strategy and the Scottish Funding Council Outcome Agreement.

14. [Collaborations and Partnerships](#) is a sub-committee of AMG which monitors the effectiveness of the University's approach to managing collaborative provision and partnerships and considers any bespoke quality monitoring arrangements which need to be put into place for new programmes (i.e. ScotGEM).

Collaborative Programme Review takes place on a rolling basis looking at programmes run in partnership with other Universities i.e. ScotGEM.

15. Discussions regards BSc student progression to partner medical Schools take place on an annual basis and are managed by the School of Medicine.

External Examining

16. The External Examiner reporting process involves scrutiny of School assessment practices and processes in order to ensure that appropriate academic standards are satisfied. External Examiners are respected academics from other universities, appointed and paid for three years to produce independent annual reports on quality and standards in learning, teaching, curriculum design and assessment. Their reports are received by the Head of School who is required to submit a written response. Students are able to review External Examiner reports and School responses through MySaint. Reports are discussed at Assessment Board, Staff Student Consultative Committee and Teaching Committee; they are monitored by the Academic Registrar, reported to Teaching, Learning and Assessment Committee (TLAC) and Academic Council. External Examiners are full members of the Board of Examiners and this is where University awards are agreed. For the ScotGEM programme External Examiner reports are shared between St Andrews and Dundee Schools of Medicine.

17. Further information can be found in [External Examiner guidance](#).

Closing the loop

18. Academic monitoring reports are discussed at School Ops. Group led by Director of Teaching

19. External Examiner reports are discussed at School Assessment Board, Staff Student Consultative Committee and Teaching Committee.

Who does University of St Andrews Quality Management?

Academic Council
Academic Assurance Group
Academic Monitoring Group
Curriculum Approval Group
Head of School
Director of Teaching (**main School point of contact**)
Deputy Director of Teaching/Quality Lead
Head of Education Division
Course Directors
School Manager
Teaching Operations Manager
Teaching Support Team
External Examiners

Scottish Funding Council and Quality Assurance Agency



20. The Scottish Funding Council contracts quality assurance to the Quality Assurance Agency (Scotland); QAA operate the Quality Enhancement Framework. Responsibility for quality remains with the University of St Andrews.

21. **Quality Enhancement Framework (QEF).** The QEF frames the enhancements led approach to quality in Scottish Higher Education. The QEF supports institutions in managing the quality of the student learning experience. It also provides public confidence in academic standards and the quality of student experience. <https://www.qaa.ac.uk/scotland/quality-enhancement-framework>

22. There are 5 key elements of the QEF: Student Engagement, Public Information, Enhancement-led Institutional Review, Enhancement Themes, Institutional-led Review.

Student Engagement

23. Students are encouraged to take an active role in shaping the quality of their education and work in partnership with staff. There will be a student member of the ELIR team and students will participate in ILR.

Public Information

24. SFC ask institutions to provide information about the quality of their teaching and learning, tailored to the differing needs of stakeholders, including students and employers. Accuracy of this information will be considered during ELIR.

Enhancement Themes

25. Managed by QAA across institutions as part of a national programme aimed at encouraging innovation in learning and teaching and sharing of good practise. Fed to School of Medicine through Dean/DoT from University.

Institutional-led Review (ILR)

26. Internal subject review conducted by University, covering all subject provision on a maximum cycle of 6 years. The School of Medicine would provide a reflective analysis, for inclusion in University report sent to Scottish Funding Council. Analyses is carried out by QAA Scotland. ILR outcomes will be discussed during ELIR.

Enhancement – led Institutional Review (ELIR)

27. The process by which QAA review and report on all Scottish higher education institutions; operating on a 5-year cycle. The School of Medicine are invited to feed into a University report from a School perspective.

Closing the loop

28. ELIR reports are published on the QAA website: [University of St Andrews latest report](#)

Who does Scottish Funding Council Quality Management?

Academic Council
Academic Assurance Group
Academic Monitoring Group
Curriculum Approval Group
Head of School
Director of Teaching (**main School point of contact**)
Deputy Director of Teaching/Quality Lead
Course Directors
School Manager
Teaching Operations Manager

Student Feedback



30. Students provide continuous feedback throughout each semester via multiple formal central University and School developed systems.

Student Voice

31. 'Student Voice' is an online platform, embedded in Curriculum Management Systems Galen and Solas, which allows students to raise concerns related to learning experiences within the academic or placement setting. There is facility for students to report anonymously and for staff to report students concerns.

32. Students also raise concerns via other pathways such as:

- a. Ad hoc emails/discussions with faculty
- b. Discussions with personal tutors
- c. Concerns raised via the School of Medicine support team, as per the [Concerns, complaints and appeals flow chart](#)

33. The School maintains a feedback action log to record items from the various University and School sources listed above, and to ensure that action is taken where appropriate to address issues. This is fed back to students intermittently via established communication channels, including the [Staff Student Consultative Committee \(SSCC\)](#).

34. Students are also invited to provide feedback on learning experiences delivered by NHS partners, see [Feedback to External Lecturers](#) and [Quality management of clinical placements](#), in NES section below.

Student Representatives and Student President (University)

35. Student Representatives are elected student volunteers and are at the core of the academic representation system within the Students' Association. Student Reps work directly with their teaching staff on a regular basis and have the power to advocate on: curriculum, learning resources, learning and teaching, assessment and feedback, student progression and achievement, guidance, and support.

36. In addition, the School of Medicine has an elected School President, Class representatives and nominated representatives of student societies, including a President of the Bute Medical Society.

Staff Student Consultative Committee

37. SSCC is one of the key formal routes for School of Medicine students to discuss issues relating to teaching, learning and assessment. Students may highlight any issues for discussion via yearly elected class representatives and the School President. This feedback is discussed at scheduled SSCCs which run at least once per semester. Following each SSCC, a record of feedback action points for issues to be addressed by the School is maintained.

National Student Survey (NSS)

38. The [National Student Survey](#) is an annual survey of students across the UK, gathering the opinions of final year students on their time in higher education. It is an influential source of public information about higher education and gives students a powerful collective voice.

39. The NSS is commissioned by the Office for Students (OfS), on behalf of the UK funding and regulatory bodies, including the Scottish Funding Council. It is undertaken independently by Ipsos MORI. In addition to common questions around 8 themes relating to student experience, Medical students are asked questions relating to placements.

40. Module Controllers notify final year students when the survey is open, usually January to April. Student responses are completely anonymised, allowing students to be totally honest and Universities to receive clear feedback.

41. NSS results are released to Universities before being published on the NSS website.

42. Following publication, the University Academic Monitoring Group looks for trends relating to the quality of modules, programmes and student experience before engaging with Schools about individual results; drawing attention to areas of exemplary practise and pointing out areas where scores suggest improvement is necessary (usually in September). The School Quality Lead (usually the Deputy DoT) will work with DoT to analyse data and identify School trends.

Closing the loop

43. Student feedback (Student voice and SSCC) - Mechanisms of ensuring that students are aware of how their feedback has been listened to include ongoing dialogue with year leads and module controllers and regular “You said, we did” summaries following each SSCC and module evaluation.

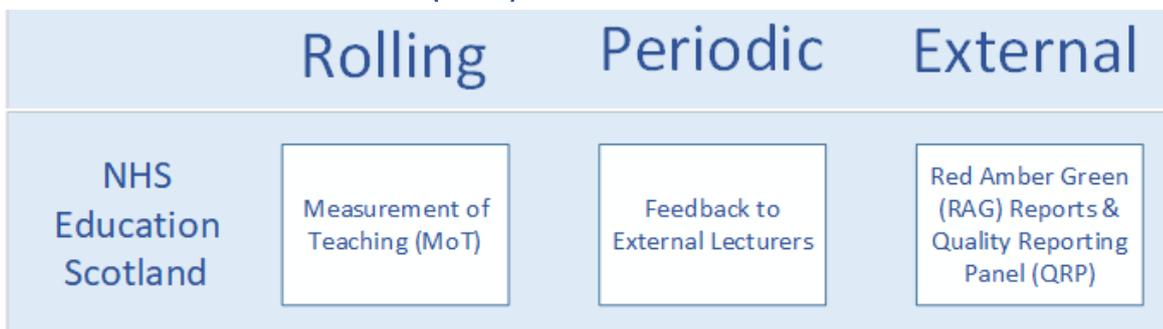
44. NSS data can be viewed by all on the NSS website.

45. The Director of Teaching will present NSS analysis at Ops Group

Who does Student Feedback Quality Management?

Head of School
Student Representatives
Director of Teaching (**main School point of contact**)
Deputy Director of Teaching/Quality Lead (**main School point of contact**)
Course Directors
Module Controllers/Year Leads
School Manager
Teaching Operations Manager
Teaching Support Team

NHS Education Scotland (NES)



Quality management of clinical placements

46. **Schools of Medicine** are responsible for the quality of medical education taking place in their clinical placements. Course Leads will determine the curriculum, agree clinical placements required with Local Education Providers (LEP) and set learning outcomes, holding regular review meetings between School and LEP, through Regional Working Groups. Scottish Government provides Health Boards with funding for activities linked with the placement and Additional Cost of Teaching (ACT) and have expectations regards the [Quality Management of Clinical Placements](#).

47. **Local Education Providers (LEPs)** provide clinical placements and other teaching requirements as agreed with medical Schools, ensure the quality management of delivery of clinical placements, maintain adequate educational capacity and determine the use of ACT funds with the agreement of regional working groups.

48. **NHS Education Scotland (NES)** supports provision of all undergraduate medical education through the allocation and performance management of Medical ACT. The [Medical ACT Performance Management Framework](#) ensures all aspects of managing Medical ACT are linked together, including quality management. All Scottish Schools of Medicine and Scottish LEPs participate in the NES process regards

quality management of clinical placements as outlined in a rolling Memorandum of Agreement between School and LEP.

Measurement of Teaching (MoT) Report

49. The School of Medicine produces an annual MoT report, using the number of teaching weeks and number of students to work out the number of teaching hours. Teaching sessions are tagged in Galen and Solas allowing the Finance & ACT Officer to produce a report breaking teaching hours down into 10 categories of Category B teaching. Galen and Solas are also tagged to show category of Category B clinical tutor. These formulae and subsequent report inform NES Stage 2 allocation of ACT funding per Board.

50. The process of gathering MOT data allows course leads to monitor equity of student experience and is closely aligned with the QA process of RAG reporting.

A small aside about the ACT funding allocation model:

ACT funds are allocated by Scottish Government, directly to Health Boards, in three stages (no ACT funding goes straight to the HEI):

- Stage 1: Distributed to Health Boards based on a formula around student numbers and category
- Stage 2: Distributed to Boards based on Measurement of Teaching (MoT) data; Provided by Board and sent to NES via Finance & ACT Officer
- Stage 3: Consideration of any adjustments to protect Boards from too large a difference in funding from previous year
- NES sends an Allocation Letter to each Health Board and relevant ACT Officer around March each year

Flow of funding is intrinsically linked to quality assurance.

Feedback to External Lecturers

51. Students are invited to provide feedback on external clinical tutors associated with their placement, and also external clinical lecturers who teach in School fewer than three times a year. Neither of these groups of lecturers are included in the University Module Evaluation Questionnaires (MEQ) and therefore additional quality assurance processes are required. The mechanism for requesting feedback is included in the Galen/Solas system for surveying students regards their experience of clinical placement. Module Controllers/Year Leads use this information to feedback to external lecturers, who may in turn use the information as part of their own Continuous Professional Development.

Red Amber Green (RAG) Reports and Quality Reporting Panel (QRP)

52. **Student feedback:** The School of Medicine surveys students experience of hospital and GP placements using a set of core questions, defined by NES, plus, in the case of the BSc programme, a couple of additional course specific questions. The survey is managed and delivered through Galen and Solas with questionnaires issued to students on a rolling basis tied to the pattern of clinical placements pertinent to their course. During orientation and Induction weeks course leads will introduce students to the concept and processes of quality assurance of clinical placements, and learning how to give constructive feedback is considered integral to medical student professionalism.

53. **Spot check:** Course Leads may spot check feedback at any point of the academic year and use in discussions with Health Board partners, but mainly the data is used for end of year reporting between School/NES/LEP, in the form of [Red Amber Green \(RAG\) Reports](#).

54. **Reporting:** At the end of each academic years programme of clinical placements the Placements Management Team extract data from Galen/Solas and convert from Likert scale to numerical scale to produce reports for Course Director to discuss with individual placement providers.

55. Raw data is forwarded by the School to NES, who produce RAG reports and issue back to School and LEP for review and follow-up action. NES hold an annual, Scotland wide, review of quality feedback, in the form of a Quality Reporting Panel (QRP), where Course Directors, LEPs and NES review Scotland wide findings, analyse identified trends and make decisions about next academic year. LEP DMEs will distribute the RAG reports locally, to medical departments delivering clinical teaching and use as part of their Board quality management processes. Good practice can be shared between Scottish Schools of Medicine through NES; alternatively, persistent quality issues can lead to an LEP site visit by NES, which in turn could lead to an adjustment to the funding allocation model Scottish Government use to fund student placements in a particular Health Board.

56. Following the QRP, Course Directors will nominate candidates for **NES Commendations** regards excellence in placements and medical education.

Site visits

57. GP Practices and other community providers of student clinical placement are visited by a representative of the School of Medicine, at least every three years, as part of a rolling schedule of QA visits.

Closing the loop

58. Annual QRP meetings are minuted and shared with Schools of Medicine by NES

59. Annual RAG reporting and NES commendations are presented by Course Director/Teaching Ops Manager at Ops Group

60. Student feedback on External Lecturers can be shared between Module Controller and individual lecturer

61. A summary of GP Practice site visits is presented by Course Director/Teaching Ops Manager at Ops Group

Who does NHS Education Scotland Quality Management?

NHS Education Scotland

Head of School

Clinical Lead

Course Directors (**main School points of contact**)

School Manager

Teaching Operations Manager (**main School points of contact**)

Finance and ACT Officer

Teaching Support Team

Clinical Placements Management Team

NHS Boards

External Lecturers

General Medical Council

63. The General Medical Council sets out requirements for the management and delivery of undergraduate and postgraduate medical education and training in: [Promoting excellence: standards for medical education and training](#).

64. Universities, through Schools of Medicine, are responsible for ensuring their partner Local Education Provider's also meet the standards of Promoting Excellence. The GMC may take a flexible approach to supporting HEIs to resolve concerns in training environments in their area, particularly if the concerns meet thresholds for monitoring and enhanced monitoring.



Quality Reporting System & Proactive Quality Assurance

65. In 2020 the GMC launched two new QA systems: a Quality Reporting System (QRS) and Proactive Quality Assurance (PQA) framework, replacing their previous Deans Report, Quality Assurance Basic Medical Education (QABME) and Regional Review Process.

66. The primary purpose of both systems is to check whether an institution meets the standards of Promoting Excellence and in the new systems most of the GMCs quality assurance activity will comprise checking or observing an Institutions quality management work in action.

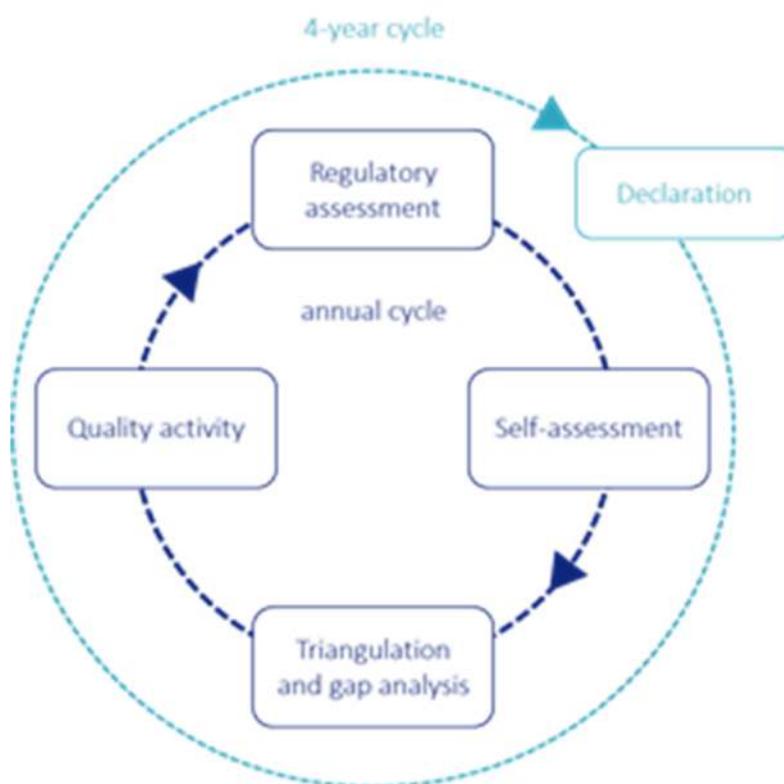
67. **The Quality Reporting System (QRS)** is a rolling process which should be updated in real time via GMC Connect, at a minimum of once every 6-months. New concerns should be reported if they meet the GMC risk rating threshold.

68. **Proactive Quality Assurance (PQA)** has multiple complementary elements including:

- a. A Declaration form sent by GMC to Head of School once every 4 years, confirming Schools commitment to engaging with GMC values and processes. Signed by Head of School and returned to GMC
- b. A Self-Assessment Questionnaire (SAQ), matched to Promoting Excellence and replacing MSAR; completed by School annually and uploaded to GMC Connect

c. An Annual Quality Assurance Summary (AQAS), completed by GMC, bringing together collected quality data in an annual report. The School is notified ahead of the summary being published on GMC Connect

69. The full Proactive Quality Assurance (PQA) framework comprises a 4-year reporting cycle:



Declaration: in November 2020 the School of Medicine re-declared that they meet the standards of Promoting Excellence. Rolling re-declaration is a 4-year cycle.

Self-assessment: between September and December the School of Medicine reviews data and intelligence for both UG programmes (BSc & ScotGEM) and completes a self-assessment questionnaire for each programme.

Triangulation and gap analysis: following School Self-assessment the GMC review completed questionnaires alongside their own data and intelligence. They then meet with the School to discuss what quality activity may be required, as well as areas of good practice that they would like to explore further.

Quality activity: if applicable, the GMC will undertake proportionate regulatory activity to seek assurance or to confirm evidence of excellence, innovation or notable practice. Activities may include document requests, meetings, shadowing, observations, visits and document reviews.

Regulatory assessment: if the GMC are not assured, they will undertake further activity and ask the School to provide a response in their annual self-assessment. Assurance will be reported in an annual quality summary report to the School.

Enhanced monitoring

70. In [monitoring the School of Medicine](#), if the GMC had concerns it would ask the School for more information and assurance that the issue was being dealt with appropriately. If the GMC were unsatisfied with the response, they would intervene, and this is called enhanced monitoring. If the GMC continued to be dissatisfied, they could choose to remove the School of Medicine from their List of Awarding Bodies.

71. Alternatively, if the GMC are impressed with something and believe other Schools of Medicine would benefit from hearing about it, they may develop a case study to share the practice.

72. GMC enhanced monitoring can also apply to [Health Boards](#).

Accreditation

73. A new medical School or programme must work through the [GMC 8-stage accreditation process](#) before being approved and added to the [GMC list of awarding bodies](#). Once accreditation has been achieved Medical Schools must continue to ensure the education received by medical students meets GMC standards and this will be checked through the GMC QRS and PQA processes.

Closing the loop

74. Annually, the GMC will send emailed confirmation of Schools compliance with the requirements of QRS

75. Following the annual PQA process the GMC will return:

- a. A summary response on the Schools SAQ, allowing School opportunity to check for factual accuracy before upload to GMC Connect: <https://www.gmc-uk.org/education/reports-and-reviews>
- b. A Quality Activity Report sent to School for any quality activities taking place
- c. PQA data, including SAQ and the AQAS section of the QRS to public view at: <https://www.gmc-uk.org/education/reports-and-reviews>
- d. An Annual Quality Assurance Summary (AQAS), including a summary of quality activity relevant to School. School notified of publishing on GMC Connect: <https://www.gmc-uk.org/education/reports-and-reviews> The report is shared with School Teaching Committee and School Ops. Group
- e. Lists of open issues regards enhanced monitoring are open to public view at: <https://www.gmc-uk.org/education/reports-and-reviews/medical-school-reports>

Who does General Medical Council Quality Management?

General Medical Council
 Head of School
 Clinical Lead
 Course Directors (**main School points of contact**)
 School Manager
 Teaching Operations Manager (**main School points of contact**)
 Teaching Support Team
 Student Representatives

Author:	Isla Tabberer	Approval Committee:	n/a
Consultees:			
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This document may not be released under the Freedom of Information Act without prior discussion with School Manager.			

Version Control Record (expand table as required)

Date	Revision Description	Major Changes
07/04/22	Published version	