



**Quality Assurance Guidance
for University-Based GP Educators in
Community-Based Medical Education
(CBME), MBBS Programme, London**

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1. About this Handbook

The CBME Unit has created this guidance to assist our GP educators in delivering high-quality teaching on primary care education in a Medical School setting for students in the MBBS program. This primary care teaching consists of both onsite and online activities. It differs from hospital or GP practice placement teaching, as it is organised directly by the CBME unit and individual GP educators.

The goal is to provide guidance that helps us align our quality assurance policies in meeting GMC standards as well as with our policies for primary and secondary care placement providers. Additionally, it includes important information about the Medical School's processes that you may need to reference, such as how to raise student's concerns in an emergency.

The guidance in this handbook is intended to be used alongside handbooks for various teaching modules organised by CBME. You may also find it helpful to familiarise yourself with other policies/handbooks such as the Academic Regulations 25-26, etc. See the "Useful Links" section.

2. Foreword from the Head of CBME

Our primary care teaching in most academic years is enhanced by university-based teaching delivered by GP educators. The vast majority of those placements are a positive experience for educators and students as evidenced by the high approval ratings our students give to primary care teaching and the loyalty and enthusiasm of our tutors, many of whom have taught for us for decades. However, there are problems occasionally, students raise issues about their experiences and tutors have concerns about students.

Our aim with this Quality Assurance Guide is to share what we have learnt in dealing with these issues; provide guidance on what practices can do to prepare for students, how to get help if you need it, how to inform us if you have a problem, how to let us know if you are concerned about a student. We want to help tutors continue to provide excellent primary care teaching.

3. Contacts List

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4. Job Description

We ask for knowledge, skills and experience consistent with a practising GP and knowledge of local NHS priorities. We require skills relevant to primary care medical education and strongly recommend the completion of a relevant Teacher Training Certificate e.g. ITPPC. Please contact the Faculty Development team to find out more.

GP Educators who teach for CBME are required to have full registration with the GMC with CCT (Certification of Completion of Training) as a GP specialist. If you have retired, we ask for you to remain registered with the GMC (without a licence to practice) and to notify us of this.

We request that GP Educators attend the annual module training (which will be remunerated). If this is challenging, a recording of the training will be made available (this will not be remunerated).

GP Educators must inform us of any new or outstanding GMC/NHS England or other investigations/disciplinary measures.

5. Faculty Development

Queen Mary University is committed to supporting all educators who work with our students across primary and secondary care, providing opportunities for networking, further learning and professional development.

Primary Care Education Professional Development with CBME Faculty Development Team

The Faculty Development Group (FDG) within CBME provides education and training events for GP Tutors. A number of events run throughout the academic year, both online and in person:

EDUCATOR WORKSHOPS: online monthly drop-in sessions (first Wednesday of month, 1 hour, 1-2pm). The sessions will be very interactive sharing in small and large groups. Each month will have a theme and a practical focus. Previous themes have included Teaching Uncertainty and the MLA, Belonging and Inclusive Induction.

INTRODUCTION TO TEACHING: This in-person one-day training event is open to GPs & other clinicians in the North East London area who are new to undergraduate teaching or those who would just like an opportunity to refresh their knowledge. It will provide attendees with basic skills to prepare students in the community, covering: What makes a great teacher, Creating a great feedback environment, Induction planning. The session runs twice each academic year.

GREAT (Generalism, Reflection and Empathy in Academic Training): This in-person programme involves a 6x3 hour programme of workshops grounded in practitioner experiences. The workshops provide a deeper level of educational training, whilst keeping the course rooted in the practical space of teaching students in practice. This training is for ST3s, First Five GPs and established GPs who would like to develop as educators and those who are new to teaching medical students or who would like a detailed refresher. We prioritise participants who are in a practice that currently teaches QMUL medical students on a first come first served basis.

CBME GP ANNUAL EDUCATION DAY: This one-day on-campus event is held annually in May to showcase excellence in our GP Educator community.

For more details of the above events see our website or email CBME-Events@qmul.ac.uk

Academy of Clinical Educators

The Faculty of Medicine and Dentistry Academy of Clinical Educators has recently been established to provide this community of educators. This programme sits alongside in addition to the CBME Faculty Development programme.

See the website here [Section: Welcome to the Academy of Clinical Educators | Academy of Clinical Educators | MyQMUL](#) to learn more about what is available to you as a Queen Mary University educator. Opportunities include: an Induction for new teaching staff to the Faculty of Medicine and Dentistry (FMD).

An 'Essentials of Teaching' program, geared to both those new to teaching and those who are looking to refresh their knowledge. Courses can be selected based on the interest and need of the clinician and will range in topics such as giving feedback, managing students in difficulty, evaluating teaching, and designing your teaching.

Masterclasses in Medical Education, will also be offered, designed for more experienced educators, and will have topics such as promoting professionalism and promoting resilience in students.

6. The Student

We have highlighted some key areas for your attention that foster a sense of “Student Belonging,” which improves learning by creating a safe environment.

What is belonging?

In the education setting Goodenow’s (1) holistic definition of belonging is often used: “Students’ sense of being accepted, valued, included, and encouraged by others (teacher and peers) in the academic classroom setting and feeling oneself to be an important part of the life and activity of the class. More than simple perceived liking or warmth, it also involves support and respect for personal autonomy and for the student as an individual.”

It is a multi-dimensional concept which embraces diversity and inclusion, shaped by institution-wide approaches, inclusive learning environments, educator practices and quality relationships (2).

The sense of belonging can be experienced in different forms for different people (such as cultural, social, sensory or spatial). Everyone has a setting where they can feel they belong; whilst for some students it is easily and readily attainable, others will need more support (3).

Why is it important?

There is increasing evidence that belonging is associated with higher levels of academic motivation (4) and engagement (5), links to improved academic success and retention (6) and also positive wellbeing outcomes (7).

At QMUL we are proud to have a diverse student body and want to ensure “our teachers are equipped to meet the needs of diverse learners, and can support students to achieve their full potential” as part of the QMUL 2030 Strategy (8).

Equality, Diversity and Inclusivity (EDI)

Supporting all students

The Medical School work in various ways to make reasonable adjustments for students with disabilities. At QMUL EDI is embedded in our 2030 strategy and the core values of the organisation.

Here are some actions that the Medical School and GP Educators should consider to improve teaching quality for students from diverse backgrounds:

- Anticipate rather than react to a student’s diverse needs.
- Promote an inclusive culture and fair environment where different values, beliefs and perspectives are respected.
- Make sure students are protected from discrimination, abuse or violence. If students experience discrimination, they should have support available.
- Consider the student’s culture or religious values and how to respect them in different areas of practice.
- Remember our obligations under the Equality Act 2010. There must be no unfair discrimination on the grounds of religion or belief, age, sex or gender, marriage and civil partnership, race, sexual orientation or disability.

- Take action to actively prevent and address racial harassment.

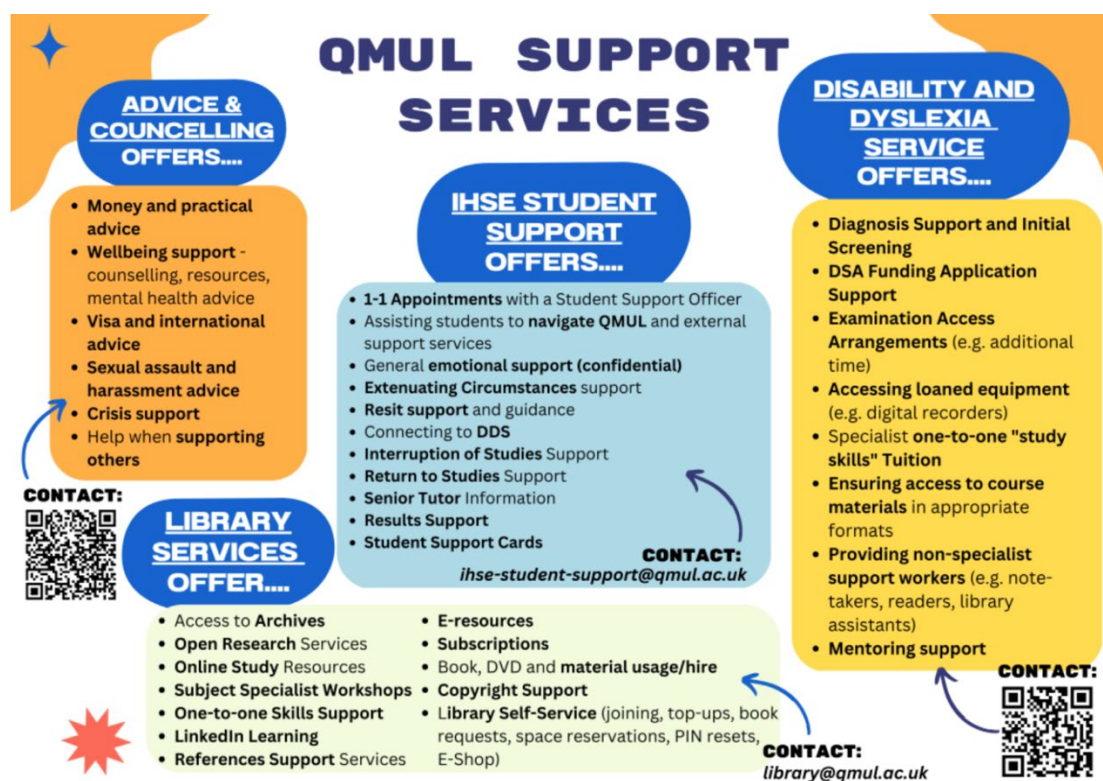
Please refer to Chapter 3 of the GMC's [Welcomed and valued guidance](#) - What is expected of medical education organisations and employers for more information if required.

Student Support and Wellbeing

We recommend contacting your module leads and administrative staff for any initial student concerns. Please be aware that the Medical School and QMUL provide a variety of support services for students, including:

- [MBBS Academic Advisor Scheme](#) – all MBBS students are allocated to an Academic Advisor who they meet with at least termly throughout the academic year. The Academic Advisor is often the first point of contact and will signpost students to relevant services.
- [IHSE Student Support Service](#) – a professional and confidential service offering pastoral and emotional support to students. This team are responsible for producing Student Support Cards and Health Passports for use by students. This helps the student take responsibility for any specific needs they need to communicate to the different clinical providers. Please note that the information on Health Passports is not always communicated to CBME directly, in line with student confidentiality. Student Support can also signpost any student academic and/or professionalism concerns to a Senior Academic Tutor.
- [Disability & Dyslexia Support \(DDS\)](#) - a professional service that ensures disabled students receive appropriate reasonable adjustments and have access to appropriate funding streams including Disabled Students Allowance (DSA).
- [Advice & Counselling Service](#) - a professional service offering specialist advice on a range of issues including finance, sexual assault and harassment, student visas and clinical mental health and counselling support.

You can contact this service directly (using the email below) where you have a well-being concern about a student.



Raising Concerns

The University has a formal policy on raising concerns and speaking up (Please see **Appendix 1**). The policy is designed to support students in speaking up and raising concerns during their medical training.

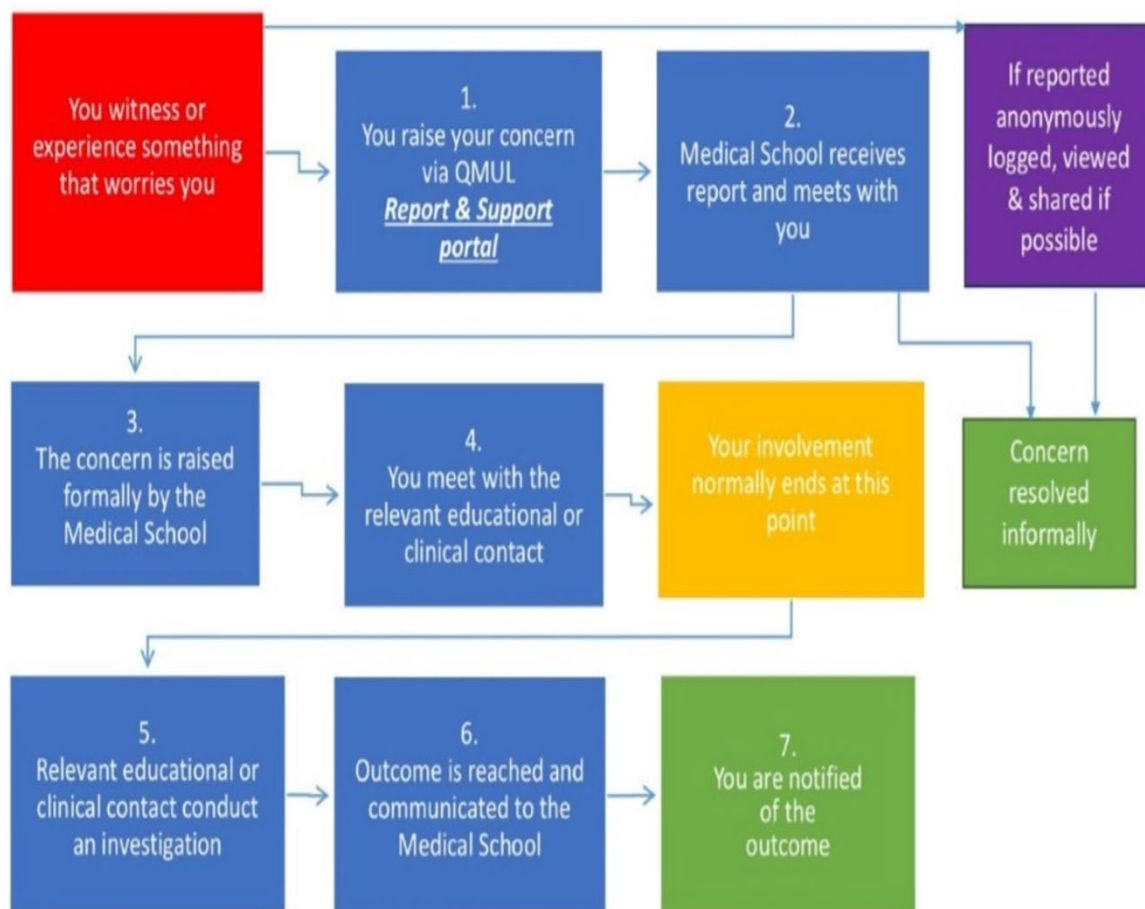
Student reporting concerns to the MBBS programme

Students' concerns can range from concerns regarding their education onsite or online but also concerns of discrimination and difficult professional relationships.

Please note that the students are encouraged to bring up any concerns with their GP Educators in the first instance, and if this is not possible or appropriate, they are advised to contact the Module Leads and Year Leads.

Where a student raises a concern about something that occurs during your teaching, with their consent, we will share this with you through the most appropriate channel. This process may include an investigation of events, which we aim to be open and non-judgmental. We will work with you to determine what action is needed, if any.

See below for information given to the students regarding raising concerns.



Report and Support Link

GP Educators Reporting Concerns

There will be times when your concerns of a student as a GP educator will need to be reported. We would advise that Academic Module Leads and their specific Professional Servicing staff are the best first port of call, regarding any student's pastoral, academic or professional performance.

However, if this is felt not to be appropriate the Head of CBME, the Lead for Quality and Governance at CBME or the Head of MBBS can also be contacted. See contact list above. The Report and Support tool can also be used.

Please note the Report & Support tool is also available to you as GP Educators, who may wish to report an issue with the Medical School or CBME unit.

Important Contacts (including for emergencies, pastoral concerns and especially out-of-hours OOH)

Faculty of Medicine Student Support Services – ihse-student-support@qmul.ac.uk

Student Support Services - QMUL

Support for Students OOH

Please also remember Emergency Services e.g. 111/AE can be used including local AE

Professionalism

Student expectations

From the start of the MBBS programme students are made aware that they are joining a trusted profession and must demonstrate a high standard of behaviour at all times.

The [GMC's Achieving Good Medical Practice Oct 24](#) outlines the standards expected of medical students both inside and outside of the medical school. The medical school has a responsibility to make sure that only those medical students who are fit to practice as doctors are permitted to graduate with a primary medical qualification. In accordance with GMC requirements, medical students who do not meet the outcomes for graduates or who are not fit to practice must not be allowed to graduate with a medical degree or continue on a medical programme.

The level of professionalism exhibited by students will be assessed continuously, and consistent failure to attend scheduled sessions is regarded as a conduct issue in its own right. Candidates may be barred from the end-of-year examinations and/or referred for investigation under the Professional Capability and Fitness to Practise regulations.

How professionalism concerns are considered

A concern about a student's professional capability or fitness to practise may arise from one or more of a number of routes, including through staff interacting with students.

Singular, low-level professionalism concerns (for example lateness, late submission of assessments and absence from scheduled teaching sessions), that do not require referral through the formal Fitness to Practise procedure, are managed through developmental and supportive measures. This may involve support from a senior tutor within the medical school or staff working with the student on placement.

Records of low-level professionalism concerns will be kept on the student's record and persistent low-level concerns may result in referral through the Fitness to Practise regulations. More serious fitness-to-practise concerns will progress to the formal procedure usually involving a full investigation.

The University's Professional Capability and Fitness to Practise Regulations can be found [here](#).

How to report a professionalism concern

Whilst working with students, you may feel in a position to support students with low-level concerns, we would still encourage you to report these types of concerns to the CBME unit, so we can investigate, take appropriate action and keep records.

Serious professionalism concerns must be reported to the governance team by emailing smd-pcc@qmul.ac.uk.

Online teaching engagement can be challenging, and evaluating professionalism as a consequence is complex. Please refer to the "Remote Teaching Guidance" (Appendix 2) for more information.

Student Feedback

Collecting relevant and timely feedback from students on all aspects of their educational experience and then acting upon it appropriately, is an essential component of our quality improvement processes. We encourage the timely review of all student feedback upon completion of teaching. Academic Modules leads will also review all feedback and, at times, will be in contact if there have been any challenging comments. The positive feedback obtained through this method also forms the basis of our Educator of the Year award.

Student feedback can sometimes but rarely, raise concerns regarding tutor professionalism. In such cases, it may be necessary to escalate these issues to the appropriate governing bodies. We do not evaluate or investigate these concerns; however, we are required to report any potential issues to the NHS Responsible Officer and/or the GMC. We collate information from all parties with an open, non-judgmental approach and aim to work with full transparency.

7. The Student and the Educator

Relationships between educators and students must follow the guidance in [Maintaining personal and professional boundaries](#).

Learning Environment

The environment must be safe, welcoming and free from intimidation. Please respect the personal boundaries of all students. We strongly advise against clinicians demonstrating examinations on students. It may be acceptable for students to practice on each other, but appropriate agreement and consent must be in place.

In learning activities that involve actors, we expect GP educators to take responsibility for the learning experience. If you have any concerns about the actors displaying bias or providing poor feedback, please inform the module leader.

Social Media

With certain modules, communication between GP educators and students helps provide swift information and is often key to successful teaching. We ask that the [GMC social media policy](#) should be followed when communicating with students.

Whilst there are opportunities to engage, collaborate, and learn through social media, there is also a range of risks. An important risk is the blurring of social and professional boundaries through the use of social media.

The standards expected of medical professionals do not change because you are communicating through social media rather than face-to-face or through other methods of communication. When communicating privately, including using instant messaging services, one should bear in mind that messages or other communications in private groups may become public.

Social media is constantly evolving, as are societal norms and expectations, please keep abreast of guidance changes from the GMC.

8. Peer Observation

With many GPs having extensive experience in undergraduate teaching, we aim to ensure the quality of this process. Our goal is to enhance the quality of education for students and to support the professional development of the GPs involved. The GMC mandates us to ensure quality for the MBBS students and future patient care, and this process is carried out to fulfil this requirement.

The professional development of GP educators, particularly in undergraduate education, brings about various additional benefits. Teaching can be a form of learning, which can, in turn, benefit patients (Sturman et al., 2011). In addition, the Wass Report 2016 highlights other benefits, such as attracting individuals to pursue a career in primary care (Wass, 2016).

The QM Academic Academy asks us to think about this process of observation, discussion, reflection and enhancement. From the perspective of Queen Mary University of London, this aligns with our values of working "collegially", actively supporting and endorsing each other's work, and being committed to each other's success. It also involves acting "ethically" by seeking out, implementing, and championing good practice.

This year we have decided that involvement is now mandatory. Details of the feedback are confidential, but we will keep a record of when the observation was conducted. Of course, if anything concerning were to arise it would be escalated to GP Educator, module leads (to then be discussed with the Quality Assurance lead), but we do not expect any significant issues.

9. Mandatory Requirements

Each year, we will conduct a mandatory audit to align with GMC and QMUL recommendations regarding quality assurance.

- Information that you remain on the GMC register with a full licence to practise.
- If retired (or are on a career break etc), we ask that you remain registered with the GMC (without a licence to practice) and complete an annual review with a member of our team. This will look at the specific suitability of activities in which you are involved.
- Information on any new or outstanding GMC/NHS England or other investigations/disciplinary measures.
- Information on completed EDI (2 yearly), Safeguarding Essentials for Adults (2 yearly) and Information Security Awareness & GDPR training (yearly), [Speaking up](#) (3 yearly). If you require help completing this training, please get in touch with a member of our team. The NHS equivalent is acceptable.
- Confirmation of attendance of mandatory module training.

10. Teaching on campus

Useful information including health and safety

Garrod Building

Toilets – Gender Neutral Toilets Ground Floor, Disabled Toilets Ground Floor

Fire Alarms – Fridays 8.30am

Fire Assembly Point – Blizzard Mews

Available Refreshments – The Griff Café Ground Floor

Lift available

Robin Brook Centre at St. Bartholomew's

Toilets – Gender Neutral Toilets 2nd Floor, Disabled Toilets Ground and 2nd Floor

Fire Alarms – Tuesdays 9am

Fire Assembly Point - Courtyard

Available Refreshments – Café in King George V Wing – Lower Ground

Lift available

11. References

1. Goodenow C. Classroom Belonging among Early Adolescent Students: Relationships to Motivation and Achievement. *The Journal of Early Adolescence*. 1993 Feb 1;13(1):21–43.
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6. Blake S, Capper G, Jackson A. Building Belonging in Higher Education: Recommendations for developing an integrated institutional approach [Internet]. Wonkhe/Pearson; 2022. Available from: <https://wonkhe.com/wp-content/wonkhe-uploads/2022/10/Building-Belonging-October-2022.pdf>
7. Baumeister RF, Leary MR. The need to belong: Desire for interpersonal attachments as a fundamental human motivation: *Psychological Bulletin*. 1995 May;117(3):497–529.
8. Queen Mary University of London. *QMUL Strategy 2030* [Internet]. 2019

Appendix 1

MBBS Student Raising Concern and Speaking Up Policy

Introduction

This policy sets out the process for you to raise a concern and speak up about patient safety, a peer, colleague, a medical professional, who may or may not be a member of Queen Mary University of London, or a member of staff in a placement at a Trust or Primary Care.

This policy is designed to support you in speaking up and raising concerns to the most appropriate colleagues, partners or regulators using a single portal of access, which is the QMUL Report and Support tool (<https://reportandsupport.qmul.ac.uk/>).

During your training you may witness or be involved in something going wrong with a patient's care. Patient safety is the responsibility of the whole team, which includes clinical and non-clinical members. This is why registered clinicians must take action to raise concerns and support others to raise concerns about patient safety. This also applies to everyone working in a healthcare setting, including students on clinical placements. Patient safety does not just relate to the clinical treatment patients get, it also includes raising concerns when a patient's dignity or comfort is compromised.

As future members of the clinical team you are expected to raise concerns about matters which may impact patient safety, dignity and comfort, just as you would when you are registered clinicians. As you are not yet registered clinicians you are expected to raise such concerns to the School.

For the avoidance of doubt, the School feels that if you witness or experiences something of concern in a clinical setting this may call into question patient safety or staff professionalism. If you experience or witness bullying and harassment, hate incidents or gender-based violence during a clinical placement from a peer, colleague, teacher or clinical/non-clinical team member (either directly or to your peers, colleagues or patients) you should use this Policy to report it. This is not an exhaustive list of issues so students can contact a member of staff to talk through your concern first and seek support and guidance. A list of useful contacts in the School can be found on page 3.

The School endeavours to ensure that all students feel safe when raising concerns and speaking up. The School will support you in every stage of this process, either internally or with other Queen Mary departments such as Advice & Counselling or the Disability & Dyslexia Service.

Separate to this process the Queen Mary Student Complaints Policy is for students to raise concerns about matters which affect the quality of a student's learning opportunities or student experience. Poor quality teaching should be can be reported via JISC online student survey feedback and the Staff Student Liaison Committees before it is necessary for a formal complaint to be submitted. The Queen Mary Report & Support tool should be used if a you experience or witnesses concerning behaviour such as bullying, harassment, hate incidents or gender-based discrimination in relation to any aspect of your university life.

Scope

This policy applies to you if you are registered on the following programmes:

- i. MBBS (UK and Malta), including Maxillofacial, Direct or Graduate Entry;
- ii. MSc in Physician Associate Studies;
- iii. Intercalating within Queen Mary.

If you are intercalating at an external institution you should raise concerns as per that institution's policy or process, but you are not precluded from following the steps outlined below or speaking to a member of School staff.

Process – quick step-by-step

The process is outlined in the following steps for quick reference and in the flow chart on page 4. Each stage is then explained in greater detail on pages 2-3.

1. Report your concern via Report & Support (<https://reportandsupport.qmul.ac.uk/>).
2. You will be contacted within 3 days of submitting your concern to arrange a meeting between you, your Head of Year and a member of staff from Student Academic & Pastoral Support to discuss your concern. A decision is taken with you as to next steps.
3. If the matter is to be raised with the relevant educational or clinical contact they will be notified at this point. If it is decided that the matter can be dealt with informally then the process normally ends at this point and you will be provided with feedback where possible.
4. If it is decided that the matter should be referred to for action a meeting will be arranged for you to meet with the relevant educational or clinical contact. You will be supported at this meeting by members of staff from the School.

After this stage it is likely you will not need to be involved further.

5. Your concern will be investigated by the relevant educational or clinical contact. The School will be kept updated via the Governance Manager.
6. The School is informed of the outcome reached.
7. You are advised of the outcome.

Process – detailed guide

1. After witnessing or experiencing something which may call into question patient safety or the safety and/or wellbeing of you, your colleagues, peers or staff it is recommended you complete the Report & Support form as soon as possible (<https://reportandsupport.qmul.ac.uk/>).

You can report anonymously but it is preferable to share your contact details so that you can receive support and feedback. Your details are treated as confidential and will not be shared outside of staff involved in this process without your expressed permission. Anonymous submissions cannot usually be followed up formally but a note of the nature of the concern will be made and included in the School's regular reports to Trusts and Associate Deans so that any patterns of issues can be identified and addressed. The School may use this to inform wider preventative work to tackle prevalent issues.

At any point of this you can contact a senior member of staff either based in the School (see list on page 3) or at your clinical placement (such as the Education Manager or Associate Dean).

2. Following receipt of your submission to Report and Support Submission you should be contacted, normally by the Governance Manager, within 3 days. The Governance Manager will arrange a face-to-face or online meeting, normally with your Head of Year and/or a member of staff from the Student Academic & Pastoral Support Office. At this meeting you will have the opportunity to explain the events and concerns in more detail. The relevant module lead or member of the Community Based Medical Education (CBME) Unit may also be invited, depending on whether the concern took place. At this meeting it will be determined whether the concern can be dealt with by School staff or if the concern is better reported to the relevant educational or clinical contact. This is normally the Associate Dean for an NHS Trust or the Responsible Officer within NHS England for primary care placements.

If it is felt that the matter can be dealt with informally by staff or via another process (such as via the SSLCs), then the current process finishes at this point. If staff deal with the matter informally feedback will be provided, where available.

3. The School escalates the matter to the relevant educational or clinical contact.

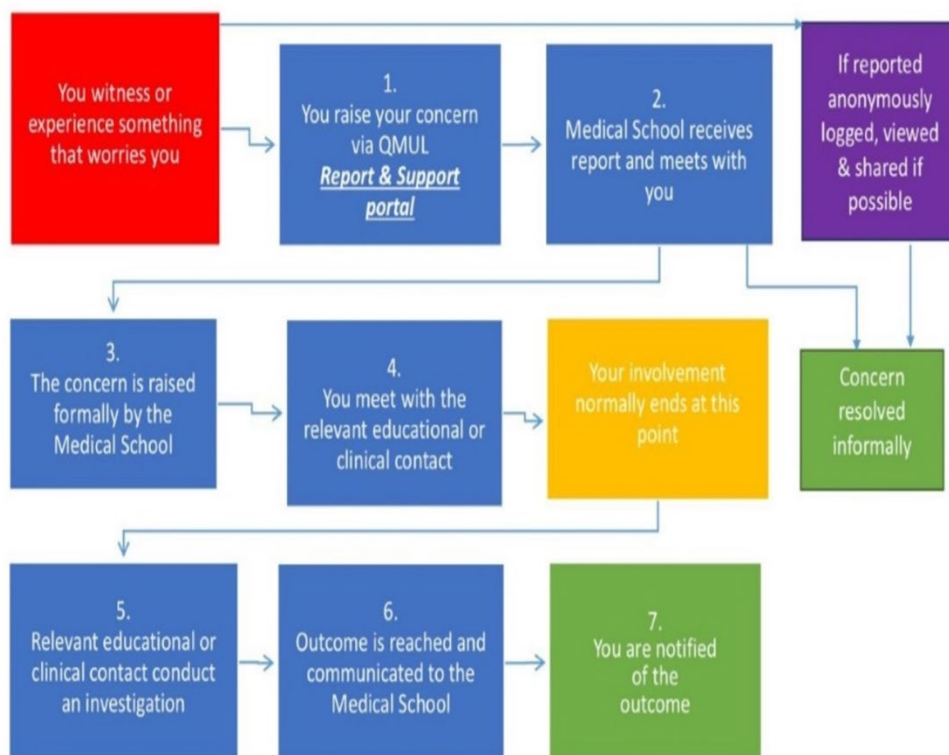
4. A meeting with you and the relevant educational or clinical contact is arranged, normally within two weeks of your initial submission to Report and Support. You will be supported during this meeting by your Head of Year and/or a member of staff from the SAPS office. The relevant module lead or member of CBME may also be invited. The Governance Manager will oversee the process. At the meeting you should be advised of what action is likely to take place.

After this meeting it is likely that you will not need to be involved further. In more serious cases you may be asked to submit written statements. You will be supported by the School if you are required to be involved further.

5. The Governance Manager is kept informed as to the progress of any action outside of the School and is notified when any proceedings are concluded. You will be kept updated where possible and as much as you wish.

6. The Governance Manager is notified that an outcome has been reached. As the outcome will have been reached by actions external to the School it may not be possible for the School to receive the full details.

7. You will be contacted with feedback regarding the outcome or the action taken.



Appendix 2

Remote Teaching – QMUL MBBS Guidance

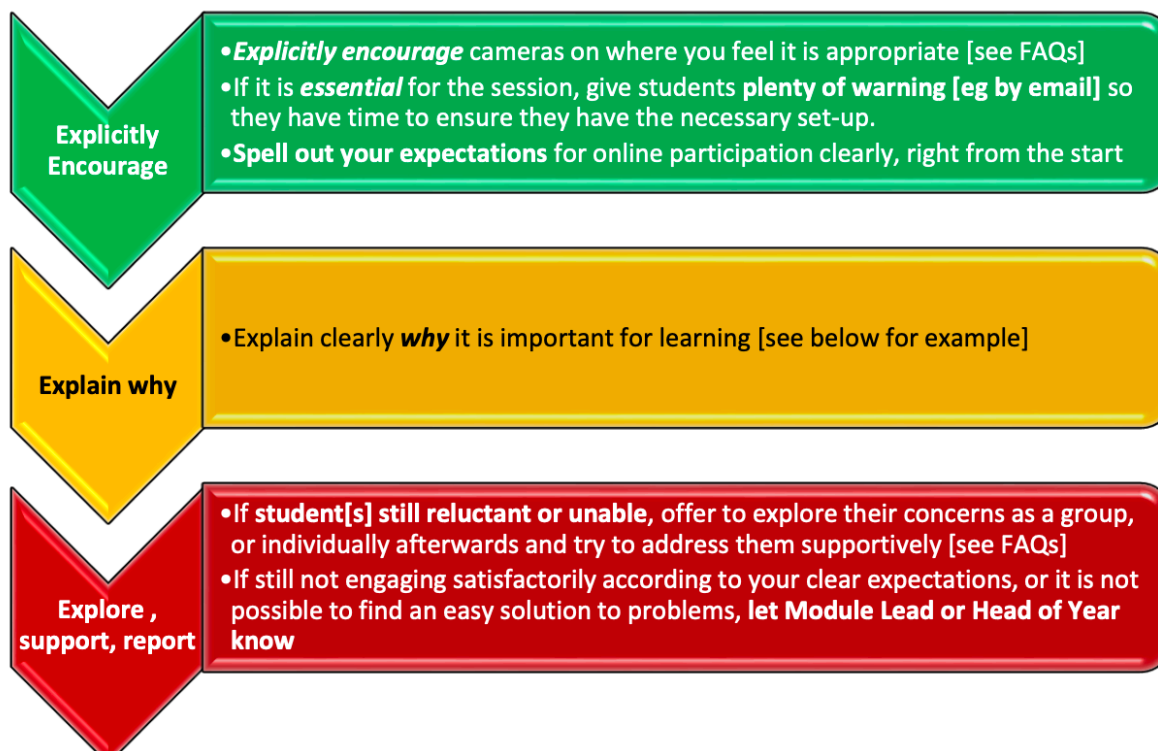
Online teaching sessions: cameras ON or OFF? Guidance and FAQs for Faculty and Students [March 2022]

Summary

As much of our teaching has migrated online [via Zoom, MS Teams or Blackboard Collaborate], there has been considerable debate in higher education about whether we should be *insisting* on students turning their cameras on during “live” teaching sessions (Leung, H. 2021; Castelli, F. 2021). In the medical school, and in the Trusts, faculty have reported that students are often reluctant to turn their cameras on.

This can be extremely frustrating and disheartening for teachers [staring at a blank screen], and makes

It impossible to gauge students’ engagement and understanding. For some sessions, for example those focusing on clinical communication, the absence of non-verbal cues is a major barrier to learning. On the other hand, *insisting* on “cameras on” at all times can cause “Zoom fatigue” and hinder learning; is not necessary or practical for some sorts of sessions [eg lectures when sharing slides]; and doesn’t take account of the host of possible reasons why students may be reluctant or unable to turn their camera on [see FAQs below]. At worst, some have suggested it could risk escalating “digital inequities”, or challenge the psychological wellbeing of some students. So whilst we wouldn’t advise *mandating* “cameras on” at all times, we don’t want “cameras off” to become the norm. Bearing all this in mind, we suggest the following pragmatic approach:



Further Guidance and FAQs

Spell out explicitly your expectations for engagement in online sessions from the very start, or even before the session. Expectations, including camera use, will vary according to the type of session and your preferences as tutor. For example:

Cameras on throughout	Eg Communication skills learning with role play; or for small group discussions; or when an expert patient/service user/guest speaker is taking part
Cameras on at certain points	Eg. During exercises in interactive seminar, introducing ourselves at start, workshop or interactive segment of lecture, breakout groups [students may feel more comfortable with that]
Cameras off	Eg Lecture to a large group of students where interaction is primarily through the chat function or polling etc.
Microphones muted/unmuted	Usually muted as default, unmuted when invited to speak
Hands-up icon	If student wants to speak
Use chat to post queries or discussion points	To encourage alternative ways to interact, especially in large groups. “Shy” students can feel much more comfortable participating on chat.
Participation in interactive quizzes/mentimeter/collaborative documents etc	Encourage alternative ways to engage, using a variety of interactive tools
Participation levels - in chat or discussion	Eg small groups, interactive lecture. Everyone to contribute to discussion? Or at least one post in chat; or answer quizzes? If none, or not to your expectations, discuss possible reasons with student afterwards as you might in-person, and consider how to support and/or possibly report to med school if no obvious solutions

Explain the reasoning behind these expectations.

For example: “I’m asking you to turn your cameras on because...”

- There is evidence that teaching is more effective when the teacher can see non-verbal cues of learners – can check understanding, and engagement
- It’s vital in building tutor-student and student-student relationships, just as in face-to-face sessions
- Establishing it as the norm encourages everyone to do it
- For communication skills – we know non-verbal communication is such a huge part of communication, and you cannot learn about that aspect without cameras on

Explore and address openly possible reasons student[s] may have for not

turning cameras on, for example:

Reason	Suggestion/support
"I am worried about people seeing the background – my bedroom for example"	<p>Bear in mind that some students may not have access to a private space, and they might be reluctant to share their personal surroundings. They may also be anxious about tutors making comments or judgements, however well intended, about their home environment.</p> <p>Consider: Staged background/virtual background/or simply background against a wall. Avoid making comments about students' background environments</p>
"I am worried about people seeing other family members/my dog etc walking through the background"	<p>Encourage students to let family members/flatmates know if online; and try to find a private space if possible.</p> <p>Again, some students may not be able to find a private space, or may struggle to persuade family members/housemates to give them privacy during online teaching.</p>
"I don't have a camera" or "My wi-fi connection is extremely poor"	<p>With adequate warning, students should be able to source a working camera and sort out their connection. If they say they don't have the resources or for some reason are struggling with this, please ask them to contact Student Support as there may be help available; there are also hardship funds available through the Medical School if necessary</p>
"Having my camera on distracts from the tutor and is disrespectful".	<p>Explain why you don't feel this way. Sometimes all that's needed is for students' assumptions to be corrected explicitly</p>
"I get distracted by my classmates' video images"	<p>Check if tool allows for "speaker view", only showing the person speaking.</p> <p>Blackboard Collaborate: you have the option of viewing fellow participants in Gallery, Speaker, or Tiled views. You can also toggle between an enlarged view of shared content and participants' cameras. To enlarge a participant's</p>

	<p>camera, hover your cursor over their image to reveal an arrow; click that arrow to enlarge their image and minimise the shared content, or vice versa.</p> <p>MS Teams: you can switch views between the in-room camera and the screen share (e.g. slides) by clicking between the presenter and shared item. Be careful when exploring other view option in MS Teams has many options will impact the view for all participants, not just your own.</p> <p>Zoom: You can select side-by-side mode to have the screen share (e.g. lecture slides) and the in-room camera stream showing side-by-side on your screen. You can also switch between the screen share and the speaker view. These options are available in the view menu</p>
"I get distracted by my own image"	Check if software allows to not show yourself . Or can stick a sticky note over the self-video .
"I am worried about people seeing me in my pyjamas/eating food etc"	<p>Encourage students to dress presentably and appropriately for online sessions, as they would if coming in for teaching.</p> <p>Students shouldn't be eating food during online teaching sessions, or engaging in other distracting activities while camera and mic turned off. Build in suitable breaks for this.</p> <p>Think how to build in active learning into your session to maintain concentration and engagement – polling, collaborative exercise, breakout exercises, chat comments, quizzes etc</p>

References

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QM Academy: Guidance for Students on Mixed Mode Education.

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