

End of cycle report: University of Southampton Faculty of Medicine 2015-16

This visit is part of the [GMC's remit](#) to ensure medical schools are complying with the standards and outcomes as set out in *Tomorrow's Doctors 2009*. For more information on these standards please see: [Tomorrow's Doctor's Doctors \(2009\)](#).

Summary

Education provider	Faculty of Medicine, University of Southampton
Sites visited	Kassel School of Medicine
Programmes	European Bachelor of Medicine (BM(EU))
Dates of visit	15 December 2015 – Telephone conference 3 March 2016 – Kassel School of Medicine
Key Findings	<ol style="list-style-type: none"> 1 This report details the findings from our fourth annual cycle of quality assurance of the Southampton Faculty of Medicine's (the faculty's) new European Bachelor of Medicine Programme (BM(EU)). As our visit cycle began in 2015 we have measured the faculty against the standards set out in <i>Tomorrow's Doctors 2009</i>, rather than our new standards, <i>Promoting Excellence</i>. 2 We held a telephone conference with the BM(EU) Programme Team in December 2015, conducted a student survey, and visited Kassel School of Medicine (KSM) in March 2016 where we met with the BM(EU) Programme Team, students and local education providers. We also received written updates on certain aspects of the programme in February 2016. 3 The BM(EU) programme has been developed by the faculty in partnership with Gesundheit Nordhessen

Holding AG (GNH) in Germany. GNH comprises several acute care hospitals, nursing homes and other health related enterprises. The BM(EU) programme is based on a modification of the faculty's current Bachelor of Medicine five year programme. Students will complete clinical placements in the UK and in Germany. Written exams and objective structured clinical examinations (OSCEs) will be conducted in the UK and assessments of clinical competence (ACCs) will be conducted in Germany.

- 4 We continued to be impressed with the overall quality of the programme. The students' transition to Kassel and the delivery of year three of the programme appear to be going well. The BM(EU) Programme Team has worked hard to ensure continued planning and preparation for year four of the programme despite significant management changes. We found the faculty has robust quality management processes which have enabled them to identify and implement improvements to the programme. However, the BM(EU) Programme Team could do more to implement changes to benefit the current cohort of students. Further work is also required to ensure that local education providers are trained on and familiar with OSCEs.

Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards that should be shared with others and/or developed further.

Number	Domain	Good practice	Report Paragraph(s)
1	Domain 6	Teachers and trainers described the Fresh Approaches to Clinical Teaching (FACT) training course as relevant and useful. We found that this course has raised educators' awareness of a range of teaching strategies.	30, 41, 42, and 44

Areas working well

Number	Domain	Areas working well	Report Paragraph(s)
1	Domain 2	The faculty has robust quality management processes that are working to enhance the programme. In particular, we commend the recent quality management visit carried out by the faculty on 9 and 10 February 2016, which we found rigorous and constructively critical'.	7, 8, and 9
2	Domain 2	There is frequent communication between the BM(EU) Programme Team and students. The students are very engaged, open and willing to provide feedback.	9, 13, 15, 24, and 35
3	Domain 2	The BM(EU) Programme Team showed an awareness of areas for improvement and what could be working better and taken appropriate action, such as the research project.	2, 9, 24, 31, 49, 50, and 52
4	Domain 5	The curriculum development process is working well and there are clear pathways.	20 and 54
5	Domain 7	The BM(EU) Programme Team has worked hard to ensure continued planning and preparation for years 3 and 4 of the programme despite the significant challenge of changes to management personnel in Kassel and Southampton.	20, 32, 47, and 54

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Domain	Requirements	Report Paragraph(s)
1	Domain 6	The faculty must ensure that local education providers are trained on, and familiar with, the OSCE processes and the UK based clinical assessment methods on which the OSCEs are based.	34 and 45

Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations explain what an organisation should address to improve in these areas, in line with best practice.

Number	Domain	Recommendations	Report Paragraph(s)
1	Domain 2	The BM(EU) Programme Team has convincing proposals for appropriate changes to the programme that will be implemented for the next cohort of students. However, the faculty should consider whether more could be done to implement immediate improvements to the programme to benefit the current cohort.	9, 31. 34, 39, and 50
2	Domain 5	The faculty should relay clear messages to students about the importance of the German Medical Practice module and how they will benefit from the learning outcomes.	22
3	Domain 5	The faculty should ensure better consistency in the educational value of clinical placements.	28
4	Domain 5	The faculty should consider how it might address students' concerns about clinical assessments, perhaps by providing more information, training and practice related to OSCE type assessments.	34

Findings

Domain 1: Patient safety

26. The safety of patients and their care must not be put at risk by students' duties, access to patients and supervision on placements or by the performance, health or conduct of any individual student.

27. To ensure the future safety and care of patients, students who do not meet the outcomes set out in Tomorrow's Doctors or are otherwise not fit to practise must not be allowed to graduate with a medical degree.

Acting within competence (TD28a)

- 1 The year three students that we met in Kassel told us their clinical supervisors were aware of their level of competence. This was confirmed by the local education providers that we spoke with.
- 2 However, some students said that other staff, including junior doctors and nurses, were not always aware of their competence. Representatives from the local education providers confirmed this was the case. The BM(EU) Programme Team explained that junior doctors and nurses in Germany are not used to students being on placements so early. They recognised that senior management at the local education providers need to communicate better the roles and level of competence of the students on placement to all staff and plan to do this next year. We will explore this further in next year's visit cycle.

Identifying and addressing patient safety concerns (TD28b and e)

- 3 The BM(EU) Programme Team told us that no concerns about patient safety had been raised by local education providers or students. In the student survey we ran before our visit to Kassel, almost all of the students agreed or strongly agreed that they knew what to do if they had patient safety concerns. We did not hear any problems from the students we met in Kassel about raising patient safety issues but will continue to explore this in future visits to ensure that all students are fully aware of how to raise concerns.

Clinical supervision (TD31, 35)

- 4 Educators from the local education providers we met explained that the small numbers of students on placements allow them to provide one-to-one clinical supervision. There were no concerns from any of the students about their clinical supervision.

Identifying concerns about medical student conduct or health (TD28c)

- 5** We heard that the local education providers are aware of what to do if they had concerns about a medical student's conduct or health.
- 6** The BM(EU) Programme Team told us that they had to assess whether an injury suffered by one of the students would affect their ability to undertake their clinical placements. We heard that the team worked closely with colleagues in Southampton to assess the student and make their decision.

Domain 2: Quality assurance, review and evaluation

38. The quality of medical education programmes will be monitored, reviewed and evaluated in a systematic way.

Quality Management systems (TD40)

- 7** We found that the faculty has robust quality management processes that are working well to enhance the BM(EU) programme.
- 8** We were particularly impressed with the faculty's quality management visit to KSM in February 2016. During the visit the faculty spoke with year three students, teaching staff, clinicians and administrative staff. The report identified a number of areas that were working well and areas for improvement. We found the visit to be rigorous and we are assured that it will help to share good practice while improving the programme.
- 9** There is frequent communication between the BM(EU) Programme Team and students which has helped identify areas that could be improved. For example, the team were aware of the concerns we heard from the students about the research project and had already begun to make changes for next year. However, students reported that more could be done to make improvements to benefit them now. These include improvements to: the availability of scrubs while on placement (paragraph 50); the timetabling of ACCs (paragraph 31); their English language skills (paragraph 34 and 39); and the timing of clinical skills sessions (paragraph 52).

Recommendation 1: The faculty should consider if more could be done to implement immediate improvements to the programme to benefit the current cohort of students.

- 10** In our last cycle report we found that some BM(EU) business processes would benefit from being formally documented, with appropriate contingency plans, to ensure that the programme could continue if key members of staff were to leave. We recommended that the faculty provide us with documentation on its formalised business continuity plans for the BM(EU) programme. The faculty responded to this recommendation by outlining their involvement in the BM(EU) programme in a letter dated 19 May 2015.
- 11** The BM(EU) Programme Team have since reported that a deputy leader of the BM(EU) programme has been appointed and the BM(EU) Programme Leader has increased contact with the Dean and Associate Dean of the faculty. While we acknowledge that these actions will help strengthen the contingency of the programme, it still seems very dependent on the efforts of a few key individuals in Southampton and Kassel. We would therefore still like to know more about the faculty's formally documented business continuity plans.
- 12** We also recommended that the faculty work with Southampton University to ensure students are able to register with appropriate regulatory bodies in the UK and

Germany upon graduation. In response to this, the BM(EU) Programme Team have told us that they have received assurances from the regulatory body for the state of Hessen that graduates will be able to obtain registration. To test this, the team had planned to ask a BM5 graduate (with the required German language skills) to apply for registration in Germany at the end of 2015. Unfortunately, a suitable graduate was not available but the team hope there will be in 2016. The team have also recognised the potential impact of the UK's European Union membership referendum. We will continue to explore the issue of registration in our next visit cycle.

Admissions (TD49)

- 13** We have seen evidence in previous visit cycles that the BM(EU) programme has appropriate processes in place to quality manage admissions. This year's student survey confirms that the team is still seeking feedback from students about their experiences of the admissions process and using it effectively to improve practice.

Educational resources and capacity (TD49, 52)

- 14** We heard some concerns from the BM(EU) Programme Team about the financial management of the programme. We were told that the team are concerned that KSM may have underestimated how much money it would cost to run the programme. The Managing Director of KSM confirmed the cost of the programme was more than they expected but assured us that they are fully committed.

Clinical and vocational placements (TD51)

- 15** In last year's visit cycle we recommended that the faculty should investigate options for obtaining early and regular quality assurance information about clinical placements in Germany. We heard that the BM(EU) Programme Team has sought feedback and evaluation about clinical placements from the BM(EU) students. They also ran a 'You Said, We Did' session to share the changes that have resulted from this feedback. The team have set up a buddy system with peers in the UK so students doing the same modules can compare their experience and learning. The team also carried out a robust quality assurance visit which we have described above. We are pleased to see that good progress has been made with this recommendation and will continue to monitor the faculty's quality management of clinical placements in future visit cycles.

Domain 3: Equality, diversity and opportunity

56. Undergraduate medical education must be fair and based on principles of equality.

Ensuring fair treatment of all applicants and students (TD57)

16 We did not hear any concerns from students about being treated unfairly or without equality of opportunity.

Reasonable adjustments for students with disabilities (TD69)

17 We are satisfied that the faculty is making reasonable adjustments for students with disabilities. The BM(EU) Programme Team provided details of adjustments being made for a student who has declared a disability.

Domain 4: Student Selection

71. Processes for student selection will be open, objective and fair.

Valid, reliable and objective selection processes (TD74)

- 18** All of the first year students that responded to our survey said that their overall experience of the admissions and selection process was positive or very positive.
- 19** Some of the students we met during the last year's cycle explained that they did not know much about the structure of the NHS before they arrived in the UK. We therefore recommended that the faculty provide briefing materials, or links to suitable sources of information, on the structures and workings of the NHS to prospective applicants on the BM(EU) website. Guidance on the structures and workings of the NHS are now available on the faculty's website. The faculty have also revised the non-academic criteria used for selection days, asking that applicants should demonstrate an understanding of the values of the NHS constitution. Almost all of the first year students that we surveyed this year confirmed there was adequate information about the programme and the workings of the NHS when they applied. We are satisfied that this recommendation has been met.

Domain 5: Design and delivery of the curriculum, including assessment

81. The curriculum must be designed, delivered and assessed to ensure that graduates demonstrate all the 'outcomes for graduates' specified in Tomorrow's Doctors.

Curriculum plan (TD82)

- 20** The BM(EU) Programme Team continues to develop its plans for curriculum delivery in years four and five of the programme. Before our visit to Kassel, the BM(EU) Programme Team provided us with a detailed update on their progress with the development of year four. The update explained that module leads for all specialities have been identified and teaching contracts have been agreed with departments. All the heads of departments for the year four modules have attended induction weeks and further FACT courses are scheduled in 2016. We also met with a number of representatives from local education providers that will be hosting placements next year. We heard they have been in regular contact with their counterparts in Southampton and are ready to deliver teaching. The BM(EU) Programme Team told us that the new curriculum in Southampton has caused some delay with the development of year four. Despite these delays, we are satisfied that the plans are on track. We will explore the development of year five of the programme in more detail in next year's visit cycle.
- 21** In our last visit cycle we recommended that the faculty ensure a common understanding of curricular outcomes with local education providers and communicate how students will be allocated to different placements to allow suitable preparation time. The BM(EU) Programme Team have told us that meetings have been held between KSM's Education Manager and all the local education providers and the community clinicians. The module coordinators and lead teachers have been given the module profile for their speciality and the opportunity to discuss it. Module coordinators in Germany and module leaders in Southampton are being encouraged to work together on the detail of how their module will be delivered. Most have met their counterpart and all have email contacts. The local educational providers from medicine and surgery we met in Kassel this year confirmed that they were aware of the curricular outcomes.

Outcomes for graduates (TD93)

- 22** The German Medical Practice module is a new module for year three BM(EU) students. The aim of the module is to ensure the students better understand the similarities and the differences between various health systems and aid their transitions working between the UK and Germany. The module began in January 2016 and before we visited Kassel the BM(EU) Programme Team told us that the seminars had been highly appreciated by the students. However, the students we met in Kassel raised some concerns that they did not fully understand how they would benefit from the learning outcomes. We heard that their seminars, which take place every Thursday for four hours, coincide with one of the busiest days at their

placements. They felt they were missing out on valuable clinical exposure and would prefer the German Medical Practice module seminars to be on a different day. There was also a perception amongst some of the BM(EU) students that the BM5 students in Southampton were receiving a better experience as they had the option to explore non-medical modules, such as foreign languages, rather than the German Medical Practice module.

Recommendation 2: The faculty should relay clear messages to students about the importance of the German Medical Practice module and how they will benefit from the learning outcomes.

Student selected components (TD94-99)

- 23** The research project was delivered to the year three BM(EU) students in semester one (September to December 2015). All fourteen students completed their final reports and submitted these in January 2016. Students presented their findings at a research project conference to a local audience of supervisors, clinicians and markers. Presentations were also video-linked into the Southampton research conference. Students told us that they appreciated having the project at the beginning of the year as it meant they had more time to settle into their new environments in Kassel. However, some students raised concerns about the variable level of support they received with their projects. We heard there were difficulties obtaining ethical approval and statistical support and that some supervisors did not have the appropriate knowledge or time to assist them. Students also reported that they had a limited choice of research topics compared to BM5 students and that some of the projects were changed at very short notice. The results of our student survey also suggest that students perceived that they did not receive sufficient information about the research project before they started.
- 24** As part of the BM(EU) Programme Team's evaluation of the project, two student focus groups were run in January 2016. The BM(EU) team were therefore aware of the concerns we heard from the students and had already begun to make changes for next year. We heard that a new BM(EU) project liaison academic was appointed in September 2015 and was working to improve the project. This includes redesigning the supervisor training to incorporate opportunities for BM(EU) supervisors to compare and contrast the projects with their own experience of research and supervision. The training has also been modified to provide much more emphasis on the importance of working with students in the early stages of the project, ie establishing productive lines of communication and the requirements for the project design stage, including the research governance requirements. We will explore the impact of these changes in next year's visit cycle.

Interprofessional learning (TD102)

- 25** Students in year three confirmed that they had opportunities to work with and learn from other health and social care professionals. We heard that students have received teaching from nurses and physiotherapists while on placement.

Clinical Placements and Experience (TD84)

- 26** Clinical placements for third year students in medicine and surgery began in January 2016. Students told us that they felt welcomed and that they have enjoyed interacting with patients. We heard that the students have been placed in smaller hospitals to ensure they receive broad clinical exposure. Students reported that clinicians are motivated to work with them and have adequate time to supervise and teach them.
- 27** The local educational providers from medicine and surgery told us they were enjoying having the students on placement. They confirmed that they were aware of the learning outcomes and told us they found the students to be ambitious and eager to learn.
- 28** While the placements are generally working well, we did hear some concerns from students about the variation in the educational value of some placements, particularly in elderly care. We heard that in some placements they were restricted to observing allied health professionals while in others they are more involved with opportunities to examine patients and undertake clinical procedures. The variation in placements was also raised by students in the faculty's quality management visit to Kassel.

Recommendation 3: The faculty should ensure better consistency in the educational value of clinical placements.

- 29** Students will begin placements in primary medical care later this year. Before our visit to Kassel, the BM(EU) Programme Team informed us that the primary medical care module is on course to be delivered effectively. The module leader attended the four day 'Teaching Tomorrow's Doctors' course in Southampton and has been working closely with the primary medical care team there.

Feedback to students on their performance (TD85)

- 30** The third year students we spoke with confirmed that they are generally receiving adequate feedback on their performance. The BM(EU) Programme Team told us that they have encouraged students to provide feedback to each other and have been given training on providing feedback. The clinical teachers have also had training on providing feedback as part of the FACT course. The clinical teachers from the local education providers we met confirmed that the training they had received has prepared them to provide feedback.
- 31** Some students were concerned they were not getting enough direct feedback on clinical skills while on placement. We also heard they are sometimes supervised and taught by junior doctors that are not always clear on what feedback to provide. The

clinical teachers recognised that they needed to improve the way they provide feedback on clinical skills. The teachers told us that for the next placements they would undertake ACCs earlier and more often to encourage them to provide regular feedback on clinical skills. The BM(EU) Programme Team had also received this feedback from the teachers and told us that they have made changes to the FACT course to ensure the programme learns from this. We will explore this area further during next year's visit cycle.

Design and delivery of assessments (TD113)

- 32** The BM(EU) Programme Team told us that the planning and delivery of assessments for year three of the programme is proceeding well. We heard that the design of assessments for years three and four of the programme are slightly behind schedule as a result of the new curriculum being introduced by Southampton. However, the BM(EU) Programme Team provided us with a written update on their progress with year four before we visited and we are satisfied that they are on track. We will explore this area in more detail in the next visit cycle.
- 33** Last year we recommended that the faculty should ensure that the BM(EU) programme is considered in all future curriculum and assessment planning. The BM(EU) Programme Team have told us that the programme is a standing item on the agenda of major committees (assessment, teaching and learning, curriculum and year steering groups). Representatives from KSM have been liaising with their counterparts in Southampton. We will continue to monitor this in future visit cycles.
- 34** When we visited Kassel the students had just finished their first clinical modules and we heard concerns about their about clinical assessments. Students told us they are concerned that differences in clinical practice in Germany and the UK may impact on their performance in their OSCEs. They also did not feel confident that their clinical teachers in Germany are familiar enough with the OCSE process. The clinical teachers we spoke with share the students' concerns and confirmed they were not familiar with OCSEs. The students felt these issues, along with their concerns about their English language skills, put them at a disadvantage to students in Southampton.

Recommendation 4: The faculty should consider how it might address students' concerns about clinical assessments, perhaps by providing students with more information, training and practice related to OSCE type assessments.

Domain 6: Support and development of students, teachers and local faculty

122. Students must receive both academic and general guidance and support, including when they are not progressing well or otherwise causing concern. Everyone teaching or supporting students must themselves be supported, trained and appraised.

Guidance about the curriculum, placements and assessments (TD123)

- 35** When we visited Southampton in November 2014, the year two students told us they had not received many details about their transition to Germany or their clinical placements. We therefore recommended that the faculty provide more detailed information about plans for student transfer to Kassel so they could prepare for their year three clinical placements. We have since been told that the BM(EU) Programme Leader and Dean of the faculty met with the students before they left Southampton at the end of year two. The BM(EU) Programme Leader met with them again in October 2015 and gained verbal feedback. KSM's Education Manager also received verbal and written feedback on suggestions for improvement which the BM(EU) Programme Team have told us they will take on board for next year.
- 36** However, we heard from students in Kassel this year that they have not had sufficient information about their placements in primary medical care which they are due to begin later this year. The BM(EU) Programme Team confirmed that students have not yet been assigned to practices and have not had information about their placements. This is preventing them from making arrangements such as transport, and impacting on their ability to plan other commitments. Our student survey also found that minority of year three students did not feel that they had received sufficient information about their clinical placements. We will therefore continue to monitor the information students get about their transfer to Kassel and their placements.

Academic and pastoral support (TD124)

- 37** The students' transition from Southampton to Kassel appears to have gone well. The students told us that everyone in Kassel has been friendly and welcoming and they had enough time to settle into their new environments. They continue to communicate with students in Southampton using social media and have good access to facilities at KSM. The students we met confirmed they have appropriate support for their academic and general welfare needs. This supports the results of our student survey where almost all of the students either agreed or strongly agreed that they have received appropriate support and information for their academic and general welfare needs.
- 38** Last year we found some concerns amongst year two students about maintaining their English language skills while in Germany. We recommended that the faculty investigate these concerns and communicate plans for English language support with them in advance of their transition to Kassel. The Programme Leader discussed this with the students after last year's visit cycle and they all agreed they do not need

formal language lessons but need to continue to communicate in English as much as possible. The BM(EU) Programme Team told us they have provided the students with opportunities to communicate in English and directed them to lots of English language resources. They have also had some experience of working with simulated patients in English, which the students found beneficial.

- 39** The BM(EU) Programme Team reported that students continue to worry about their English language skills but still do not seem to have any appetite for formal English teaching. However, they have not taken full advantage of the opportunities the BM(EU) Programme Team have made available. For example, the weekly journal club is held in English but students often revert to German. The students that we spoke with confirmed that they still had concerns about their English language skills and the impact this may have on their performance in the OSCEs. We will continue to monitor this in future visit cycles.

Staff development (TD128)

- 40** We are pleased to note that the faculty have met all of the recommendations we made last year about staff development.
- 41** Our first recommendation was for the faculty to liaise with BM(EU) local education providers to identify what additional training and support was needed on the curriculum, learning outcomes, assessment requirements and pastoral care. The BM(EU) Programme Team have told us that a number of module coordinators and senior teachers from local education providers have attended induction weeks in Southampton. The BM(EU) Programme Team met with the providers and discussed and identified training needs. The bespoke training course for BM(EU), FACT was delivered in May 2015, October 2015 and March 2016. The year three senior tutor in Southampton has been to Kassel and met with the pastoral care lead at KSM to discuss how they will work together to support the students. The ACC guide, online modules on ACCs, feedback, OSCEs and the curriculum are available to the local education providers.
- 42** We also recommended that the faculty investigate if teachers and clinicians at the local education providers require supplementary English language training. The BM(EU) Programme Team have told us they have investigated this and found that some teachers already have English language training as part of their personal development. While teachers on the ward will not be expected to teach in English, the BM(EU) Programme Team have agreed to support teachers with English language training but have had no requests for this at this time. The FACT course was run partly in German and partly in English and engagement was good. The team have told us that evaluation of the workshop by a bilingual researcher allowed participants to discuss language use freely.
- 43** Finally, we recommended that the faculty should ensure the timely dissemination of ACC documents to ensure that local education providers feel prepared for student placements. We have been told that the ACC guide was translated and shared with

providers before the placements began. We also understand that the ACC guide was used in a recent assessment workshop.

Training the trainers (TD148)

- 44 We found the FACT training course has raised educators' awareness of a range of teaching strategies. The educators from the local education providers that we met in Kassel told us that they found their training relevant and has prepared them well to provide teaching and feedback.
- 45 Some of the year three module local education providers that we met told us that they would benefit from training on the OSCEs. The year four module providers also raised concerns about their ability to adequately prepare students for the OSCEs. They told us that it was difficult for them to help prepare the students to undertake assessments that they are not familiar with. As discussed above, we also heard concerns from students about the ability of their clinical teachers to prepare them for their OSCEs.

Requirement 1: The faculty must ensure that local education providers are trained on, and familiar with, the OSCE processes and the UK based clinical assessment methods on which the OSCEs are based.

Domain 7: Management of teaching, learning and assessment

150. Education must be planned and managed using processes which show who is responsible for each process or stage.

Teacher involvement in curriculum management (TD152)

46 In last year's visit cycle we recommended that the faculty should provide formal opportunities for local education providers in Kassel to contribute to future BM(EU) curriculum and programme development. We have been told that the BM(EU) Programme Team has consulted the providers about this. Module Coordinators in Kassel are aware of the Module Leaders in Southampton and can feedback directly or via the Education Manager at KSM. Mechanisms are in place to allow feedback once the students start their clinical placements. While there are now opportunities available, the BM(EU) Programme Team told us that the local education providers feel it is too early for them to contribute to the curriculum and programme development. Given this, we will continue to monitor the opportunities for providers in Kassel to contribute to future BM(EU) curriculum and programme development.

Programme management (TD156)

47 There have been significant changes to the overall management of the BM(EU) programme both in Kassel and Southampton. A new Chief Executive of GNH began in March 2015 and a new managing director of KSM was appointed in September 2015. In Southampton, the Associate Dean for Education and Student Experience retired in July 2015 and the Director of Programmes left in October 2015. We heard that these changes have impacted on the development and delivery of the BM(EU) programme. However, the hard work of the BM(EU) Programme Leader, the appointment of a deputy programme leader and support from the new management team has minimised the disruption.

Domain 8: Educational resources and capacity

159. *The educational facilities and infrastructure must be appropriate to deliver the curriculum.*

Learning resources and facilities (TD160)

- 48** In previous visit cycles we have been impressed by the development of new educational resources and facilities at Klinikum Kassel, including the new interdisciplinary learning centre, new simulation facilities, new video conferencing and IT systems, and new library and online resources hosted by the University of Kassel.
- 49** While these facilities appear to be working well, the BM(EU) Programme Team made us aware of some technical and organisational difficulties with the videoconferencing of the Scientific Basis of Medicine module. The BM(EU) Programme Team explained that these have now been resolved and they have increased the support available to mitigate against any future problems. The students we met confirmed that these problems had now been resolved. However, some of the students explained that the technical issues and slight time delay meant they were not confident asking questions during video-conferenced lectures. We will explore the sustainability of the improvements made to the videoconferencing facilities and the engagement of the students at these lectures in the next visit cycle.
- 50** We also heard specific concerns from students about the availability of scrubs worn on their clinical placements. Students are required to collect and return their dirty scrubs to Klinikum Kassel, rather than their clinical placements. Students told us that their current clothing allowance was insufficient and they would either like their allocation increased or be able to collect and return scrubs directly from their placements. The BM(EU) Programme Team were aware of these concerns as they had been highlighted in the quality management visit. We understand from the faculty's feedback to students that they are currently working with Klinikum Kassel and local education providers to resolve the issue.
- 51** In the 2013/14 visit cycle we noted that the geographical distance and travel time from Kassel to local education providers may be difficult for students. A few of the students that we met in Kassel this year told us that long commutes to some placements have been an issue. This was also recognised by one of the teachers at the local education providers who commented on some of the students being tired from their commute. We will continue monitor this in future visit cycles.

Clinical skills opportunities (TD166)

- 52** All of the students we met confirmed that they have had opportunities to develop and improve their clinical and practical skills. However, we heard some concerns about the coordination of clinical skills sessions. Students told us that the timing of sessions in the middle of the day impacted on their placements and resulted in some students missing out on valuable experiences. These concerns had also been identified in the

faculty's quality management visit. The faculty fed back to the students to explain in future they will try to organise the sessions more compactly or where they have half days at their placements.

- 53** The issues with the availability of scrubs and timing of clinical skills sessions relate to our recommendation in domain two (paragraph 9) about doing more to implement immediate improvements to the programme to benefit the current cohort of students.

Domain 9: Outcomes

168. The outcomes for graduates of undergraduate medical education in the UK are set out in Tomorrow's Doctors. All medical students will demonstrate these outcomes before graduating from medical school.

Curriculum demonstrated to meet the outcomes in Tomorrow's Doctors (TD170)

54 The BM(EU) students continue to follow a curriculum based on a modification of Southampton's current Bachelor of Medicine five year programme. Before we visited Kassel the BM(EU) Programme Team provided us with a detailed update on their plans for year four. The BM(EU) Programme Team have been working with KSM and the local educational providers to ensure that the students on the BM(EU) will have an equivalent experience to their peers in Southampton to enable them to demonstrate the outcomes set out in Tomorrow's Doctors. We are satisfied that the plans for year four of the BM(EU) curriculum are on track to meet the outcomes in Tomorrow's Doctors. We will continue to explore the curriculum in future visit cycles.

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Visitors	Dr Shehla Baig Ms Amy Butlin Dr Steve Capey Mr Jeff Serf Reverend Dr David Taylor
GMC staff	Emily Saldanha – Education Quality Assurance Programme Manager Richard Taylor – Education Quality Analyst
Evidence base	<ol style="list-style-type: none"> 1 GMC student survey results 2 BM(EU) post-visit action plan 2014-5 with updates 3 Update on assistantships 4 2015 application data 5 Summary of assessment in years 1 and 2 6 Copy of agreement between KSM and LEPs 7 BM(EU) personnel update 8 Staff development training needs analysis update 9 Staff development meetings and trainings 10 BM(EU) report on the GMP module 11 2016 GMP schedule 12 Delivery of BM(EU) programme report Feb 2016 13 Kassel QAE visit report 9-10-02-2016 14 Year 4 update 15 Year 4 annual plan 16 Research project report 2015-16 17 Years 3 and 4 assessments update 18 Final year assessments update 19 Feedback summary. 'you said-we did' 20 Summary of student perceptions of BM(EU)

Annex A - Update on open requirements and recommendations

	Open requirements	Update	Report paragraph
	There are no outstanding requirements from previous visit cycles.		

	Open recommendations	Update	Report paragraph
1	<i>The faculty should provide documentation on its formalised business continuity plans for the BM(EU) programme.</i>	<p>The faculty responded to this recommendation by outlining their involvement in the BM(EU) programme in a letter dated 19May 2015. Furthermore, a deputy leader of the BM(EU) programme was appointed in November 2015 and the BM(EU) Programme Leader has had more regular meetings with the Dean and Associate of the Faculty.</p> <p>Continue to monitor: The programme still seems very dependent on the efforts of a few key individuals and we would therefore still like to know more about the formally documented business continuity plans.</p>	10-11
2	<i>The faculty will need to ensure that the BM(EU) programme meets requirements for students to register with appropriate regulatory bodies in the UK and Germany upon graduation from the programme.</i>	<p>A letter from the regulatory body for the state of Hessen states that there should not be a problem registering the graduates of the BM(EU) programme. To test this, the faculty plan to ask a BM5 graduate (with the required German Language skills) to apply for registration in Germany at the end of 2016. The BM(EU) Programme Team have also recognised the potential impact of</p>	12

		<p>the UK leaving the European Union.</p> <p>Continue to monitor: We will monitor the outcome test registration application and any impact from the result of the UK's European Union membership referendum.</p>	
3	<p><i>The faculty should investigate options for obtaining early and regular quality assurance information about clinical placements in Germany, such as seeking feedback and evaluation from BM(EU) students.</i></p>	<p>The faculty have set-up a Buddy system with peers in the UK so BM(EU) students can compare their experience and learning to UK students doing the same modules. The faculty also carried out a quality assurance visit in February 2016.</p> <p>Continue to monitor: We will monitor to ensure that the faculty continues to obtain regular quality assurance information about placements.</p>	15
4	<p><i>The faculty should provide briefing materials, or links to suitable sources of information, on the structures and workings of the NHS to prospective applicants on the BM(EU) website</i></p>	<p>Guidance on the structures and workings of the NHS have been made available on the faculty's website. The faculty have also revised the non-academic criteria used for selection days to now include that applicants should be able to demonstrate an understanding of the values of the NHS constitution.</p> <p>Recommendation met.</p>	19
5	<p><i>The faculty should ensure a common understanding of curricular outcomes with local education providers and communicate how students will be allocated to different providers to allow</i></p>	<p>Meetings have been held between KSM's Education Manager and all the local education providers and the community clinicians. All module coordinators and lead teachers have been given the module profile for their speciality and the opportunity to discuss. Module coordinators in Germany and module leaders in Southampton are being encouraged</p>	21

	<i>suitable preparation time.</i>	<p>to work together on the detail of how their module will be delivered. Most have met their counterpart and all have email contacts.</p> <p>Continue to monitor: We will monitor this as the programme develops.</p>	
6	<i>The faculty should ensure that the BM(EU) programme is considered in all future curriculum and assessment planning.</i>	<p>The BM(EU) programme is a standing item on the agenda of major committees (assessment, teaching and learning, curriculum and year steering groups). Representatives from KSM have been liaising with their counterparts in Southampton.</p> <p>Continue to monitor: We will monitor this to ensure that BM(EU) programme continues to be considered in all future curriculum and assessment planning.</p>	33
7	<i>The faculty should provide more detailed information about plans for student transfer to Kassel with adequate advance notice so that students can prepare for their year three clinical placements.</i>	<p>The BM(EU) Programme Leader and Dean of the faculty met with the students before they left Southampton at the end of year two. The BM(EU) Programme Leader met with them again in October 2015 and gained verbal feedback. KSM's Education Manager also received verbal and written feedback on suggestions for improvement which the BM(EU) Programme Team will take on board for next year.</p> <p>However, we heard from students in Kassel this year that they have not had sufficient information about their placements in primary medical care.</p> <p>Continue to monitor: We will monitor the information students</p>	35-36

		get next year about their transfer to Kassel and their placements.	
8	<i>The faculty should investigate language concerns with students and communicate plans for English language support provision with them in advance of their transition to Kassel.</i>	<p>The BM(EU) Programme Leader discussed this with the students after last year's visit cycle and they all agreed they do not need formal language lessons but need to continue to communicate in English as much as possible. The BM(EU) Programme Team told us they have provided the students with opportunities to communicate in English and directed them to lots of English language resources. They have also had some experience of working with simulated patients in English, which the students found beneficial.</p> <p>The BM(EU) Programme Team reported that students continue to worry about their English language skills but still do not seem to have any appetite for formal English teaching. However, they have not taken full advantage of the opportunities the BM(EU) Programme Team have made available.</p> <p>Continue to monitor: We will monitor this to see whether the students' concerns persist as they progress through the programme.</p>	38-39
9	<i>The faculty should liaise with local education providers to identify what additional training and support is needed on the curriculum, learning outcomes, assessment requirements and</i>	Module coordinators and senior teachers from local education providers have been for induction weeks in Southampton. The BM(EU) Programme Team met with the providers and discussed and identified training needs. The bespoke training course for BM(EU), FACT was delivered in May 2015,	41

	<i>pastoral care. Further training should be provided as necessary.</i>	<p>October 2015 and March 2016. The year three senior tutor in Southampton has been to Kassel and met with the pastoral care lead at KSM to discuss how they will work together to support the students. The ACC guide, online modules on ACCs, feedback, OSCEs and the curriculum are available to the local education providers.</p> <p>Recommendation met.</p>	
10	<i>The faculty should investigate if local education providers', teachers and clinicians require supplementary English language training and provide training or support as necessary.</i>	<p>The BM(EU) Programme Team have investigated and found that some teachers already have English language training as part of their personal development. While teachers on the ward will not be expected to teach in English, the BM(EU) Programme Team have agreed to support teachers with English language training but have had no requests for this at this time. The FACT course was run partly in German and partly in English and engagement was good.</p> <p>Recommendation met.</p>	42
11	<i>The faculty should ensure the timely dissemination of Assessment of Clinical Competency (ACC) documents to ensure that local education providers feel prepared for student placements.</i>	<p>The ACC guide were translated and provided to providers before the placements began. We also understand that the ACC guide was used in a recent assessment workshop.</p> <p>Recommendation met.</p>	43
12	<i>The faculty should provide formal opportunities for Kassel local education providers to contribute to future BM(EU)</i>	<p>The BM(EU) Programme Team has consulted the providers about this. Module coordinators in Kassel are aware of the module leaders in Southampton and can feedback directly or via the Education</p>	46

	<p><i>curriculum and programme development.</i></p>	<p>Manager at KSM. Mechanisms are in place to allow feedback once the students start their clinical placements. While opportunities are now available, the BM(EU) Programme Team told us that the local education providers feel it is too early for them to contribute to the curriculum and programme development.</p> <p>Recommendation met. However, we will continue to explore the training and support for local education providers.</p>	
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Richard Taylor
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General Medical Council
Regents Place, 350 Euston Road, London NW1 3JN

1st August 2016

Dear Richard

University of Southampton BM(EU) End of Cycle report 2015–16

Thank you for this year's report on the BM(EU) programme.

We very much appreciate the input of the visiting team into the development of the programme and are grateful for the time and effort you and the team invest in helping us to give the students the best possible experience.

We are delighted to be able to report that all the year 3 students passed their OSCE and will all progress to year 4. We are aware we have a lot of work to do to ensure both the students and clinical teachers feel confident in UK assessment methods and we will continue to work on this. However we also feel that good clinical experience and particularly seeing lots of patients is the most important OSCE training and are confident our students in Germany get this experience. This is also an important message we need to communicate to our students and teachers.

I enclose the completed action plan for the forthcoming year. We are already working hard on these issues and look forward to being able to update you on our progress next year.

Thanks again for your ongoing commitment to this programme.

Yours sincerely



Dr Clare Polack
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Action Plan for the University of Southampton Faculty of Medicine

2015-16 cycle of quality assurance of the European Bachelor of Medicine Programme

Requirements

Report Ref	Due Date	Description	Action taken to date	Further action planned	Timeline for action (month/ year)	Lead
1	First update by 31/01/17 and future updates in scheduled report to the GMC. The GMC will be observing an OSCE on 13 July 2016.	The faculty must ensure that local education providers are trained on, and familiar with, the OSCE processes and the UK based clinical assessment methods on which the OSCEs are based.	<p>OSCE training is now included in more detail in the FACT course.</p> <p>Clinical teachers are encouraged to do the online OSCE training module on MEDUSA.</p> <p>Some clinical teachers took part in mock OSCEs.</p> <p>Two observers (Primary Medical Care (PMC) lead and communications teaching facilitator) observed the year 3 OSCEs in July 2016 with a view to sharing their experience with colleagues in Kassel.</p>	<p>During the planning meetings for next year (that are taking place throughout the Summer and Autumn) more emphasis will be placed on OSCE preparation and addressing identified concerns of the first cohort of students.</p> <p>We will investigate more OSCE online resources to make available to teachers and students.</p> <p>We will ask the first cohort of students if anyone is prepared to feedback on their OSCE experience to the clinical teachers.</p>	Ongoing with new staff. All main clinical teachers in year 3 and 4 will be trained by Easter 2017	Julia Schendzielorz Clare Polack Sandy Miles Michael Tryba

Report Ref	Due Date	Description	Action taken to date	Further action planned	Timeline for action (month/ year)	Lead
				We will encourage clinical teachers to get involved in the mock OSCEs run in Kassel as observers and/or examiners.		

Recommendations

Report Ref	Due Date	Description	Action taken to date	Further action planned	Timeline for action (month/ year)	Lead
1	First update by 31/01/17 and future updates in scheduled report to the GMC.	The BM(EU) Programme Team has convincing proposals for appropriate changes to the programme that will be implemented for the next cohort of students. However, the faculty should consider whether more could be done to implement immediate improvements to the programme to benefit the current cohort.	<p>The student issue with clinical clothing was addressed and resolved within a couple of weeks of the GMC visit in March.</p> <p>There was an issue with change in personnel in Surgery at Wolfhagen. This very difficult situation was dealt with quickly given the circumstances. The students were very anxious at this time but with a lot of good will and communication the negative impact of this experience was minimised.</p> <p>PMC teachers had meetings during the 1st running of the module to learn from each other and improve as they went along. The students raised some issues with the PMC plenary sessions. Once these were identified to us</p>	<p>We plan meetings with module organisers in year 3 and 4 in the first half of their modules so feedback from students can be discussed and reflected on and changes made if necessary to improve things within the module as it is running.</p> <p>Regular student feedback meetings.</p>	Throughout 2016-17 academic year with constant review.	<p>Julia Schendzielorz Clare Polack Sandy Miles Michael Tryba</p>

Report Ref	Due Date	Description	Action taken to date	Further action planned	Timeline for action (month/year)	Lead
			<p>Dr Schendzielorz changed the set up and worked with the facilitators to improve the sessions. There had been plans to run more plenary sessions at the end of PMC but, consequent on student feedback, these were cut down to allow more time for self-study and OSCE preparation. Some students felt they were not getting to do enough in PMC so Dr Schendzielorz and Prof Tryba talked to GPs and community specialists and empowered them to let the students get more involved.</p> <p>More OSCE and clinical skills training was provided on the students' request.</p>			
2	First update by 31/01/17 and future updates in scheduled report to the GMC.	The faculty should relay clear messages to students about the importance of the German Medical Practice module and how they will benefit from the learning outcomes.	<p>We have updated the module profile, reviewed the evaluations received and some sessions have been changed.</p> <p>The patient journey sessions jointly facilitated from Southampton have been given more time in accordance with student feedback.</p> <p>We have added more communication sessions (student feedback).</p>	<p>Prof Tryba (module lead) will be clearer in his introductory sessions about the aims and importance of this module.</p> <p>We are working with the clinical modules that run alongside GMP to maximise its relevance and better integrate it with clinical work e.g. clinical teachers asking students to look at UK as well as German guidelines when learning about cases. These can then be</p>	January 2017 and ongoing throughout the module	Michael Tryba Clare Polack

Report Ref	Due Date	Description	Action taken to date	Further action planned	Timeline for action (month/year)	Lead
				discussed in clinical tutorials. We have been in contact with a couple of UK GPs working in Germany who are interested in delivering a session (students want more comparative discussion)		
3	First update by 31/01/17 and future updates in scheduled report to the GMC.	The faculty should ensure better consistency in the educational value of clinical placements.	We are working on improving this through the quality assurance visits, regular meeting and joint planning. The placement leads in year 3 are keen to improve the student experience and have learnt a lot from the first time and the evaluation of it. More experience will in itself help improve things.	We will continue to monitor the situation through student feedback, regular meetings and through the University of Southampton and GMC quality assurance visits.	2016-17 academic year	Clare Polack Sandy miles Frances Nyland Julia Schendzielorz
4	First update by 31/01/17 and future updates in scheduled report to the GMC.	The faculty should consider how it might address students' concerns about clinical assessments, perhaps by providing more information, training and practice related to OSCE type assessments.	The BM(EU) students had considerable OSCE training in the run up to July. A mock 6 station OSCE was run in Kassel in April by experienced OSCE trainers from Southampton. Local clinicians were at the same time trained as markers and local simulated patients given feedback and training on their role. Another Mock OSCE was	More training on OSCEs and ACCs will be provided to year 3 and 4 teachers during the next academic year. Plans are being made for mock OSCEs in year 3 and year 4. More OSCE resources are being investigated by the BM(EU) team and will be made available through the Virtual Learning Environment.	2016-17 academic year	Amelie Becher Clare Polack Julia Schendzielorz Sandy Miles

Report Ref	Due Date	Description	Action taken to date	Further action planned	Timeline for action (month/year)	Lead
			<p>organised by Ms Becher in early June with local examiners and stations written in Southampton.</p> <p>Dr Polack and Dr Miles did more mock OSCE stations later in June including clinical skills using UK equipment.</p> <p>Ms Glennon (British resident of Kassel with detailed knowledge and interest in linguistics of German and English) and Ms Becher ran another OSCE session at the end of June focusing particularly on language aspects of the interaction with patients.</p> <p>The BM(EU) students were also given a facilitated session in the clinical skills lab at the University Hospital Southampton with their 'buddies' from the BM5 to work through OSCE stations.</p>	<p>Although we understand the student concerns around assessments we believe the best training and preparation for OSCEs is to see lots of patients. We feel we need to consistently get this message across to build the students' trust in the excellent clinical experience they are getting.</p>		