

Undergraduate Quality Assurance Visit

Report on Keele University,
School of Medicine

September 2011

General
Medical
Council

Regulating doctors
Ensuring good medical practice

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Visit overview

School	University of Keele, School of Medicine
Dates of visit/s	2 and 3 March 2011
Programmes investigated	Five-year MB ChB
Areas for exploration	New medical school: the delivery of Module 4, detailed planning for Module 5 and the evaluation of Modules 1 – 3.
Visit team	
Lead visitor	Professor Julius Weinberg
Visitor	Dr Nick Bishop
Visitor	Professor David Croisdale-Appleby
Visitor	Ms Hannah Donnelly
Visitor	Professor Gillian Needham
Visitor	Dr Chris Stephens
Visitor	Dr David Taylor
GMC Staff	Ms Elizabeth Leggatt
Evidence Base for 2010/11	<p>Documentation submitted by the School:</p> <ul style="list-style-type: none"> • Mapping of the full curriculum to <i>Tomorrow's Doctors</i> (2009). • Detailed mapping of six <i>Tomorrow's Doctors</i> (2009) outcomes to the Keele Curriculum • Evaluation reports for Modules 1, 2 and 3 for 2009/10 • External examiner reports for Modules 1, 2 and 3 and the School's responses • Supervisory structures for clinical placements • Update on the progress of students on the Graduate Entry Programme and results of evaluation • Final detailed plans for Module 5 • Module 5 student handbook • Module 5 staff development plan • Update on Student Selected Components • Update on the stakeholder relations • Examples of completed Module 4 learning portfolios • Information about the preparation of GP tutors for Module 5 • The School's amended committee structures • The School's response to the GMC Enhanced Annual Return (EAR) for 2010 <p>Evidence collected during the visit to the School on 2 and 3 March 2011.</p>

Context

The GMC's role in medical education

1. The GMC protects the public by ensuring proper standards in the practice of medicine. We do this by setting and regulating professional standards for licensed doctors' practice and also for undergraduate and postgraduate medical education and training. Our powers in this area are determined by the Medical Act 1983 and subsequent amendments to the act.
2. The GMC sets the knowledge, skills and behaviours that medical students learn at UK medical schools; these are the outcomes that new UK graduates must be able to demonstrate. The GMC also sets standards for teaching, learning and assessment. These outcomes and standards are laid down in *Tomorrow's Doctors*. The GMC visits medical schools to share good practice, review management of concerns and investigate any other areas of risk indicated by the GMC's evidence base, to ensure that medical schools are complying with the standards in *Tomorrow's Doctors*.
3. Visit reports make requirements of medical school for change which must be achieved in order for the school to meet the standards. Reports also make recommendations where schools are meeting the standards but improvements could be made to develop the quality of provision, and highlight good practice observed in provision.
4. The Quality Improvement Framework (QIF) sets out how the GMC will quality assure medical education and training in the UK from 2011-2012, and how we will work with other organisations working in this area such as medical schools and postgraduate deaneries. Visits will be targeted towards areas of risk identified through the GMC's evidence base and coordinated across all stages of medical education and training within a region.
5. This report will be presented to the GMC Undergraduate Board for endorsement.

The School

6. This is a report on the quality assurance programme for Keele University, School of Medicine (the School) for 2010/11.
7. The School previously delivered Manchester University's clinical course and the last students on this programme graduated at the end of 2007/08. The School has also been running a separate five-year programme validated by the University of Manchester, from which the last cohort of students graduated in the summer of 2011.
8. In 2004 the School applied to award an independent primary medical qualification (PMQ) and to introduce their own (Keele) curriculum from 2007/08. The Quality Assurance of Basic Medical Education (QABME) process has been monitoring the development and implementation of this curriculum since 2006 and will continue this monitoring until the first cohort of students graduate in the summer of 2012, returning the following academic year (2012/13) to speak to F1 doctors who completed their studies at Keele.
9. The School currently admits 130 students annually onto its new curriculum and up to 10 students can enter directly into Module 2 through the Graduate Entry Fast Track route by completing a two-week intensive course. The School also offers a Health Foundation Year for Medicine which allows entry onto the five year MB ChB after successful completion.
10. The School delivers a five-year programme divided into four phases and five Modules which correspond to the academic years. Five vertical themes run throughout the programme: The Scientific basis of medicine; Clinical communication and information management skills; Individual, community and population health; Quality and efficiency in healthcare; and Ethics, personal and professional development.
11. The School's curriculum is integrated, combining a range of learning strategies including: problem-based learning in Modules 1 and 2, case-based learning in Module 3, and case-illustrated learning in Module 4; early clinical experience which increases as students progress; integrated communication and clinical skills teaching; lectures; seminars; practical sessions and clinical placements in the major specialties.
12. The School has clinical placements spread across sites in Shropshire and Staffordshire which fall within the geographical boundary of the West Midlands Deanery. The School's associate teaching hospitals are the University Hospital of North Staffordshire NHS Trust (UHNS), Shrewsbury and Telford Hospitals NHS Trust (SaTH), North Staffordshire Combined Healthcare NHS Trust, Mid Staffordshire NHS Foundation Trust, and South Staffordshire and Shropshire NHS Foundation Trust. The local Primary Care Trusts are South Staffordshire Primary Care Trust and NHS Stoke-on-Trent Primary Care Trust.

13. A full public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust is currently underway. The inquiry is chaired by Robert Francis QC who will make recommendations to the Secretary of State for Health. It will build on the work of his earlier independent inquiry into the care provided by Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009.

14. In 2011/12 we will be working with the Care Quality Commission and other regulators such as the Nursing and Midwifery Council to coordinate our visits to the site and to share information.

Quality assurance activity 2010/11

15. The team conducted a quality assurance visit on 2 and 3 March 2011 and held a video-conference with key members of the Keele team on 7 June 2011.

16. The findings of the team have been reached by reviewing documentary evidence submitted by the School and undertaking the following activities:

- a. Meetings with members of the School responsible for: the development and implementation of Module 5; student selection and the graduate entry route; assessment and progression; student support and careers advice; mapping the curriculum to the outcomes and standards in *Tomorrow's Doctors* (2009).
- b. Discussions with GP tutors for Modules 3, 4 and 5.
- c. Discussions with Module 4 students and teachers.
- d. Discussions with teaching staff preparing to deliver Module 5.
- e. Discussions with representatives of the management of the School's key NHS partner trusts.

17. All UK medical schools are asked to self-assess against the standards in *Tomorrow's Doctors* (2009). The report submitted to the GMC on an annual basis is currently called an Enhanced Annual Return (EAR) and all responses are published on our website. The team reviewed the School's response as part of the 2010/11 visit cycle.

Priorities for 2011/12

18. Quality assurance activities to assess the quality of content and delivery of Module 5 during 2011/12 will include:

- a. Meetings with members of the School responsible for: the content and delivery of Module 5, student selection, inter-professional learning, preparation for Foundation Year 1.
- b. Discussions with Module 5 students and teachers
- c. Discussions with the Postgraduate Deanery and other key NHS partners.
- d. Observation of the Module 5 final assessments
- e. Observation of the final examination board meetings or review of minutes

Summary of key findings

19. In 2010/11 the quality assurance activities of the QABME visit team covered: evaluation by the School of Modules (Years) 1 - 3; implementation by the School of Module 4 and a review of detailed Module 5 implementation plans.

20. We found Keele University, School of Medicine to be on track to deliver Module 5 of its medical degree from 2011/12 that will meet the standards in *Tomorrow's Doctors* (2009).

21. On this basis, and to enable graduates to be registered in a timely manner for the new degree, we recommend that completion of the Keele University, School of Medicine's MB ChB should result in the award of a UK primary medical qualification.

22. It is not possible to observe Module 5 and the final assessments prior to making the recommendation to add the School to the Medical Act 1983. Therefore we will return to the School in 2011/12 to review the implementation of Module 5 and to observe the final year assessments.

Were any Patient Safety concerns identified during the visit?	
Yes <input type="checkbox"/> (include paragraph reference/s)	No <input checked="" type="checkbox"/>
Were any significant educational concerns identified?	
Yes <input type="checkbox"/> (include paragraph reference/s)	No <input checked="" type="checkbox"/>
Has a triggered visit been requested?	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Requirements

23.	Requirement	The team has no requirements for the School this visit cycle
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Recommendations

24.	Recommendation (<i>Tomorrow's Doctors Reference</i>)	The School should monitor and fully evaluate the GEP to ensure that it delivers an appropriate educational experience and continue to closely monitor the performance of those on the programme with resulting appropriate management (see paragraph 22). (TD40, 44)
	School Action Plan	After a thorough review of the GEP, the School has decided to stop offering this programme. Although the School considers the GEP to have been a success for the students admitted via this route, very small numbers of students have entered the programme and it is not considered sustainable. For this reason, the last entry will be for the academic year 2012/13.
25.	Recommendation (<i>Tomorrow's Doctors Reference</i>)	The School should explore further activities to widen the participation of under represented groups (see paragraph 30). (TD57)
	School Action Plan	<p>The School continues to take an active role in the University's WP programme, but recognises the need to strengthen its existing School-specific WP activities. A Deputy Director of Admissions has recently been appointed and he will lead on the enhancement of the School's performance in achieving widened participation of underrepresented groups. Keele medical students, as a result of the 'Fastbleep' collaboration with Manchester University, are now actively involved with this initiative and will be working with the new Deputy Director of Admissions to develop it further.</p> <p>This academic year, the School has started to use contextualised data in its selection process and has also extended its outreach activities to include interview skills preparation days for local schools and colleges. In addition to the above, the School is piloting multiple mini interviews as part of its selection process, as evidence suggests that it may prove to be a more transparent and fairer selection method. The School continues to participate in the 'Access to Professions' and 'Access to Keele' programmes and also exploring other WP initiatives.</p>

26.	Recommendation (<i>Tomorrow's Doctors Reference</i>)	The School should ensure equity and effectiveness of student support at the Stafford Hospital site (see paragraph 76). (<i>TD124</i>)
	School Action Plan	The School has appointed Mrs Sue Harris, Locum Undergraduate Manager, to the role of Student Support Officer at Stafford. Mrs Harris will be in the Undergraduate office 4 days a week and the aim is that students will be seen as soon as possible, usually within 48 hours. An administrator has been designated to be present and take notes at all meetings. Mrs Harris has met with the Director of Student Support and will liaise closely the central office.

Good practice

27.	Good practice	The team recognises the effective development of the programme, but has not singled out any specific good practice during this visit cycle.
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The Report

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.

1. The School has a Raising Concerns process in place to identify and immediately address concerns about patient safety arising from the education of medical students and to clarify what students should do if they have concerns about patient care or about the conduct of clinical teachers.

2. The School's Raising Concerns process is also used to identify and address any concerns about a medical student whose conduct gives cause for concern. The Raising Concerns process is provided in every handbook and on the Keele Virtual Learning Environment (KLE).

3. We are satisfied that there are mechanisms in place to identify and address concerns about a medical student whose conduct gives cause for concern.

4. The Module Co-Leads are responsible for identifying and responding to potential student fitness to practice issues within their cohort. For example completed 'Cause for Concern' forms are copied to the Module Leads who support the educational supervisors involved and identify any fitness to practise issues (see paragraph 85 to 87 for support for student fitness to practise hearings). Module Leads also receive feedback from tutors on student performance and the details of any poorly performing students identified via formative workplace based assessments.

5. The Module 3 GP tutors whom we met had strategies in place to deal with poorly performing Keele students. They stated that they would notify the Module 3 Leads and were confident that the School would respond appropriately. Module 4 teachers stated that it had been made clear to them in training that they should speak to the local Hospital Dean if they identified a student in difficulty. Representatives from local trusts were also clear that any concerns within the trust should be directed through the Hospital Deans or Undergraduate Office.

6. The School stated that responsibility for making a judgement on a failing student on clinical placement falls upon the School and not the educational supervisor. The School considers that this increases the likelihood that supervisors will discuss issues with the School and that they will complete 'Cause for Concern' forms. We consider the willingness of supervisors to discuss students with difficulties to be important in identifying and addressing any issues at an early stage.

7. The School has a 'Safeguarding Policy' in place to ensure that staff and students recognise and report any suspected abuse of children and vulnerable

adults. The School was in the process of organising training for staff and students on this in a deliverable format at the time of the visit.

8. In response to a recommendation in the 2009/10 QABME report the School reported that it has increased the awareness of students, and those delivering medical education, of their responsibility to raise concerns if they identify risks to patient safety by simplifying its 'Raising concerns protocol' and disseminating it to teachers and students through the Keele Learning Environment (KLE), handbooks, and placement briefings. We understand that posters had also been circulated to wards in each acute trust identifying local contact names.

9. We note that the draft Module 5 student handbook includes a section on how students can raise concerns during their clinical placements about behaviour that may be of risk to patient safety.

10. The appraisal of student portfolios can be used to identify student concerns. More significant issues identified by the portfolio appraiser can be referred to the Progress or Health and Conduct Committee.

11. The School stated that it will ensure that students on placement in Module 5 are adequately supervised to ensure that they only undertake appropriate tasks in which they are competent in. The School stated that most clinical skills must be signed off assessed as competent in simulation before being undertaken in a clinical setting (see paragraph 61).

12. We are satisfied that the School has been monitoring the possible impact on students of the situation at Mid Staffordshire Foundation NHS Trust. We will discuss the School's response to the outcomes of the second inquiry and any potential impact on the delivery of the course in 2011/12.

Domain 2: Quality assurance, review and evaluation

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

13. The School reported in its response to the GMC Enhanced Annual Return (EAR) for 2010 that it is developing a framework for the implementation of quality management and control. We will follow up the implementation of this framework during the 2011/12 visit cycle.

14. We reviewed a thorough evaluation report of Module 1, 2 and 3 and noted that the School continues to collect and respond effectively to student and staff evaluation. Module 4 and GP tutors whom we met stated that they receive regular evaluation from students on the quality of their teaching to which they consider closely. Module 4 tutors also stated that the School listens to their feedback and responds to it appropriately.

15. During Module 5 the School plans to seek evaluation from students after four weeks, to identify and address any issues early and to make any necessary

changes. There will also be a series of end of placement questionnaires and focus groups for students and tutors in primary and secondary care.

16. As part of its quality management the School reported that it has a facilities management plan in place to monitor the quality of its placement providers. Reports based on the collection of data are considered annually by the School's Learning and Teaching Committee.

17. The Hospital Deans based at each of the three main hospital sites (UHNS, SaTH, and Mid Staffordshire) together with the Locality Academic GPs (who monitor a cluster of general practices) monitor the delivery of teaching and identify and address any variations in the delivery of teaching.

18. We note that the School plans to use patient evaluation during the Module 5 GP clinical attachment. Students will be required to ask five consecutive patients to complete a short feedback form on their performance. The School had not solved the issue of how to collect feedback from patients in a hospital setting, as patients may not be able to separate their specific interaction with the students from their interaction with the whole of the clinical team. However this is an area that many UK medical schools have reported as a challenge.

19. The School has recently restructured its committees and reported that it will have lay representation on its Assessment, Curriculum, Admissions and Student Professionalism and Welfare Committees.

20. The School reported in its GMC EAR response for 2010 that it holds an annual meeting with the local foundation school and postgraduate deanery, in which the foundation school provides feedback on Keele graduates who cause concern. They also report on any noted gaps in the competencies of the graduates from Keele. The School does not currently have direct links with other Deaneries who might take graduates from Keele; however this is a national issue.

21. The School reported close links with the local foundation school. For example the Head of the Staffordshire Foundation School is involved in the School's careers day and other careers events.

Graduate Entry Programme (GEP)

22. We are concerned that the low numbers of students on the GEP may result in an educational experience that does not meet all the standards and outcomes in *Tomorrow's Doctors*. We recommend that the School monitor and fully evaluate the GEP to ensure that it delivers an appropriate educational experience. The School should continue to monitor closely that performance of those on the programme with resulting appropriate management.

23. The School stated that it is difficult to draw any conclusions about the GEP from the evaluation of the very small numbers of students enrolled. The School stated that student numbers on the GEP are likely to remain small.

Domain 3: Equality, diversity and opportunity

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

24. All NHS teachers that we met reported receiving training on equality and diversity through their trusts.

25. The School reported that the University systematically collects data on ethnicity, disability and socio-economic background but the School had not used this data to change or modify policies or procedures or to launch widening participation initiatives.

26. The School reported having 60 students declaring a disability; the majority of these individuals having dyslexia. These students are given 25% extra time for their written assessments. One student had required a tailored foundation post, which the School's support services had helped to secure.

27. The School has ongoing issues in recruiting students from the local area. We acknowledge that the numbers applying for medicine from the local area are small.

28. The School takes part in two initiatives to widen the participation of under represented groups. The 'Access to Professions' programme allows students in North Staffordshire to find out about how to prepare for and apply for professional careers. However the School stated that the future of this was uncertain due to financial constraints. The 'Access to Keele', University wide programme enables Year 12 secondary school students from a verified group in the local area to complete a short course at the University in order to experience study at University level. Applicants who complete these initiatives receive additional UCAS points but must perform to the same standard as other applicants during interview.

29. The School stated that it takes into account the wider experience of its applicants during the selection process (particularly experience working with vulnerable people), rather than just hospital based experience which may be more difficult for those from certain socio-economic groups to obtain. However the School recognises that this could be more clearly communicated to potential applicants in order to encourage applications from a more diverse range of backgrounds.

30. We recognise the efforts made by the School to widen participation but consider that the School should explore further activities to widen the participation of under represented groups, in addition to University led initiatives. We advise the School to continually review its selection processes and ensure they seek out and use best practice to avoid unintended barriers to widening participation from occurring (see paragraph 35).

Domain 4: Student selection

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

31. There are three aspects to the School's student selection processes: academic achievement, completion of the UCAS form, and an interview. The School's interview panel is made up of three people, covering a range of expertise and knowledge: a clinician, an academic and a lay person. UCAS applications are scored by members of a varied panel of 20 assessors which includes hospital consultants, a GP, bio-scientists, student support staff and foundation year teachers.

32. The School reported that all UCAS assessors are required to complete initial or refresher training at the beginning of each round of applications. In addition all interviewers must attend training before interviewing, followed by periodic refresher sessions. Interviewers must also have completed recent training in equality and diversity, and are informed that decisions about an applicant's fitness to practise in relation to health and conduct must be made separately to the interview process.

33. The School had made minor changes to its interview process this academic year as a result of feedback from its clinical interviewers. The discussion of topical issues was previously led by lay interviewers with prompts provided by the School. However some interviewers felt that the prompts were being used as a script. As a result the academic interviewers now lead this discussion section and lay interviewers lead the section on motivational experience, which the School has found to be more effective.

34. The School reported a 55% increase in applications for the standard course for the 2010/11 academic year. The School is changing the entry requirement to 360 points in line with most other medical schools.

35. We consider the selection processes in use by the School are valid, reliable and objective. However, we advise the School to consider how selection processes may affect the aim of widening the participation of underrepresented groups.

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

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

Curriculum design and structure

36. We consider that the School's curriculum as planned will allow its students to demonstrate that they meet all the outcomes in *Tomorrow's Doctors* (2009). The School has clearly demonstrated how these outcomes will be met (see paragraph 103).

37. Students in Module 4 spend one half-day per week on centrally taught Keele spine learning (a structured syllabus, delivered centrally, to support the students through their placements). The main emphasis of teaching in Module 4 is on the

application of core knowledge in a clinical context. Module 4 students we met stated that the curriculum spiral and the integration of the spine learning are becoming clearer. Students felt that they were consolidating their skills and able to apply their knowledge effectively in a clinical setting.

Teaching and Learning

38. Module 3 GPs stated that they appreciate having students for a four-week block as they can plan for students to meet patients with certain conditions and to see how illness evolves over time.

39. Some Module 4 students had been concerned about the prospect of the clinical placement at Stafford Hospital. However they felt that they had had a similar experience to students placed at other sites.

40. The General Consultation Skills (GeCoS) assessment tool has been developed to form the basis for the teaching and assessment of consultation skills throughout the course. Module 3 GP tutors stated that they found the GeCoS a good structure for teaching students about consultation and for improving student communication skills.

41. The School stated that working with and learning from other healthcare professions will be embedded within the Module 5 assistantships, and students will be required to reflect on their experiences. Module 5 students will also participate in an inter-professional workshop during their GP assistantship. The learning outcomes will be achieved through students sharing their experiences of care pathways via process mapping and participating in activities such as multidisciplinary team meetings, simulations of communication at transfers of care and discharge planning. The School is building on lessons learnt from the inter-professional education (IPE) student selected component (SSC), in which they had received some negative student evaluation.

Clinical placements and experience

42. In Module 4, student learning is based around five units of eight weeks. Each unit comprises seven weeks of hospital-based learning and one week of higher consultation skills (HCS). Module 4 students stated that they liked the eight-week placements as they felt part of the clinical team. Module 4 tutors stated that placements work well because students can follow the patient pathway over time and the tutors also get to know their students well.

43. In Module 5, students will complete 15 weeks in hospital based placements (five weeks in surgery, five weeks in medicine and five weeks in critical care) and 15 weeks on placement in a general practice. Medical teams will provide assistantships in Module 5 and all members of the team will be involved in teaching and supporting the students. The School's intention is that the students should become an integral part of that clinical team during their assistantship.

44. The activities completed during assistantships will include supervised responsibilities for some patients but will vary between clinical teams. The School

will provide students with a list of tasks that they should complete or be involved in during assistantships, such as taking histories, performing relevant procedural skills and liaising with the multidisciplinary team. We note that the draft Module 5 handbook shows that the School has mapped the practical procedures in *Tomorrow's Doctors* (2009) to individual assistantships.

45. The School recognises that the implementation of student assistantships will be a challenge and that staff and students will need clear guidance about the difference between these placements and others that precede them in the course. The School was confident that its partner trusts are committed to delivering the necessary teacher training and to making the delivery of these placements a success.

46. We note that the F1s will have a role in the supervision of Module 5 students during assistantships and advised the School to consider the burden of such a supervisory role for the F1s at the times when they are new to post and may be under significant pressure. The School stated that supervision of Module 5 students will be the responsibility of the whole clinical team and not the F1s.

47. During the GP placement Module 5 students are expected to consult with a broad representative range of patients. Students also complete small group (cluster) teaching sessions with students from other practices in the local area for half a day per week. GP tutors are given a broad framework of what they should cover in these cluster sessions but there is some flexibility in this. GPs we met thought that the 15-week placements will enable students will gain greater knowledge of patient care pathways, including interface the between primary and secondary care.

48. We consider that the role of Module 5 students during an assistantship is clearly stated in the Module 5 handbook, and that the School has clearly demonstrated that the placements provide an increase in complexity and responsibility compared to placements in earlier years of the course. We will check the implementation of the assistantships in Module 5 as part of the 2011/12 visit cycle.

Student feedback

49. A portfolio is used by the School to provide students with feedback on their strengths and weaknesses and also to allow students to reflect on their experiences. The School reported that students are expected to record any actions taken to remediate areas of weakness in this portfolio. Module 4 students felt that the portfolio is becoming more helpful, less of a tick box exercise, and will be useful to them in completing F1 applications (see paragraph 59).

50. The School reported that it is developing a searchable taxonomy called e-STOKER (Electronic Searchable Taxonomy of Keele Educational Resources) to enable students to return to relevant material across the entire course and to review any areas of weakness. e-STOKER will be used by both staff and students and will eventually map to the course's intended learning outcomes (ILOs). This will be a private resource where students can add their own information and notes. Students

cannot currently export the information, but the School will consider this in future. We consider that this has potential as an important learning resource.

51. Electronic multi-source feedback will be used to assess students' professionalism and team working skills, which the School reported is also used in foundation training by the NHS West Midlands Workforce Deanery.

Assessment

52. The School reported that the Module 3 assessments had run for the first time in 2010 and that the external examiners had been satisfied with the performance of these assessments.

53. The end of Module 4 assessments ran for the first time in May and June 2011 and consist of: a knowledge-based exam using multiple choice questions (MCQs), extended matching questions (EMQs) and key feature problems (KFPs), an objective structured clinical examination (OSCE) and the SSC. We will request external examiner reports and evaluation of these assessments as part of the 2011/12 visit cycle.

54. The summative assessment for Module 5 consists of a final OSCE, a number of workplace-based assessments and the student portfolio. There will be no separate test of knowledge in Module 5 as Module 4 students are expected to have gained all of the knowledge required for entry into the foundation programme and are assessed at graduate level.

55. The Module 5 OSCE will be undertaken by students after they have completed both their 15 week hospital and 15 week GP assistantships. The assessment will act as a summative assessment of both assistantships, testing procedural and consultation skills and ensuring students are ready for F1. The School reported that this will broadly test knowledge, the ability to synthesise information and to make decisions based on the information.

56. The GeCoS and the Leicester Clinical Assessment Tool (LCAT) have been chosen by the School to assess students in the workplace as both tools provide students with structured standardised feedback, which identifies strategies to improve on areas of weakness. A web-based tool supports this and a copy of the completed assessment report is emailed to the student, the teacher and the School.

57. The School stated that the GeCoS domains had been used for the Module 3 OSCE this year, which had increased the reliability of the OSCE and improved the feedback provided for students. The School stated that teachers are generally positive about this tool and recognise its validity.

58. In Module 5 students will be asked to demonstrate engagement and progression in all GeCoS and LCAT competencies across a series of assessments. There will be two GeCoS assessments in each of the medicine and surgery assistantships, two LCAT assessments in the critical care attachment and three consultations assessed using GeCoS and LCAT during the GP assistantship.

59. The School reported that students are required to engage with the student portfolio satisfactorily in order to progress. The School stated that it is unlikely that a student would fail to graduate on the basis of the portfolio as issues are identified and remediated early. We reviewed examples of the portfolio and found that the approach was well-established, building an evidence base across a range of formative, reflective and other materials.

60. The portfolio is currently paper based but the School hopes to link the portfolio into the Medical Schools Council e-portfolio in future. The aspiration that it will contribute to a student's preparedness for practice and transition to postgraduate education is laudable but will require work to align to the Foundation Doctor e-portfolios which are based on a different assessment framework.

61. The School has introduced a competence based clinical procedural skills passport, in which students can demonstrate that they have completed all skills and procedures in *Tomorrow's Doctors* (2009). We reviewed this skills passport and note that most skills have to be completed in simulation before being undertaken in a clinical setting.

62. The School had identified the challenge of ensuring the consistency of the marking of SSCs, due to numbers of assessors involved. The SSC Lead for Modules 3-5 was working to address outliers through additional training. However the School pointed out that from Module 3 onwards compensation with the SSC is not allowed, so lenient marking would not compensate for weakness in other core areas.

63. Overall we consider the School's assessment strategy and processes to be fit for purpose. There are systems in place to set appropriate standards for assessments. We will review the implementation of the Module 5 assessments as part of the 2011/12 visit cycle.

Student feedback on assessment

64. The School stated that recent improvements made to feedback provided for students on their performance during assessments had been driven by responses to the National Student Survey.

65. Electronic feedback is released to students a couple of weeks after sitting written papers via the KLE. For written summative assessments students are given their annotated scripts, which are then collected back by the School. For KFP questions students are given model answers, but are not given feedback on their actual written answers.

66. In Module 5, students will undertake a formative four station OSCE and will be provided with 10 minutes of personalised feedback from the examiner. The School expects that students will find this feedback useful.

67. The School has developed feedback for the OSCE using the same structure as GeCoS and LCAT, which the School stated has improved the quality of feedback provided for students after this assessment. The School is working to improve the

quality of feedback provided by tutors using GeCoS through providing additional training.

68. In Module 5 students will be given the results of the final OSCE before beginning their eight week elective, to enable them to prepare for resits after their elective if necessary.

Assessor training

69. The School stated that it is working to bring greater consistency and uniformity to the performance of examiners through the inclusion of practice marking and standardised videos during training. The School also runs group training sessions on both KPF marking and standard setting.

70. The School stated that the GeCoS framework is part of mandatory training for all teachers. The GPs we met stated that they had found group training on how to complete the GeCoS to be particularly helpful. However some students we met were not sure that all the clinical tutors at all sites were fully aware of how to complete this appropriately.

71. Module 4 teachers stated that the Module 4 induction training had been especially helpful in learning how to complete assessments fairly.

72. The School stated that there will be specific training sessions for all Module 5 OSCE examiners, and we will check the delivery and effectiveness of this as part of the 2011/12 visit cycle.

The 'shadowing' period

73. Students will spend two weeks shadowing an F1 at the end of Module 5. The School stated that this will not differ greatly from the earlier assistantships in Module 5, but students will work with the F1 who is in the post they will take up when they graduate. Students who have secured an F1 post outside the local Postgraduate Deanery will shadow a randomly selected F1 post. The School stated that this will be less helpful in preparing students for their first post and would welcome a national approach to shadowing.

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

<p>122. <i>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.</i></p>

Academic and pastoral support and guidance

74. We consider that the School has effective student support mechanisms in place for their academic and general needs. The School stated that it is working to ensure that the support provided for students is effective by seeking student

evaluation and also has a working group looking at enhancing the support system with student mentors. The Module 4 students we met were generally very positive about the pastoral support provided by the School.

75. There have been some changes to the School's committee structures this year; such as the introduction of a Professional and Welfare Committee which oversees student support and ensures appropriate policies are in place.

76. A resident tutor provides pastoral care for students on clinical placement at Shrewsbury and at UHNS.

77. There was concern amongst students we met about the provision of support at the Stafford Hospital site, where there is not a resident tutor. The School had not expected that demand for support at the site would be high, due to the small numbers of students placed there (16 Module 4 students at one time, rising to approximately 18 Module 4 students and 9 Module 5 students in 2011/12). The School recognised that there is a perceived lack of support for students at the site and had been discussing this with the local Hospital Dean. We recommend that the School ensure equity and effectiveness of student support across all sites particularly recognising the prospective anxiety of students who are placed at Stafford Hospital.

78. The School stated that students in Modules 3 and 4 can visit the central support services when they return for centralised teaching sessions and also seek additional support by telephone. The School was aware that it will be more difficult for Module 5 students to access the central services because they will not return to the central site for teaching.

79. There will be a trust induction and a primary care placement induction for Module 5 students on the first morning of each 15-week block, covering all elements relevant to the placements.

80. Module 5 students will have a hospital based educational supervisor and a GP educational supervisor. Educational supervisors will ensure effective handover as students move between hospital and GP placements. Educational supervisors will use the student logbook to identify students' learning needs and to monitor their progress.

81. The School reported that staff development sessions will prepare the tutors for their new role as educational supervisors. The GP tutors we met stated that they felt prepared for this role as many of them do this for postgraduate training. They were aware that they would receive additional training from the School.

82. We note that in Module 5 the student's educational supervisor becomes the appraiser of their portfolio. However the School does not consider this to be a conflict because the appraisal is largely formative. The appraisal meeting at the end of the placement covers the completion of the portfolio, when the educational supervisor decides whether the student has demonstrated satisfactory evidence of professionalism.

83. The School stated that it has a careers team in place. In the early years of the course the School's strategy is to develop student self-awareness of potential career choices through the completion of online psychometric tests. The School encourages students to start the process of identifying future careers during a one to one session in Module 2 and the Module 4 SSC has been developed to help students with career choice.

84. The School reported that the Student Careers Committee runs a successful careers fair with the help of faculty staff. CV clinics originated at this fair and have now been incorporated into the School's central student support services. We consider that the School has an appropriate strategy for providing students with careers advice.

Student progression and fitness to practise (FtP) procedures

85. The School reported that it has, on average, less than one student FtP hearing per year. The Progress and Health and Conduct Committees meet monthly (or as required) and see around 20-30 lower level concerns per year of varying severity. The School stated that most students referred to a full FtP hearing are a result of multiple issues raised at the Progress and Health and Conduct Committees.

86. Students who are found to have plagiarised work would go through disciplinary procedures at University level and may also go through professional procedures through the School's Health and Conduct Committee. The School stated that a student with three cases of plagiarism would be forced to withdraw from the University.

87. The School stated that students can obtain support from the central support services for FtP hearings but at the later stages often prefer to go to the independent advice unit which is external to the School. The University does not allow legal representation for students at any stage of the FtP procedures or appeals. Instead a student may be accompanied by a friend or representative who is a member of the University. We advise the School to ensure that the representation and support protects the student's rights in line with the Human Rights Act 1998 (see paragraph 140 of our guidance document *Medical students: professional values and fitness to practise*).

Support for educators

88. All the staff we met were positive and enthusiastic about the Keele programme. Tutors based across the three placement sites felt well supported and reported that they would approach the Module 5 Leads or Hospital Deans if they had any issues. Tutors stated that the management at all three clinical sites are supportive of their teaching role, which local trust representatives confirmed.

89. Module 3 GP tutors felt well prepared for delivery of the course, and had been trained in the use of the GeCoS assessment tool and how to structure the students' time. They reported that there were several mandatory introductory training sessions to choose from which had increased the rate of attendance.

90. We found that all Module 4 tutors had been trained and had a consistent approach to teaching.

91. GP tutors stated that a full programme of training is offered and that they are encouraged by the School to attend.

92. The School stated that training sessions are planned for May and June 2011 at which all Module 5 teachers are required to attend. We consider the School's plans for teacher training to be appropriate, and will speak to teachers about the training provided for Module 5 during the 2011/12 visit cycle.

Domain 7: Management of teaching, learning and assessment

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

93. The School reported that primary and secondary care representatives from local education providers (LEPs) sit on module development teams, ensuring input from their perspective into curriculum design and improvements. The School also holds regular curriculum development meetings and regularly visits hospital and GP sites, which allows placement providers to contribute to curriculum development. The tutors we met confirmed that the School keeps them involved with plans for the future of the curriculum, and stated that the curriculum development meetings held every few months provide them with the opportunity to discuss the delivery of the curriculum with Module Leads.

94. Hospital Deans, based at the main hospital trusts, have improved the liaison between the School and its LEPs. Employers are involved in the planning and delivery of teaching, placements and assessment through the Hospital Deans. We are satisfied that teachers from primary and secondary care are closely involved in curriculum management and development.

95. Senior representatives from the School's partner trusts that we met felt involved in the programme and were fully supportive of it. Trusts were positive about being associated with and helping to shape the medical school.

96. Representatives from the trusts recognised the importance of offering students an experience that encourages them to return to the trust to work after they graduate and were positive about the role of medical education in improving standards in local healthcare. Mid-Staffordshire NHS trust welcomed Keele medical students for the first time this year, and reported that the consultants they had recruited over the last few years are keen to drive forward education and to be involved with undergraduate medical education.

97. The trusts stated that the purpose of the recently disbanded Partnership Board, in which the School and all its partner trusts were invited to meet regularly, was not always clear and that it had not added value. Trusts considered the direct one on one relationship that they have with the School to be more effective and prefer to come together as a group of trusts when a specific issue requires it.

Domain 8: Educational resources and capacity

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

98. The School reported in the 2010/11 EAR that it has developed an overarching Facilities Management Plan and Flowchart, and a systematic rolling visit plan has been devised for implementation from 2011. We will follow this up as part of the 2011/12 visit cycle.

99. The School's effective evaluation of the course provides it with data about the appropriateness of its educational facilities across all sites.

100. The School provided detailed plans for Module 5 which we reviewed and which indicates that there are enough appropriate staff to deliver Module 5 of the course. The School stated that they have enough capacity to deliver the series of assistantships in Module 5 based on the distribution of F1s in the local trusts.

101. Local trusts did not think that the reconfiguration of the NHS and potential financial cuts would have an impact on the delivery of undergraduate medical education in the region.

102. The School was concerned that there were implications for the 15-week Module 5 GP placements resulting from changes to the SIFT tariff, which may have an impact on the quality of educational experience.

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.

169. The medical schools must track the impact of the outcomes for graduates and the standards for delivery as set out in Tomorrow's Doctors against the knowledge, skills and behaviour of students and graduates.

103. The School has provided comprehensive mapping of its curriculum's intended learning outcomes to the outcomes in *Tomorrow's Doctors* (2009).

104. We asked the School to provide detailed examples of how a sample of outcomes in *Tomorrow's Doctors* (2009) are delivered and assessed and found the detailed mapping to provide appropriate coverage of these outcomes. There was a good range of teaching methods and assessment shown in the mapping.

105. The School reported that it seeks information on the progression of its graduates from the local Postgraduate Deanery and Foundation School at an annual meeting (see paragraph 20).

Acknowledgement

106. The GMC would like to thank the School and all those we met during the visits for their co-operation and willingness to share their learning and experiences.



14th October 2011

Professor J McKillop
Chair, Undergraduate Board
General Medical Council
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London
NW1 3JN

Dear Jim

I would like to thank the Undergraduate Board members for their Final Report on the 2010-11 QABME cycle of visits to the School of Medicine at Keele. The staff and students are pleased with the largely positive outcome and are grateful to the QABME team for their excellent advice during the year.

I attach the School's response to the Board's report.

We are delighted to know that this Final Report will be forwarded to the GMC Council in December for consideration of accreditation for the award of a UK primary medical qualification.

As a school we have had invaluable help throughout the development of our course from the GMC QABME process and we are truly grateful to all involved.

With kind regards,

Professor Val Wass
Head of School of Medicine

Response of the School of Medicine, Keele University, to the 2010/11 GMC Undergraduate Quality Assurance Report

The School is delighted with the QABME team's report and that the Undergraduate Board has found that the School is on track to deliver a five-year programme that meets all standards and outcomes in *Tomorrow's Doctors* (2009). It is excellent news for the School that the Board will be recommending to Council at its meeting on 14 December 2011 that Keele University be added to the GMC's list of bodies able to award UK primary medical qualifications. The School welcomes the report's three recommendations and our action plans for each are:

- 1. Recommendation 1: The School should monitor and fully evaluate the GEP to ensure that it delivers an appropriate educational experience and continue to closely monitor the performance of those on the programme with resulting appropriate management. (TD40, 44)**

School Action Plan: After a thorough review of the GEP, the School has decided to stop offering this programme. Although the School considers the GEP to have been a success for the students admitted via this route, very small numbers of students have entered the programme and it is not considered sustainable. For this reason, the last entry will be for the academic year 2012/3

- 2. Recommendation 2: The School should explore further activities to widen the participation of underrepresented groups. (TD57)**

School Action Plan: The School continues to take an active role in the University's WP programme, but recognises the need to strengthen its existing School-specific WP activities. A Deputy Director of Admissions has recently been appointed and he will lead on the enhancement of the School's performance in achieving widened participation of underrepresented groups. Keele medical students, as a result of the 'Fastbleep' collaboration with Manchester University, are now actively involved with this initiative and will be working with the new Deputy Director of Admissions to develop it further.

This academic year, the School has started to use contextualised data in its selection process and has also extended its outreach activities to include interview skills preparation days for local schools and colleges. In addition to the above, the School is piloting multiple mini interviews as part of its selection process, as evidence suggests that it may prove to be a more transparent and fairer selection method. The School continues to participate in the 'Access to Professions' and 'Access to Keele' programmes and also exploring other WP initiatives

- 3. Recommendation 3: We consider that the School should ensure equity and effectiveness of student support at the Stafford Hospital site. (TD124)**

School Action Plan: The School has appointed Mrs Sue Harris, Locum Undergraduate Manager, to the role of Student Support Officer at Stafford. Mrs Harris will be in the Undergraduate office 4 days a week and the aim is that students will be seen as soon as possible, usually within 48 hours. An administrator has been designated to be present and

take notes at all meetings. Mrs Harris has met with the Director of Student Support and will liaise closely the central office

The School is pleased to note that the Report highlights that the Visit Team has recognised the effective development of the programme. Throughout this development process, we have found the QABME team's support, guidance and advice invaluable, and the School continues to view the GMC's Quality Assurance process as an integral part of our curriculum design and implementation process.