

# **Quality Assurance of Basic Medical Education**

Report on Swansea School of Medicine,  
University of Wales

November 2010

**General  
Medical  
Council**

Regulating doctors  
Ensuring good medical practice

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# The GMC's role in medical education

1. The General Medical Council (GMC) sets and monitors standards in medical education. The standards for undergraduate medical education are set out in the publication *Tomorrow's Doctors*.
2. In order to ensure that UK medical schools maintain these standards the GMC runs a quality assurance programme, which involves regular assessments and visits to schools. This programme is called Quality Assurance of Basic Medical Education (QABME) and is carried out on behalf of the GMC by a team of medical and educational professionals, student representatives and lay members.
3. The team makes determinations as to whether these schools are meeting the standards in *Tomorrow's Doctors* after analysing school documentation and completing a range of quality assurance activities at the School and partner institutions. The determinations in this report have been scrutinised and endorsed by the GMC's Undergraduate Board.

# Introduction

4. This is a report to the GMC on the quality assurance programme for Swansea School of Medicine (the School) for 2009/10.

5. Since 2004 the School has delivered the first two years of a joint four year graduate entry programme (GEP) with Cardiff University, who delivered the third and fourth years. The final cohort of students on this joint programme completed their two years at Swansea in July 2010 and will move to Cardiff for their third and fourth years.

6. In 2007 the School applied to award a primary medical degree for its own four-year Graduate Entry Medicine (GEM) programme independent from Cardiff. The QABME process has been monitoring the development and implementation of this curriculum since 2008 and will continue this monitoring until the first cohort of students graduate at the end of the academic year 2012/13. The first cohort of 71 students completed Year 1 of the GEM programme in July 2010.

7. The first two years of the new programme remain substantially unchanged from the joint course with Cardiff. The exceptions are the introduction of a five-week clinical apprenticeship in Year 1 and two five-week clinical apprenticeships in Year 2, replacing the nine-week clinical attachment at the end of Year 2 of the current GEP. There have also been some changes to the clinical cases used as a focus of the learning weeks.

8. The new GEM programme at Swansea is an integrated curriculum made up of learning weeks. These learning weeks include lectures, tutorials, Learning Opportunities in Clinical Settings (LOCS) in Years 1 and 2, community based learning and practical clinical skills and communication skills (Integrated Clinical Method) sessions and Medicine, Health and Society Forum and Expert Forum sessions. Learning weeks are interspersed by a series of nine, five-week clinical apprenticeships across the four years in a variety of different geographical locations and specialties. There are also seven five-week specialty attachments planned for Years 3 and 4.

9. The School was visited in 2006 as part of the QABME review of the University of Wales. The visiting team reviewed plans to decrease the number of assessments within the GEP and considered this appropriate. Swansea was also asked to consider the availability of lecture theatre facilities and a social space for students, which we will follow up when we review facilities during our quality assurance visits.

## *The QABME team*

10. The visiting team members appointed by the GMC Undergraduate Board to undertake the quality assurance visits were:

Professor Sean Hilton (Team Leader)  
Professor Richard Hays (Deputy Team Leader)  
Professor Caroline Boggis  
Professor Lindsey Davies

Professor Chris Fowler  
Dr Chris Hands  
Mrs Carol Lamyman-Jones  
Mr Alex McNeil  
Dr Martin Rowan-Robinson

11. Elizabeth Leggatt (GMC Education Quality Analyst) supported the QABME team.

## Our programme of visits in 2009/10

12. The team conducted three quality assurance visits on: 26 January 2010, 26 and 27 May 2010, 3 August 2010 and a video-conference with key members of the Swansea team on 3 September 2010.

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

- a. Meetings with members of the School responsible for:
  - i. Review of the delivery of Year 1 and preparation for Year 2,
  - ii. Clinical placements,
  - iii. Facilities and resources,
  - iv. Staff training and development,
  - v. Assessment,
  - vi. Fitness to practise and student support,
  - vii. Quality management.
- b. Discussions with Year 1 students.
- c. Discussions with teachers delivering the new programme, including general practitioners (GPs) and clinical consultants.
- d. Discussions with representatives from key local health boards, Public Health Wales NHS Trust and the Postgraduate Deanery.
- e. Discussions with NHS partner representatives from:
  - i. Singleton Hospital
  - ii. Morriston Hospital
  - iii. Cefn Coed Hospital
- f. Observation of the Exam Board and Faculty Progression Board.

# The report

## Summary of our key findings

14. Subject to meeting the requirements in paragraph 17, the School is on track to meet the outcomes in *Tomorrow's Doctors* at this stage of the development of the programme.

15. Given the extent of changes planned for the new curriculum and the development of hospital and community placements required to support its delivery, the QABME team will monitor progress during the period of study of the first cohort of students.

16. The School is requested to respond to the requirements and recommendations with the timelines for action within the 28-day right of reply to the report.

## Requirements

17. The School is required to:

a. Provide clear learning outcomes for each clinical apprenticeship, mapped to *Tomorrow's Doctors* 2009, which reflect the year in which students undertake them (see paragraph 23).

b. Provide clear evidence demonstrating how the programme's learning weeks run in a six-week cycle to reinforce student learning (see paragraph 29 and 32).

c. Provide the instructions for teachers regarding the provision of advice for students on the pursuit of their self directed learning, following formal teaching sessions. Also provide an example from each year (1, 2, and 3) of the advice given to students in a range of topics (see paragraph 33 and 34).

d. Provide a list of the seven five-week specialty attachments which all students will rotate through and the related learning outcomes for each attachment (see paragraph 36).

e. Define how clinical placements (apprenticeships, specialty attachments and LOCS) are planned and structured to give each student appropriate experience across the full range of specialties (see paragraph 37 and 62).

f. Continue to provide detail of the specific agreements with Health Boards about the delivery of clinical placements for the programme (see paragraph 52), including:

i. student numbers at each site,

- ii. time spent at each site,
  - iii. support for clinicians to devote time to teaching during clinical placements,
  - iv. quality management processes.
- g. Review its faculty development strategy to ensure that all clinicians receive an appropriate induction and training for the new style attachments in the curriculum (see paragraph 68, also paragraphs, 59, 63 and 94).
- h. Provide a clear scheme of assessment to reflect the assessment strategy (see paragraph 103). This must include:
- i. A schedule of assessments; purpose, timings, weightings, type of assessments and contribution to progression.
  - ii. Blueprinting for assessments in years 1, 2 and 3 (see paragraph 98).
  - iii. The standard setting methods applied across all assessment types.
  - iv. A clear statement justifying the Safe, Effective, Professional, Practitioner assessments (SEPPs) as part of final summative assessment (see paragraphs 94, 95, and 96).
  - v. The involvement of external examiners.
  - vi. The progression rules.
  - vii. Positioning of formative assessments.

## Recommendations

18. To enhance the quality of the School's programme, we make the following recommendations.
- a. The School should work to make learning outcomes provided for the learning weeks more consistent for students (see paragraph 31).
  - b. The School should re-visit the sequencing of the timetable, to ensure both that the material included in the learning weeks builds appropriately in complexity, and that there is adequate time for reflection and for students to catch up (see paragraph 35).
  - c. The School should address student concerns about the level of commitment from staff in support for the student led professionalism days (see paragraph 44).

- d. The School should take a more strategic approach to the evaluation of the programme, in addition to the existing student and staff evaluation (see paragraph 51).
- e. The School should consider how it will manage learning opportunities for students in clinical settings at times when student density has been identified as high (see paragraph 70 and 71).
- f. The School should consider whether it would be practical to include a student who does not know the student being investigated on the Fitness to Practise panel, in line with GMC and MSC guidance (see paragraph 111).

#### Areas of innovation and good practice

19. We commend the School on the following areas of innovation and good practice:

- a. The engagement of students and staff with the Year 1 apprenticeships (see paragraph 56).
- b. The student support arrangements (see paragraph 86).
- c. Plans for the appraisal of GP tutors which include appraisal of their teaching (see paragraph 66 and 67).

#### Priorities for 2010/11

20. The priorities we have identified for the next cycle of visits in 2010/11 are:

- a. The implementation of Year 2 of the programme.
- b. Detailed plans for Year 3 of the programme.
- c. The development of Year 4 of the programme.
- d. Engagement with NHS partners.
- e. Development of clinical placements, include the learning outcomes, and resources to accommodate the student numbers.
- f. Student assessment – strategic and operational aspects.
- g. Student health and conduct.
- h. Internal quality management.
- i. Staff training and development.

21. All UK medical schools are required to comply with *Tomorrow's Doctors* 2009 from 2011/12 and should be working towards meeting the revised outcomes and standards. Therefore we will review the School's progress against *Tomorrow's Doctors* 2009 in 2010/11.

## Curricular outcomes, content, structure and delivery

### Outcomes

22. In the 2008/09 QABME report we asked the School to map learning outcomes to specific clinical attachments and clinical apprenticeships and to *Tomorrow's Doctors* 2009.

23. There are nine five-week clinical apprenticeships across the programme; one in Year 1, two in Years 2 and 3 and four in Year 4. Students rotate across the apprenticeships in a random sequence and can therefore undertake an apprenticeship in any of the nine specialties in any of the four years. The School has provided generic outcomes for all apprenticeships and has mapped the apprenticeships to some of the outcomes for graduates in *Tomorrow's Doctors* 2009. However the outcomes are the same for each apprenticeship regardless of the year that they are undertaken by the student. We require the School to provide clear learning outcomes for each clinical apprenticeship, mapped to *Tomorrow's Doctors* 2009, which reflect the year in which students undertake them. These outcomes should be made explicit to staff and students.

24. There must also be a formalised system to ensure that each student achieves all the outcomes, and to identify at an early stage if a student has not had the necessary learning opportunities. This should enable the School to modify the student experience to allow them appropriately to meet these outcomes.

25. A strength of the programme is the emphasis on the scientific basis of practice throughout the four years. However the School has not yet explained how the theoretical knowledge will be applied within the clinical environment. We note that there are some gaps in mapping to the outcomes in 'Outcomes 1 – the doctor as scholar and a scientist' particularly in the area of mental health.

26. All outcomes in 'Outcomes 2 – the doctor as practitioner' have been mapped to the content of learning weeks but the School has not fully explained how these outcomes will be met through clinical experience. Speciality attachments were not mentioned in the mapping and we would expect to see outcomes mapped to these placements in this in 2010/11.

27. The curriculum is clearly mapped to the student outcomes in 'Outcomes 3 – the doctor as professional'.

## Content

28. The School stated that all outcomes in *Tomorrow's Doctors* 2009 are mapped to the learning weeks and that most of the outcomes will be introduced to students in the first two terms of Year 1 through these learning weeks. The programme then runs in a 6-week cycle and students revisit the outcomes to reinforce learning.

29. We reviewed the details of the planned learning weeks for Year 2 of the programme and noted that the programme continues to move between topics and that each week does not build upon the last. Year 1 students we met stated that they were not concerned by this random sequence of the learning weeks and knew that they would be revisiting the systems regularly through the six-week cycle of the learning weeks. They felt that the structure of the programme is providing a good basic understanding of medicine on which to build. Clinicians we met were also supportive of the programme structure and impressed by the Year 1 students' level of knowledge. However, we require the School to provide clear evidence demonstrating how the programme's learning weeks run in a six-week cycle to reinforce student learning.

30. The learning weeks in Years 1 and 2 consist of: two lectures to cover the case of the week (an introductory clinical forum and concluding expert forum), lectures for human structure, physiology, diagnostics/therapeutics, pathology and the Medicine, Health and Society Forum. Also included are a clinical and communication skills session and two self directed learning (SDL) sessions. Learning weeks are interspersed with Community Based Learning (CBL) and Learning Opportunities in a Clinical Setting (LOCS).

31. Year 1 students we met had found that the learning outcomes provided for learning weeks were variable. For example they described the outcomes for anatomy as particularly good, but less defined for pharmacology. We recommend that the School works to make learning outcomes provided for the learning weeks more consistent for students.

32. Year 1 students stated that they had covered a large amount of material in the first term of the programme, which some had found challenging. Some Year 1 students felt that it was difficult to catch up if they missed elements and that they had attempted to learn too much in the first term. They would appreciate greater direction from the School, such as the provision of additional supporting materials and catch-up tutorials.

33. Students stated that the School had responded positively to their feedback about this by introducing a framework to guide learning at the end of each lecture, which they considered an improvement. The School stated that lecturers are instructed to provide students with a framework for their self directed learning by including learning outcomes and a general overview of the topic.

34. We consider that there may be a risk of fatigue for some students if the School does not provide a clearer description of the learning outcomes for students, especially during the first year. We would like to see the instructions for teachers regarding the provision of advice for students on the pursuit of their self directed

learning, following formal teaching sessions and examples of the advice given to students in a range of topics.

35. We consider the learning weeks to be intensive but well arranged and organised. We encourage the School to review the sequencing of the timetable, to ensure both that the material included in the learning weeks builds appropriately in complexity, and that there is adequate time for reflection and for students to catch up. We consider that the programme model in use is clearer than in the previous visit cycle, but will continue to monitor this during 2010/11, including evidence that there will be an equivalent experience for all students on the programme.

36. The School stated that they are introducing seven five-week specialty attachments in Years 3 and 4, for students to experience core specialties. All students will rotate through the same 35 weeks, attached to the relevant clinical team. We consider this good progress in ensuring that all students will cover all key specialties adequately during the programme. We recognise that these placements are in the process of being developed and request the School provide a list of the seven five-week specialty attachments which all students will rotate through and the related learning outcomes for each attachment.

37. To address our concerns about the overall experience of key clinical specialties for all students, the School must define how clinical placements (apprenticeships, specialty attachments and LOCS) are planned and structured to give each student appropriate experience across the full range of specialties.

#### *Clinical and practical skills*

38. The School stated that all the clinical and practical skills in *Tomorrow's Doctors 2009* are mapped to the learning weeks. Students are taught clinical skills through simulated practice in clinical skills laboratories, which involve actors. The School considers that simulated practice is both realistic and challenging due to the complexity of the situations that they simulate. We consider that students will need subsequent reinforcement of practising clinical skills on real patients. The approach to clinical skills will be subject to further evaluation as the programme progresses.

39. Year 1 students stated that the clinical skills teaching on a Thursday is well taught and praised the nurses involved in teaching the skills.

#### *The health of the public*

40. We note that the School is engaging with the Public Health Wales NHS Trust in developing the public health aspect of the programme, and that it has been working with the School to produce an overarching document for public health in the curriculum.

41. The School confirmed that the elements of public health theory and practice that should be included within each learning week are discussed with the learning week leaders. Public health teachers will work with learning week leaders to ensure

these aspects are appropriately included. We reviewed the School's Public Health Overview and welcome the pragmatic approach to integration.

42. We are encouraged by the plans for the teaching of public health within the Medicine, Health and Society strand and look forward to seeing further developments.

### Professionalism

43. We reviewed the School's draft professionalism curriculum and note that the outcomes have been mapped to the outcomes in 'The doctor as a professional' in *Tomorrow's Doctors 2009*. Students will undertake three sessions per year on topics related to professionalism such as team work, leadership and patients as partners. We support the School in implementing the draft curriculum.

44. Some Year 1 students we met were concerned about the level of commitment from staff in support for the student led professionalism days. They felt that future events would not be respected by students if not clearly valued by staff. We encourage the School to clarify and address this concern.

### Structure

45. We have not yet seen sufficient evidence that the programme will allow student choice at least 10% of course time, required by *Tomorrow's Doctors 2009* and this will be explored during the 2010/11 visit cycle.

### Delivering the curriculum

#### Supervisory structures

46. The School stated that there is a weekly cycle of voluntary student evaluation. All evaluation is discussed at the weekly MB BCh Programme Team meetings which are chaired by the Programme Director. Action points are identified and remain on the meeting agendas until they have been resolved. We recognise that communication within the School is effective and that the School identifies and addresses issues quickly within this forum

47. The Board of Studies (BoS) chaired by the Dean of Medicine meets once a term and has a strategic overview of the programme. The BoS reviews all issues raised by its sub-groups, which includes the MB BCh Programme Team, and approves or rejects suggestions for curriculum development. If a development is approved this will be recommended to the School's Learning and Teaching Committee for discussion and final approval prior to implementation.

48. The Curriculum Delivery Working Group meets every few months chaired by the Programme Director. These meetings are used to plan the curriculum and arrange learning opportunities. The MB BCh Module working groups feed into these meetings.

49. Year 1 students we met gave mainly positive but mixed feedback on the School's responses to their evaluation. In some cases prompt and positive action had been taken, but in others they felt that repeated comments had not been addressed. We consider that it may be beneficial if the School explains more clearly to students when changes have been made in response to student evaluation and why certain things cannot be implemented.

50. Quality management of clinical sites is mainly through informal communication between the Programme Director and the Director of Clinical Teaching. The Director of Clinical Teaching attends regular meetings in each clinical area and feeds any issues back centrally. The Undergraduate Managers reported good communication with the Director of Clinical Teaching and that the informal networks work well.

51. We recommend that the School take a more strategic approach to the evaluation of its innovative programme, in addition to the existing student and staff evaluation.

52. We note that the School has made progress in securing commitment from the Health Boards in regards to providing clinical placements for the new programme. However the extent to which the underpinning detail has been negotiated and agreed with providers is not clear. We look forward to seeing more detail of the specific agreements with Health Boards during the next QABME cycle including; the agreed student numbers at each hospital, time students spend at each site, support for clinicians to devote time to teaching and quality management processes.

#### Teaching and learning

53. Clinical teachers we met at all sites appeared to be engaged, committed to the programme and reported receiving good communication from the School. GP tutors also stated that there had been good communication from the School about what they were expected to teach.

54. GPs we met had found the teaching templates from the School, which include the learning outcomes for the learning weeks, helpful. Blackboard, the School's virtual learning environment, is used by some GPs to check what students have previously been taught.

55. Year 1 students stated that their experience of GP teaching was variable depending on the practice involved. This applied more to the afternoon sessions, where small groups of students receive teaching on the case of the week, and there was variability in how well the patients matched the case. Most students preferred the morning sessions where they observed in the GP clinic.

56. During a clinical apprenticeship a pair of students is attached to an individual consultant and fits in with that clinical team. Year 1 students we met had recently completed their first five-week clinical apprenticeship in a range of specialties. The staff and students we met reported positively that the Year 1 apprenticeship had provided a valuable learning experience. Students stated that the nature of the

specialty did not matter, since they were learning generic skills, although some expressed concern that they would not experience another apprenticeship in that specialty later in the programme.

57. The School had stated that the student should follow a consultant during their clinical apprenticeship, but some clinicians we met stated that in practice students followed the entire clinical team for practical reasons. Students' experience of this varied across placements.

58. Clinicians at all sites felt adequately prepared by the School and most were aware that the purpose of the apprenticeships is for students to learn by observing and absorbing, rather than being actively taught. Most clinicians stated that students had integrated well into the clinical team though some clinicians had taught outside the School's guidance when they had seen the ability of the students.

59. Some Year 1 students we met did not think that information about the purpose of apprenticeships had been taken into consideration by all consultants, particularly those outside the Swansea area. However they did not feel that this had impacted on their learning. We consider the five-page guidance document sent via email to clinicians in advance of the placements to be lengthy with the risk that it will not be read by all clinical teachers.

60. The School has set up a video link with hospitals in West Wales taking students for apprenticeships to provide guidance to sites furthest from the School prior to receiving the Year 1 students. Clinicians from Llanelli stated that their Education Centre had worked with the Director of Clinical Teaching and they knew what was expected of them.

61. Year 1 students stated that they had particularly enjoyed the interprofessional nursing week which was the first week of the five-week apprenticeship block in Year 1. They had found the structured task list for this week helpful and many would have appreciated a similar check list for the whole apprenticeship as some did not get the opportunity to undertake all the tasks required by the School during the placement.

62. We remain concerned about what students will be able to achieve on their clinical apprenticeships and how variable their learning will be as they progress through the programme. We would like to see evidence that all students will have an equivalent and appropriate clinical experience during the programme. The Deputy Postgraduate Dean stated that the School will need to be more prescriptive about what students should be achieving on placements to ensure that they are safe to practice as F1s, and we support this view.

63. We note that specialty attachments planned for Years 3 and 4 are still being developed and that there are not yet guidelines for teachers of the specialty attachments. The School stated that it has already approached clinical teachers to lead each of the speciality attachments and that this has been aided by a reduction in the number of students attending Swansea Hospitals from the Cardiff University course. The School recognises the need to equip specialty teachers appropriately to deliver these placements, as they will be very different to the clinical apprenticeships.

64. Clinicians we met reported receiving regular visits from the Director of Clinical Teaching and the Programme Director during the development of the programme, and that they were asked for their comments and feedback. Clinicians reported that they receive an update on the progress of the programme on yearly basis.

65. Clinicians we met had received teacher training from Cardiff University, organised through the Postgraduate Centre. We note that many of the Senior Clinical Teachers (SCT) were pursuing a Masters or Diploma in Medical Education.

66. We note that primary care is strong in the area of staff training and development with a good programme of workshops in place for GP teachers and a high attendance rate. We note the Performance Appraisal Forms for completion of Senior Clinical Tutors in the primary care team. The School reported that all primary care team members will be expected to provide plans for their personal and professional development over the following academic year. The appraisal will be completed by the Lead GP Tutor. All tutors will also undergo peer review by the lead in Primary Care and one other colleague.

67. We consider this an example of good practice if implemented appropriately. However the School will need to consider whether the proposals are sustainable in the long term. We encourage the School to explore how hospital based consultants will also be appraised for their teaching.

68. The School must ensure that its faculty development strategy enables all clinicians to receive an appropriate induction and training for the new style attachments in the curriculum. Clinical staff need to be trained to deliver the different types of placements for different year groups with differing clinical experiences. Providing specific learning outcomes for each placement will aid this. We require the School to produce a faculty development strategy, by early next cycle.

69. After observing a small range of LOCS we note that, although variable, they provide good one to one tuition in a variety of clinical settings. Year 1 students we spoke to had found most of their LOCS useful and reported that they had gained valuable experiences working with people from a range different of backgrounds.

70. We note that many Year 1 students had completed a large number of LOCS. There is a risk that students may be completing additional LOCS to compensate for perceived gaps in their clinical experience. Students stated that they try to book LOCS to fit in with their learning weeks but that this can lead to capacity problems. We encourage the School to monitor this, and the strain on the system as full student numbers are achieved.

71. The School has provided evidence of mapping of student numbers to clinical locations over the next four years. However this did not take account of those students who may be undertaking LOCS in Years 1 and 2 or SEPPs in Years 3 and 4. These will add to the requirements and may need prioritisation. The School has identified times when student density in clinical settings is high and increases this risk. We encourage the School to consider how it will manage learning opportunities for students in clinical settings at these times.

## Learning resources and facilities

72. Teaching resources and facilities at all hospital sites visited were appropriate and included libraries, common rooms, clinical skills laboratories and computer rooms.

73. The School confirmed that there is Service Increment for Teaching (SIFT) funding set aside for the planned speciality attachments in Years 3 and 4 and the School also already has NHS funding for Senior Clinical Tutor (SCT) sessions.

74. The School acknowledged that the next academic year (2010/11) will be the most challenging in terms of funding, as additional resource will not be transferred to the School from the Cardiff University programme until Years 3 and 4. The School had identified an annual shortfall in funding from the Higher Education Funding Council Wales and aims to obtain this funding to support the programme. The School has some political support for this. We support the School in obtaining the funding required to deliver a programme that meets the standards and outcomes in *Tomorrow's Doctors* and have asked the School to identify those elements of the programme that may be at risk if adequate funding is not obtained

75. The School would like to strengthen its staffing at the senior academic level and augment administration for the programme, although it recognises that this may be difficult at a time when the University is scrutinising resources for all schools.

76. The School reported that SIFT funding for the next three to four years has been mapped by the Welsh Assembly Government NHS Liaison Group. The School will continue to work with the All-Wales SIFT liaison office to plan SIFT for the programme.

## Student support, guidance and feedback

77. The School has a pool of 24 personal tutors and at present most have around 8-10 tutees. The School considers that the tutors have the capacity to take on more students and so recruitment of additional tutors is not required at present. The School will extend this system for Years 3 and 4 through modifying the current system of support and recruiting additional tutors from the University and local Trusts.

78. Students will have the same personal tutor for all four years of the programme. The intention is that personal tutors will concentrate their support on the first two years of the programme and the School plans to introduce 10 – 15 clinical mentors to provide advice for students in the later years, with a focus on advice regarding future career development. We will follow this up in 2010/11.

79. The School stated that the personal tutor training workshops, that are held each term, successfully standardise the performance of tutors. We will monitor the uptake of these training sessions at a later stage.

80. The School has plans to collect data centrally on how often students meet with their personal tutors and to survey students on their experience of personal tutors. We encourage this to ensure that the support system is working effectively for all students.

81. In addition each year group has a Cohort Tutor who provides continuity by following the same cohort of students through the four years of the programme. The Cohort Tutor provides students with information relating to each academic year, advises students identified as having an academic, behavioural or fitness to practise issues and ensures that any important issues relating to that cohort are brought to the attention of the School and addressed appropriately.

82. We found there to be a good level of support for students at clinical sites from the Undergraduate Managers and other members of staff. Students were aware that they could speak to the Director of Clinical Teaching if they were to experience a problem during a placement.

83. The School states that as there are only two students per clinician on each clinical apprenticeship and issues such as student non attendance or poor professional behaviour will be easy to identify and address.

84. We are satisfied with the School's methods in place to deal with those students declaring a disability and to make reasonable adjustments through liaison between the Disability Officer and the Clinical Placements Working Group.

85. The School is exploring the use of an electronic portfolio for students to map their progress and we will monitor the development of this during subsequent visit cycles.

86. Overall, we consider that student support is currently an area of strength at the School. The student support systems work well with the intake of 70 students per year and the intimacy of the environment. The School recognises the need to make processes more formalised as student numbers increase.

## Assessing student performance and competence

### The principles of assessment and assessment procedures

87. In all years of the new programme the School will monitor students' knowledge and skills in the end of term assessments consisting of an Objective Structured Clinical Examination (OSCE) and an 18 question Extended Matching Question (EMQ) paper. Students' general learning skills are tested each term via a project.

88. Half of the assessment material is taken from the previous term and half is material from any point previous to that point in the programme. The School stated that this assessment system, where students can be tested on anything that they have learnt so far, motivates them to seek additional experience where they have

gaps in their knowledge or experience and discourages them from learning a topic specifically for one examination.

89. At present there is a standing assessment item on the agenda of the weekly MB BCh Programme Team meetings, and an Angoff session for new EMQs follows immediately afterwards. The School is in the process of recruiting an Assessment Lead (Head of Assessment) who would have an overarching view of all assessments. The intention is that management of all assessment will eventually be through an Assessment Committee and the Head of Assessment will lead this. We support this move strongly.

90. We remain concerned that the reliability of the end of term OSCE is low, with a small number of stations and not used cumulatively across the academic year. The School stated that the end of term OSCE is a screening tool for the more reliable but supplementary 18 station OSCE at end of the academic year. As only two Year 1 students has failed an end of term OSCE this year we consider that they are not being used as an effective screening tool. The School must clarify the purpose of these assessments within a clearly stated assessment strategy (see paragraph 103).

91. We are encouraged that the School has enlisted external expertise to advise them in the area of assessment. We understand that the external experts were asked to comment on specific components of the programme and had found no major flaws. However advice appears to have been general rather than specific.

92. The MB BCh Student Programme Handbook provides students with information about their assessments, progression and also information on supplementary assessment. We reviewed the student handbook and found that although it contains a lot of useful information it is not user friendly. We are pleased to note the School's plans to revise this.

93. The School plans to introduce Safe, Effective, Professional, Practitioner assessments (SEPPs) in Years 3 and 4 of the programme. Students will be required to have 20 SEPPs signed off as satisfactory to progress; six in Year 3 and 14 in Year 4. During a SEPP assessment a student will be observed during a clinical encounter with a real patient, for example taking a complete history or performing an examination. The clinician will then decide whether the level is safe, effective and professional as a Foundation Year 1 doctor (F1). The clinician will need to sign the student's SEPPs diary to show successful completion of the assessment.

94. The School recognises the low reliability of this type of workplace based assessment, but considers that this prepares students for practice. We advise the School to consider the likelihood that there will be inflated scores and that few students will fail this type of assessment. The School will also need to train clinicians to ensure that they understand that students are to be assessed at the standard of an F1 doctor and that this message is communicated clearly to students. The School recognises the need to identify students who fail a number of SEPPs in a row, to ensure that they are not attempting them before they are ready.

95. The School anticipates that most students will undertake their SEPPs in the second half of Year 4. We advised the School to consider whether there is capacity

for 70 students to request the majority of their SEPPs at the same time, taking account of those students who may be retaking SEPPs. The School stated that students could undertake SEPPs during their apprenticeships and specialty attachments so this may not be an additional burden on clinicians. However this needs to be explored more fully.

96. We recognise that the SEPPs are still in the process of being developed by the School but consider clarification is required as to their part in the assessment strategy (see paragraph 103). We agree that the assessments are likely to be valid, providing that they sample appropriately F1 competencies.

97. Year 1 students stated that the first EMQ examination had been challenging because they did not know what it would include. Most students thought that the second term EMQ examination was more difficult than the first. The School had reviewed standard setting procedures and will refine them further. We will review these procedures as part of the review of the full assessment strategy in 2010/11.

98. In devising the written assessments, the Programme Director manually selects questions from the bank covering a range of specialties, diagnosis and treatment. A database is used to identify when and where items were taught. We note a risk of bias in this method of selection as the Programme Director knows the students' and the programme's strengths and weaknesses. We require the School to create a blueprinting document that clearly describes which material is selected for each assessment. The School acknowledged that this is something that it needs to work on to reach compliance with *Tomorrow's Doctors* 2009.

99. The School stated that it is repopulating its question bank with questions that map to the material in the new programme. We have previously questioned the suitability of some of the EMQs. External examiners at the Exam Board also commented that the standard of the EMQs for the new programme needed improvement. We note that a Deputy Programme Director for Assessment had recently been recruited by the School with responsibility for developing the question bank.

100. The School had decided not to join the Universities Medical Assessment Partnership (UMAP) at the present time because the questions produced are clinically orientated and it is difficult for the School to put these into their examinations and show that they are mapped to the curriculum. We acknowledge that UMAP will shortly expand to include all UK medical schools as part of the new Medical Schools Council Assessment Alliance (MSC-AA). We encourage the School to use this partnership, particularly for the development of the final year assessments.

101. We observed the final Exam Board and Progress Boards and found them to be well run. The School and University followed clear processes and students were treated appropriately and fairly.

102. At the final Exam Board we noted that a higher percentage of students on the new programme had passed Year 1 (only five out of 74 students were required to sit a supplementary examination) than the percentage of Year 2 students (13 out of 74

students had failed an element). We will follow this up in the 2010/11 academic year as part of the review of the robustness of the School's assessment processes and structures.

103. We consider it ambitious to develop innovative assessments in addition to an innovative programme structure, particularly since the School does not have an explicit assessment strategy. We support the School strongly in appointing a Head of Assessment who will have oversight of, and responsibility for, all assessments. We encourage the appointee to engage with external experts. We will seek an updated scheme of assessment from the School which should include types of assessments, a sampling strategy, standard setting, examiner training, item writing and blueprinting.

## Appraisal

104. The clinical supervisor for each apprenticeship completes an evaluation form for each student that they supervise. This form includes enthusiasm, attendance, professionalism, communication and clinical skills. Any unprofessional behaviour would also be identified on this form. Some clinicians we met stated that they would have liked to have added a more personalised statement to the form, to express how well the Year 1 students had done.

105. The School stated that as well as the pass or fail decision students will receive written comments from the clinician following each SEPP attempt, on areas performed well, those that meet the required standards and areas that could be improved.

106. After reviewing documentation from the School about what feedback students receive after assessments we consider student feedback provided by the School to be a strength. The small number of students and highly committed teachers mean that students are able to receive detailed feedback and the offer of remedial feedback is generous in terms of time.

107. However we note that Year 2 students (on the joint programme) were critical of feedback on their work in the School's internal student survey, in particular the time taken to receive the feedback and whether it had helped to clarify things that they did not understand. Most Year 1 students we met also stated that they would like more formative assessment. The School stated that students across the board tend to be critical of feedback given after assessments but acknowledged that the quantity and timing of this feedback could be improved. The School also recognises that some markers provide more detail than others and that there is a need to train assessors to bring greater consistency, which we support.

## Student progress

108. Year 1 students stated that if they witnessed examples of bad practice during clinical placements they would probably discuss this with peers and staff members.

Students stated that the School had advised them to complete a 'Student Concern Form' and to speak to their tutor or the Director of Clinical Teaching.

109. Concerns about students are discussed at the weekly team meetings and the School considers that issues occurring for a student in multiple areas of the programme would be identified in this forum. Repeated or serious concerns would be referred on to the student's Cohort Tutor.

110. The University has a four stage Fitness to Practise (FtP) process. Stage 1 is informal, Stages 2, 3 and 4 are formal and a record is kept on the student's confidential personal tutor file. Stages 1 and 2 are below the threshold for formal FtP procedures.

111. The University's FtP Panel consists of three members, one of which is a medical practitioner from outside the University. The FtP panel is provided with written guidance and the University was in the process of setting up a training session for panel members. It is a University wide policy not to include students on the FtP panel. We asked the School to consider whether it would be practical to include a student who does not know the student being investigated on the panel in line with paragraph 136c of the GMC and MSC guidance.

112. The University does not allow students to seek legal representation for FtP cases. Instead students are encouraged to seek support from the University's advice centre.

113. The School's FtP procedures are detailed within the Student Programme handbook. The School stated that their FtP procedures closely follow the GMC and MSC guidance. We consider that the School's approach is largely in line with GMC and MSC guidelines; however the School had not yet had an FtP case in order to test the effectiveness of these systems. We will follow this up in 2010/11.

#### Acknowledgement

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

19 November 2010

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

Dear Professor McKillop

**Final Report of QABME Visits to Swansea University, School of Medicine in 2009/10**

In response to your letter dated 22<sup>nd</sup> October and the attached QABME Report for the academic year 2009/2010, we have compiled the attached Action Plan which addresses the requirements and recommendations set out in that Report giving timelines for each one. We realise that this Action Plan will be published on the GMC website along with the Report.

We are aware of the importance and the number of these requirements and are intent on addressing them to the visiting Team's satisfaction by providing the necessary documentation by 29<sup>th</sup> November this year or by February next year, as requested. As you may know, earlier this week we were able to meet with Professor Sean Hilton and Ms Lizzie Leggatt to hear their views on current drafts of these documents. We found this helpful.

In response to the particular concerns listed in your letter we would respond as follows:

- 1 The School has not yet developed specific learning objectives and outcomes for clinical placements and progress on confirming specific agreements with placement providers is limited.*

Documents specifying learning objectives and outcomes for Year 3 and Year 4 clinical placements (Clinical Apprenticeships and Specialty Attachments) are in an advanced stage of development. (Drafts were discussed with Professor Hilton at our meeting.) We are working to the deadline of 29<sup>th</sup> November for the submission of these documents and expect these to be the main focus of attention at the Team's visit in early March 2011. As you will know, we have previously provided letters of engagement, in principle, from Abertawe Bro Morgannwg University (ABMU) Health Board, Hywel Dda Health Board and Public Health Wales NHS Trust.

Work has progressed with ABMU Health Board (which is the major provider of clinical placements) towards the finalisation of an agreement for, not only clinical placement provision, but the delivery of other teaching - case based teaching, clinical and communications skills, teaching on the wider determinants of health in the Medicine Health and Society strand, Learning Opportunities in the Clinical Setting (LOCS) and Community Based Learning (CBL) – through the Swansea Senior Clinical Tutor (SCT) scheme. The date for final agreement of this Service Specification is the next meeting of the Health Board’s Quality and Safety Committee scheduled for Thursday 16<sup>th</sup> December. This Service Specification is based upon a GMC approved document from another UK school and provided by one of the external advisers appointed at the suggestion of the QABME team earlier this year.

The November deadline requires ‘a brief update summary’ on the School’s engagement with its NHS partners. This summary will include the above information together with the proposed Service Specification as well as a summary of the analogous discussions with Hywel Dda Health Board, with Public Health Wales (PHW) NHS Trust. Agreement with the Hywel Dda Health Board is less complex than with ABMU since, for Hywel Dda, this is confined to one type of clinical placement, viz. Clinical Apprenticeships. No placements occur with the PHW NHS Trust but it provides specialist public health teaching over a wide range of population preventive measures.

The summary also covers our engagement with the Wales Postgraduate Deanery through our established Liaison Group. The current focus is on harmonisation of final year teaching with the FY1 year

The full detail of specific agreements with these bodies will be submitted, as requested, in February 2011.

- 2 *The School has not yet provided sufficient specific evidence to reassure the GMC that the curriculum and the assessment strategy will ensure that students can demonstrate competence in the outcomes in Tomorrow’s Doctors 2009 prior to graduation.*

Preliminary data on the mapping of the curriculum to Tomorrow’s Doctors 2009 was presented as part of the 2009 / 2010 GMC Enhanced Annual Return. This work is currently progressing in a considerably more detailed form.

Documentation relating to the Report's requirement 17(i) ('A clear scheme of assessment to reflect.....') is in preparation and a recent draft has been discussed with Professor Hilton. The production of this documentation has been facilitated by the appointment of an additional member of School staff to the role of Assessment Lead. The final document will be submitted, as requested, by 29<sup>th</sup> November. It will address each of the sub-points, (i) to (vii) listed under requirement 17(i). For more detail on the individual points see the Action Plan. We expect this to be the main focus of attention during the Team's visit on 13<sup>th</sup> and 14<sup>th</sup> December.

- 3 *.....the Board is also concerned that there may not be sufficient resources or expertise within the School's academic management team to work with NHS partners to plan, prepare for and deliver, a new programme that fully meets Tomorrow's Doctors while maintaining standards in the two years Swansea already delivers.*

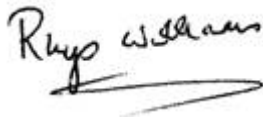
In response to advice from the visiting Team and our external advisers we have developed plans to strengthen our central academic team. Your statement in this regard has accelerated our plans to implement these plans. Our external advisers have also commented that the considerable strength of our SCT resource has not been made clear in any documentation.

Head of School, Professor Gareth Morgan, has agreed this with our Vice-Chancellor, Professor Richard Davies and the University's Senior Management Team to create and two new senior academic posts (Professor/Reader in medical education and senior lecturer/lecturer in medical education) and seven additional support posts. The posts will be advertised before the end of November for appointment early next year. In addition four FTEs of consultant time, funded out the SCT scheme, are being added to this central resource. The new appointments will manage and ensure the quality of the 14 FTE's of consultant time already funded through the SCT scheme in the Health Board.

A complete list of the staff, academic and support posts based at the School and SCTs based in the Health Board and in general practice, is given in the document, to be submitted as requested by the 29<sup>th</sup> November, addressing the final requirement listed by the Team – 'Domain 8: Educational resources and capacity'.

Your letter also calls for assurance that we and the Welsh Assembly Government have a contingency plan in place to safeguard the futures of students currently enrolled on the programme. We have met with Assembly colleagues and have discussed 2 options in this regard. Their conclusions will be submitted to you in good time for your Board meeting in January.

Yours sincerely



**Professor Rhys Williams**

Dean of Medicine

Professor of Clinical Epidemiology

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Cc Dr, Chris Jones, Welsh Assembly Government  
Professor Richard Davies, Vice Chancellor, Swansea University  
Mr. David Sissling, Chief Executive, ABMU Health Board

## **Swansea Graduate Entry Medicine (GEM) Programme - Action Plan**

This action plan sets out Swansea University School of Medicine's response to the GMC QABME Report received in October 2010. In the Table which forms the bulk of this document the Report's requirements and the School's response to them are grouped into four sections relating to:

- Clinical placements (Clinical Apprenticeships and Specialty Attachments)
- Relations with external bodies (particularly Health Boards)
- Assessments
- Other curriculum issues

<b>Clinical Placements (Clinical Apprenticeships and Specialty Attachments)</b>		
<b>Requirement</b>	<b>Action being taken</b>	<b>Timelines</b>
<i>Provide clear learning outcomes for each clinical apprenticeship, mapped to Tomorrow's Doctors 2009, which reflect the year in which students undertake them (17a)</i>	<p>Mapping process complete</p> <p>Organisation of monthly workshops for clinical teachers to manage the transition between Swansea / Cardiff clinical placements and Swansea Graduate Entry (GEM) Programme clinical placements</p>	<p>November 2010</p> <p>Planning complete December 2010</p> <p>Workshops January – June 2011</p>
<i>Provide a list of the seven five-week specialty attachments which all students will rotate through and the related learning outcomes for each attachment (17d)</i>	<p>Full list is available</p> <p>Compilation of learning outcomes well advanced</p> <p>Monthly workshops for clinical teachers to manage the transition between Swansea / Cardiff clinical placements and Swansea Graduate Entry (GEM) Programme clinical placements</p>	<p>November 2010</p> <p>February 2011</p> <p>January – June 2011</p>
<i>Define how clinical placements (apprenticeships, specialty attachments and LOCS) are planned and structured to give each student appropriate experience across the full range of specialties (17e)</i>	<p>Being incorporated into above documents (note: LOCS are not components of year 3 or year 4)</p>	<p>February 2011</p>
<i>Review its faculty development strategy to ensure that all</i>	<p>Engagement with Postgraduate Deanery to review strategy</p> <p>Development strategy will include monthly workshops for</p>	<p>Review to be completed by February 2011.</p> <p>Initial workshops to be completed by June 2011</p>

<p><i>clinicians receive an appropriate induction and training for the new style attachments in the curriculum (17g)</i></p>	<p>clinicians as detailed above</p> <p>Strategy being modelled on that devised by primary care team and already being implemented, as recommended by visiting Team</p>	<p>One update workshop thereafter per university term</p>
<p><b>Relations with external bodies</b></p>		
<p><b>Requirement</b></p>	<p><b>Action being taken</b></p>	<p><b>Completion date</b></p>
<p><i>Continue to provide detail of the specific agreements with Health Boards about the delivery of clinical placements for the programme including:</i></p> <p><i>student numbers at each site;</i></p> <p><i>time spent at each site;</i></p> <p><i>support for clinicians to devote time to teaching during clinical placements;</i></p> <p><i>quality management processes (17f)</i></p>	<p>Service Specification being developed in collaboration with ABMU Health Board. Service Specification is modelled on document obtained from another UK medical school of Medicine</p> <p>Numbers at each site and time spent at each site have been calculated by SIFT Liaison Unit in consultation with Swansea School of Medicine</p> <p>Agreement already in place for support in terms of funding for 14 FTE consultant protected time for clinicians (SCT sessions). Any re-allocation required for the new course is being considered by the joint School of Medicine and ABMU HB Task and Finish Group</p> <p>Quality management process will be overseen by joint School of Medicine and ABMU HB Undergraduate Board reporting to ABMU HB Quality and Safety Committee and MBBCh School of Medicine Board of Studies</p> <p>Similar process being developed with Hywel Dda Health Board and Public Health Wales NHS Trust</p>	<p>Presentation to ABMU HB Quality and Safety Committee, December 16<sup>th</sup>, 2010</p> <p>Already available</p> <p>Already available, and review to be completed by January 2011</p> <p>February 2011</p> <p>February 2011</p>

<b>Assessment Strategy</b>		
<b>Requirement</b>	<b>Action being taken</b>	<b>Completion date</b>
<p><i>Provide a clear scheme of assessment to reflect the assessment strategy. This must include:</i></p> <p><i>A schedule of assessments; purpose, timings, weightings, type of assessments and contribution to progression;</i></p> <p><i>Blueprinting for assessments in years 1, 2 and</i></p> <p><i>The standard setting methods applied across all assessment type;</i></p> <p><i>A clear statement justifying the Safe, Effective professional Practice assessments (SEPPS) as part of the summative assessment</i></p> <p><i>The involvement of external examiners</i></p>	Appointment of Assessment Lead	Already completed
	Strategy being devised – first draft now available	November 2010
	Schedule of assessments fixed in terms of purpose, timings, weightings and type of assessments. Contribution to progression known	Already available
	In progress	November 2010
	Defined for EMQ and OSCE stations	Already defined
	Workplace based assessments are being modelled on standard FY1 assessments. The SEPPs proposal has been discarded	November 2010
	Being aligned to six curriculum themes (see recommendation below)	November 2010

<i>The progression rules</i>	Already known	Already known
<i>Positioning of formative assessments (17h)</i>	Already in place for years 1 and 2. Those for years 3 and 4 will be incorporated into the assessment strategy	November 2010
<b>Other curriculum issues</b>		
<b>Requirement</b>	<b>Action being taken</b>	<b>Completion date</b>
<i>Provide clear evidence demonstrating how the programme's learning weeks run in a six-week cycle to reinforce student learning (17b)</i>	Explanatory document being compiled	November 2010
<i>Provide the instructions for teachers regarding the provision of advice for students on the pursuit of their self directed learning, following formal teaching sessions. Also provide an example from each year (1, 2, and 3) of the advice given to students in a range of topics (17c)</i>	Draft available	November 2010
<i>Provide instructions for teachers regarding the provision of advice for students on the pursuit of their self directed learning, following formal teaching sessions. Also provide an example from each year (1, 2 and 3) of the advice</i>	Already available	November 2010

<i>given to students in a range of topics (17c)</i>		
<b>Recommendations</b>		
<b>Recommendation</b>	<b>Action being taken</b>	<b>Completion date</b>
<i>The School should work to make learning outcomes provided for the learning weeks more consistent for students (18a)</i>	Consistency being reviewed	February 2011
<i>The School should re-visit the sequencing of the timetable, to ensure both that the material included in the learning weeks builds appropriately in complexity, and that there is adequate time for reflection and for students to catch up (18b)</i>	Consistency being reviewed	February 2011
<i>The School should address student concerns about the level of commitment from staff in support for the student led professional days (18c)</i>	Already addressed. Student lead to these days reduced, staff input increased. Previous staff lead replaced by new staff lead. Student feedback from these days already improved.	Already addressed
<i>The School should take a more strategic approach to the evaluation of the programme, in addition to the existing student and staff evaluation (18d)</i>	Strategic approach to evaluation under development	February 2011
<i>The School should consider how it will manage learning</i>	LOCS to be restricted to times when student density allows this	February 2011

<p><i>opportunities for students in clinical settings (LOCS) at times when student density has been identified as high (18e)</i></p>		
<p><i>The School should consider whether it would be practical to include a student who does not know the student being investigated on the Fitness to Practise panel, in line with GMC and MSC guidance (18f)</i></p>	<p>To be considered but unlikely to be practical because of the small number of students enrolled on the Programme.</p>	<p>February 2011</p>