General Medical Council

Regulating doctors
Ensuring good medical practice

Undergraduate Quality Assurance Visit

Report on Cardiff University

School of Medicine

2011/12

Contents

Executive summary

1. Our visits to Cardiff University School of Medicine (the School) in November and December 2011 took place within a context of significant change at the School. A new curriculum is under development; its phased implementation has begun and should be complete by 2013/14. The School has also recently acquired new facilities and some members of the senior management team at the School have only been in post for a relatively short period of time.

2. The School appropriately identifies and manages its challenges. Many of the changes to the curriculum and its assessment system are designed to address specific problems faced by the School in recent years, including consistent poor performance on measures of student satisfaction and errors in examination administration. The School has also recognised the need to integrate and modernise its curriculum and to formalise the current entry through feeder streams into a graduate entry programme.

3. We found that the programme has improved significantly, which is in large part attributable to the good and clear leadership of the School's senior management team. From our discussions with students and evaluation collected by the NHS Liaison Unit, student satisfaction appears to be higher than indicated by the National Student Survey (NSS), with student evaluation systematically collected and acted upon. Students we spoke to were largely positive about the course and were highly supportive of the management and the planned programme of improvements, but expressed concern around administration, communication and assessment.

4. Despite improvements, we identified areas where the School is still not meeting the standards required in *Tomorrow's Doctors* (TD09). Areas of weakness remain, particularly with regard to assessment across all years and integration of clinical and basic science in the first two years of the course. The management team is aware that these issues must be addressed and has developed comprehensive plans for improvement. We welcome these plans and encourage the School to concentrate its efforts in this area, and to carefully consider the resource implications of pursuing other new developments concurrently.

5. The first two years of the programme are largely delivered by the School of Biosciences, and the School of Medicine currently has a relatively low level of control over the delivery of this part of the programme. Although we saw increased cooperation between the School and the School of Biosciences, students viewed them as disconnected and assessments delivered by the two Schools were markedly different. This has resulted in difficulties in integrating basic and clinical science teaching, although both schools are working together to increase early clinical teaching. The new integrated curriculum 'C21' (21st century) will see responsibility for programme management move to the School, while continuing to work with and draw on the expertise of the School of Biosciences in the design and delivery of teaching. The planned changes, including transferring overall responsibility for the programme to the School of Medicine, will need to be fully implemented so that difficulties resulting from the split responsibility for the programme are resolved.

6. We identified a number of examples of good practice during the visit, including the F1 monitoring group which ensures appropriate sharing of information between the School and the postgraduate deanery. The two organisations have also successfully collaborated to provide careers advice. We also found examples of good practice in local education providers (LEPs) which had not been shared by the School, such as the dedicated educational appraisals of staff in Newport and Bridgend hospitals.

7. The School's quality management systems, particularly joint working with the NHS Liaison Unit regarding clinical placements, are robust. Issues identified through evaluation are shared with LEPs, acted on and monitored. The School has also responded well to the examination marking errors in 2009 which allowed four students to graduate when they should not have, and has put in place action plans and monitoring to ensure this error is not repeated.

Assessment

8. The School needs to introduce adequate and consistent blueprinting of all assessments from Years 1 to 5, and ensure that appropriate methods for standard setting are in place across all exams. We found that assessments in all five years had at times been subject to administrative problems, such as the issuing of papers to students with errors.

9. We found that graduates are not summatively assessed on all of the required outcomes, specifically the practical procedures for graduates listed in Appendix 1 of TD09. While these are sampled in a summative Year 5 Objective Structured Clinical Examination (OSCE), the Year 5 clinical skills portfolio used to assess the full list of procedures is currently formative and not mandatory. The School intends to address this as part of the planned programme of changes

10. We considered that plans for the new Year 5 (in 2013) of the course did not yet adequately address assessment, and this was also true of the student assistantship. This will have implications for the School's staff development programme, as it develops its assessment tools it will need to train its assessors.

Clinical placements

11. The School delivers teaching across seven health boards and over 150 general practices. We conducted a site visit to University Hospital Wales (UHW), the largest provider of clinical placements for the School, and met with clinical teachers from a range of other LEPs as part of the visit.

12. UHW is part of the Cardiff and Vale University Health Board and serves a population of around 445,000 patients in Cardiff and the Vale of Glamorgan. The School has acquired new facilities at the Cochrane building which is part of the UHW site at Heath Park.

13. Clinical teachers we met were enthusiastic, understood the standard of placement expected by the School, and most were aware of students' learning

objectives. Students we met were also generally positive about teaching in LEPs, though noted some variability, particularly at UHW.

Monitoring the School's progress

14. Many of our findings may be quickly superseded by the changes occurring in the School. We will therefore carry out a follow up visit in 2013/14 once the School's new curriculum has been fully implemented.

15. We will monitor changes to the assessment system in response to our requirements through the observation of the Exam Board in June 2012, the School's 2012 annual return to the GMC, and the follow up visit in 2013/14.

Summary of key findings

Good practice

1.	*Tomorrow's Doctors (TD09) 36, 146, 153*	The F1 Monitoring Group is an important mechanism for the transfer of information between the School and the Wales Deanery (see paragraph 14).
2.	*TD40, 41, 156*	The collection and distribution of student evaluation through the NHS Liaison unit and the annual undergraduate teaching review meetings between the School and LEPs to monitor the quality of teaching and facilities on placements (see paragraph 26).
3.	*TD128, 148*	The annual general practice (GP) training conference tailored towards tutors' learning needs which focused on topics identified through student evaluation of GP clinical placements (see paragraph 33).
4.	*TD50, 157,165*	The inclusion of TD09 standards and supplementary advice *Clinical Placements for Medical Students* in the Service Level Agreements between the Welsh Government, LEPs and the School, meaning delivery of TD09 standards will become a contractual obligation (see paragraph 34).
5.	*TD49*	The Dean's Question Time is an innovative method of obtaining and incorporating student feedback into quality management of the course (see paragraph 43).
6.	*TD128, 148*	The separate and dedicated educational appraisal of honorary lecturers and honorary senior lecturers in Bridgend and in Newport (see paragraph 102).
7.	*TD125, 134*	The joint deanery and School career mapping website which is an example of good practice in providing careers advice and opportunities to explore different pathways in medicine (see paragraph 115).
8.	*TD88*	The School's assessor training programme which has ensured that all examiners received training and increased consistency in the marking of Student Selected Components (see paragraph 86)

Requirements

1.	*TD82, 101, 113*	The School must ensure that it holds responsibility for programme management, and has full oversight of the curriculum so that clinical and basic sciences are integrated in the curriculum (see paragraph 62).
2.	*TD49, 54, 83, 86, 101, 103, 112, 113, 117, 120, 168*	The School must provide an update by 30 September 2012 showing that it has reviewed and improved its assessment system, ensuring that: a. There are clear plans for the assessment of the new Year 5 of the course, and that assessors are appropriately trained in the use of these assessments (see paragraph 66) b. student assistantships are assessed and assessors are appropriately trained to assess (see paragraphs 66, 70 89) c. All assessments (Years 1-5) are blueprinted consistently and in line with assessment best practice (see paragraph 61) d. Appropriate standard setting is in place for all assessments (Years 1-5) (see paragraph 82) e. The administration and organisation of assessments is improved, and that assessment papers are subject to appropriate quality control (see paragraphs 24, 84) f. All practical procedures listed in Appendix 1 of *Tomorrow's Doctors* are summatively assessed before graduation (see paragraph 85).
3.	*TD131*	The School must clarify and communicate the various academic and pastoral support mechanisms available to students, including the personal tutor programme (see paragraph 109-113).

Recommendations

1.	*TD49, 172*	The School should formalise the existing arrangements concerning the graduate entry streams to ensure that they are included within the School's programme of quality management and provide data on graduate entry students' progression through the MSAR (see paragraph 47).
2.	*TD60*	The School should record refused requests for reasonable adjustments for students with disabilities, including reasons for refusal, to ensure that policies are being implemented and concerns identified (see paragraph 49).
3.	*TD59, TD60*	The School should use the equality and diversity data it collects to ensure that policies are being implemented and to identify and act on concerns (see paragraph 53).
4.	*TD109*	The School should improve its communication about student assistantships, including its purpose and how this differs from shadowing, how it will be assessed, and the impact of failing the assistantship (see paragraph 70).
5.	*TD110*	The School should work with the deanery to consider the effectiveness of the shadowing period in preparing students for their F1 post (see paragraph 92).
6.	*TD148*	The School should implement its strategy for staff development in relation to learning and teaching, which identifies a formal minimum training requirement for clinical and academic staff, and produces a formal programme of development for staff (see paragraph 100).
7.	*TD122, 148*	The School should ensure that all examples of good practice in staff development identified in LEPs, such as the dedicated educational appraisal of clinical teachers in Bridgend and Newport, are disseminated and encourage implementation amongst trainers as part of its regular process for sharing good practice. (see paragraph 106).
8.	*TD166*	The School should develop a systematic plan for the use of clinical skills facilities in LEPs to ensure that students have opportunities to develop and improve their clinical and practical skills (see paragraph 124).
9.	*TD159*	The School should work closely with the university, NHS Wales, and Welsh Government to ensure sufficient resource is available to introduce and then sustain the C21 programme and to support recent improvements in the quality of the course.(see paragraph 121)
10.	*TD172*	The School should build on existing good practice and put in place processes for tracking graduate progression and outcomes beyond its local deanery and the Foundation Programme to enhance the quality of its programme (see paragraph 131).

16. The School's right of reply and action plan are appended to this report. The School will provide an update on progress against these requirements and recommendations in their 2012 MSAR.

Visit overview

School	Cardiff University School of Medicine
Dates of visit/s	9 November 2011 and 13-14 December 2011
Programmes investigated	Bachelor of Medicine, Bachelor of Surgery (MBBCh)
Areas for exploration	School management and relationship with the University, compliance with *Tomorrow's Doctors*, student satisfaction, quality management, assessment, curriculum including the implementation of the new curriculum, C21, and the graduate entry programme SciGEM, fitness to practise, student support systems for academic and pastoral support in all years, transfer of students from Swansea, exam marking errors, preparedness for practice and clinical skills, patient and public involvement, students undertaking tasks within their competence, reasonable adjustments for students with disabilities, student assistantship, transitions from medical school to the Foundation Programme, staff development, mergers of hospitals and service reconfiguration, quality of educational experience and facilities available during clinical placements

Risk based visiting

17. The Quality Improvement Framework (QIF) recognises that quality management (QM) within schools and deaneries has matured and that quality control (QC) within LEPs requires further development. Previous visits have investigated all standards in all schools. This is no longer proportionate and we have committed to focusing our visits on areas of risk and areas that are new in the 2009 version of *Tomorrow's Doctors*. We are also committed to sharing good practice encountered through visits.

Concerns raised during the visit

18. We have a policy which sets out the process for responding to serious patient safety or educational concerns that may be raised during a scheduled quality assurance visit. Concerns raised via this process will require immediate action and if necessary will then be referred to our response to concerns process: http://www.gmc-uk.org/education/process.asp.

Were any Patient Safety concerns identified during the visit?	
Yes ☐ *(include paragraph reference/s)*	No ☒
Were any significant educational concerns identified?	
Yes ☐ *(include paragraph reference/s)*	No ☒
Has further regulatory action been requested via the responses to concerns element of the QIF?	
Yes ☐	No ☒

The report

1. This is a report of the quality assurance programme for Cardiff University School of Medicine (the School) for 2011/12.

2. The School is the one of the largest in the United Kingdom (UK), with approximately 1600 students. The School offers a five year Bachelor of Medicine, Bachelor of Surgery (MBBCh) programme with entry directly into Year 1, through a foundation Year 0, or into Year 2 through graduate entry streams for graduates of specific biosciences degrees from Welsh universities. The School intends to expand its graduate entry to deliver a four year programme for all Bachelor of Science graduates from 2014.

3. Years 1 and 2 of the programme are currently largely delivered by the School of Biosciences and Years 3 to 5 delivered by the School of Medicine. The School is developing a revised curriculum, C21, which will bring the full programme under the management of the School of Medicine.

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.*

Preparedness for practice

4. The GMC's 2010 trainee survey indicated that graduates of the School felt less prepared for practice as a foundation year one (F1) than graduates of 23 other UK medical schools. We followed up these results on our visit to determine whether the School was preparing graduates adequately for practice.

5. We met F1 supervisors and a small sample of foundation doctors who had graduated from the School and were working at UHW during our site visit. The foundation doctors had completed a four week consolidation block in the post they would take up as an F1 before completing final exams. In 2012 this will be replaced by a four week student assistantship between final exams and beginning F1. The Year 5 planned for C21 incorporates two longer assistantships, with delivery from August 2013.

6. The foundation doctors considered that they had been well prepared for practice by the course. F1 supervisors we met also indicated that there were no issues with preparedness to practice. However, foundation doctors did note that the Foundation Programme, as the first period of employment as a doctor, will necessarily include a lot of learning 'on-the-job'.

7. The final year of the course is spent mainly on clinical placements. In addition to these and the four week student assistantship, any graduates beginning work as an F1 in Wales will complete a four day induction which includes four half days of shadowing their first job. There appeared to be some confusion amongst students and clinical teachers about the different but complementary roles of clinical placements, student assistantships, shadowing and induction (see also paragraph 70).

Fitness to practise of graduating students

8. In 2009, a transposition error in recording exam marks allowed four students to graduate from the School who should not have. The School noted its error quickly and took appropriate action to remove these students from the workplace and support their continued study. An action plan to avoid this error being repeated was produced. The GMC's Undergraduate Board wrote to Cardiff University and has been monitoring this plan. Monitoring progress against the implementation of this plan was therefore a priority for the visit.

9. We followed up the 2009 exam marking errors with representatives from management teams of the School and the University. The School has created an assessment unit and appointed a data manager and a psychometrician, as well as moving to a system in which students' marks over time are held in a single location. The School has also instituted regular checks and reports on assessments.

10. Following the marking errors, the University commissioned a review of the School's assessment procedures which resulted in a report and recommendations that the School is responsible for implementing. The review was led by the head of the University's independent Joint Internal Audit Unit and included a member from another medical school, making appropriate use of externality. Progress is monitored under an audit programme by the University. The University has committed to continue this independent audit of the School's examination structures until 2013. We are satisfied that the School is implementing the recommendations of the review and with the system for embedding and monitoring the recommendations. It is unlikely a similar incident will occur with the transposition of marks however there remain some concerns around the administration of exams (see paragraphs 24 and 84).

Undertaking tasks within competency

11. Students and foundation doctors we met confirmed that they had never been asked to act beyond their competence when students during clinical placements.

12. Year 1 and 2 students we spoke to confirmed they had received instruction on patient safety as part of their professionalism lectures prior to attending their early clinical attachments. The students found these sessions useful and reported that it had increased their confidence and ability to conduct themselves appropriately while on placements. This included guidance on how to explain to patients who they were and why they were in the hospital, how to ask for consent to observe delivery of care, and what students would and would not be expected to do.

Transfer of information

13. Previous quality assurance reports on postgraduate education have highlighted issues with the transfer of information between stages of medical education. Keeping tutors and supervisors informed about a student's performance, health or conduct is particularly important between graduation and the first year of work as a doctor where the potential for patient safety issues is much greater. Accordingly, the GMC is investigating the transfer of information between schools and deaneries on all visits in the 2011/12 cycle.

14. There is an F1 Monitoring Group, which has brought together staff from the School and the Wales Deanery three times a year since 2005. The group reviews the progress of students and foundation trainees where there have been or are performance and progression concerns, or special circumstances. Representatives of the student body and undergraduate and postgraduate support services also attend the group. Appropriately, students are not present for discussions of individual student or trainee cases. The School identified the group as an important mechanism for providing a flow of information between itself and the deanery. The School also valued the opportunities that the group provided to identify and investigate potential concerns, provide proactive support for students and trainees, and to share information confidentially. The F1 supervisors we met also valued the group as a useful means for communicating about students from Year 4 onwards.

15. The F1 Monitoring Group is an important mechanism for the transfer of information between the School and the deanery and we recognise this as good practice.

16. The senior educational team at UHW were concerned that transfer of information from the School was not working well, however foundation trainees advised that all graduates are required to complete transfer of information forms which are shared with the deanery and educational supervisors within LEPs. Foundation trainees understood the purpose of the transfer of information forms to be supportive rather than punitive.

17. Some clinical teachers found it difficult to get to know students during short clinical placements and thought this hampered their ability to pass on useful information to graduates' foundation programme. However the School plans to introduce longer clinical placements in Year 5/F0 through the harmonisation project (see paragraph 63). We are content that self declaration through transfer of information forms and the F1 Monitoring Group ensures robust transfer of information.

Domain 2: Quality assurance, review and evaluation

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

Quality management

18. Quality Management is the process by which the School ensures the programme it delivers is appropriate and meets the standards required of it. The GMC's quality improvement framework (QIF) requires schools (and LEPs) to monitor that the programme of education is meeting the GMC's standards. Schools' quality management is vital to delivering an appropriate course that is compliant with GMC standards, and schools require strong leadership in this area.

19. The School's Quality Management Strategy dates from August 2011 and is very new. It is underpinned by the same model as the GMC's QIF (quality assurance by the GMC, quality management by the School and quality control by LEPs). The strategy aims to ensure that the programme meets the GMC's standards, produces competent doctors who are able to pursue a career in medicine, produces reflective graduates who are able to learn continuously and who are competent in research, and ensures that patient care is at the core of the curriculum. The strategy sets out the responsibilities of those involved with medical education within the School.

20. Aside from the GMC, the School is also subject to the University-wide quality assurance process, Annual Programme Review and Evaluation (APRE). This requires the School to submit a synopsis of their processes and the results of annual quality management activity for consideration by a university sub-committee. The information submitted to APRE includes a detailed report from the examiners.

21. During our review of evidence, we noted that the Quality Assurance Agency for Higher Education had indicated that the School and University operated incompatible quality management cycles. We raised this issue with the School who advised that these cycles were being brought into line.

22. Years 1 and 2 of the course are largely delivered by the School of Biosciences, with a subject panel responsible for the management of the teaching for each of the nine (Year 1) or ten (Year 2 and 3) subjects taught each year. Quality management is carried out through a cycle of panel evaluation and the Bristol Online Survey tool. Panel evaluations are conducted in cycles to avoid fatigue amongst respondents, with at least three subject panels evaluated each year.

23. Students are informed by the School that they are obliged to provide evaluation in line with TD09 and the survey response rates are reported to be around 90%. An exit questionnaire is also provided at the end of both years. Surveys include a mix of quantitative and free text questions. The evaluations are summarised and fed back by the School of Biosciences to the incoming year group.

24. Systems for collecting quality management data on the course content appear to be sound. However, we remain concerned about the quality control and management of assessment. Students were able to cite examples of administrative

errors, such as the printing of the answers to questions on exam papers and noted occasions on which the coverage of questions did not reflect the course content. The School must ensure that the administration and organisation of assessments is improved and that assessment papers are subject to appropriate quality control.

25. The School is responsible for the quality management of Years 3, 4 and 5 and carries this out by means of an annual end of year evaluation, which covers classroom teaching, administration and management. This is fed back to year and module leads, and a summary is provided to the School's examination executive. Year and module leads are expected to provide an action plan which is then monitored by the School management team. This data is used to inform the School's response to University-wide quality assurance activity.

26. Quality management of clinical placements, including early clinical attachments in Years 1 and 2, is largely undertaken through student evaluation. Student evaluation forms are provided by the NHS Liaison Unit and are completed electronically at the end of each placement. The evaluation feeds into the annual Undergraduate Teaching Review Meetings, which are attended by the School, the deanery, chief executive officers and medical directors of health boards and the lead honorary senior lecturer and undergraduate managers from each LEP. The agenda for the meeting is informed by the results of student evaluation and service increment for teaching (SIFT) issues and includes the evaluation of facilities on clinical placements.

27. The results of student evaluation are also fed back to honorary senior lecturers in LEPs. Snapshot anonymised feedback is provided at the end of each placement and the NHS Liaison Unit aims to deliver this to the LEP within 10 days of the survey. At the end of the year, a cumulative report of student evaluation is provided with 'traffic light' ratings to identify areas of concern. Evaluations are also provided to the School and students.

28. The School and the Associate Medical Director for undergraduate education at UHW were able to give examples where this mechanism had provided important evaluation which had been acted on to improve the quality of the course. For example, the NHS Liaison Unit report indicated that students' evaluation of the Year 2 Foundation Clinical Skills module was below the All-Wales benchmark. The course has been altered and monitoring activity has identified improvements.

29. The process for collecting student evaluation appears to be robust and is able to identify issues such as LEPs not delivering the agreed level of teaching. For example, the student evaluation includes questions on the amount of bedside teaching delivered within a placement.

30. We commend the process of collection and distribution of student evaluation through the NHS Liaison Unit and the annual undergraduate teaching review meetings as good practice in the provision of systems to monitor the quality of teaching and facilities on placements.

31. Although we commend the student evaluation process as good practice, we note that clinical teachers we met at UHW did not always receive the reports early

enough to improve the quality of their placements for the next students within that academic year, rather than just for the following cohort. We also note that evaluation is anonymous with regard to the teachers and that named evaluation was provided annually only. Clinical teachers we spoke to said they would benefit from even earlier reports and more named evaluation.

32. We found that the use of data from student evaluation to inform quality management was good. Patients are also able to provide quality management data following interactions with students and are represented on committees within the School, particularly on the committee overseeing the new curriculum. Students also receive feedback from patients on their performance and communication skills in clinical placements. However, we found that peer review of teaching in clinical placements did not take place for all teaching staff in all LEPs (see also paragraph 104). We acknowledge that the School is attempting to increase the role of patient feedback and peer review of teaching in general through patient involvement in key committees as part of the design of the new curriculum.

33. There is also an annual conference for GP tutors which the School uses to communicate important messages and provide feedback. These were well received by the GPs we met. The conference provides an opportunity for the School to communicate messages to GP tutors. The School has used conferences to address specific issues; for example, the School noted from evaluations that students were observing rather than participating in GP placements. This was addressed in a GP conference where suggestions were made and GPs were asked to workshop ways of involving students in their placements. We commend the use of annual and specific conferences to communicate with clinical tutors and involve them in quality management as good practice.

Agreements with Providers

34. We did not identify any risks relating to the service level agreements (SLAs) with LEPs in our evidence base and wish to highlight the SLAs as an area of good practice. All LEPs in Wales, including UHW, have an SLA with the School and the Welsh Government. The SLA is based on the standards within TD09 and the supplementary advice *Clinical Placements for Medical Students*. We commend the inclusion of TD09 standards and supplementary advice *Clinical Placements for Medical Students* in these SLAs for ensuring that delivery of TD09 standards will become a contractual obligation.

35. The SLA supports the provision of SIFT. The Welsh Government appointed an All Wales SIFT co-ordinator who is based within the NHS Liaison Unit of Cardiff University. Although the SIFT Co-ordinator is based in Cardiff University, this is a Welsh Government position.

36. The SIFT budget remains fairly constant. In 2012/13 there is a planned reduction of 3% to placement SIFT but no planned reduction to infrastructure SIFT.

37. The senior education team at UHW confirmed that they had received additional SIFT to provide clinical placements for extra Swansea transfer students they had had to accommodate unexpectedly.

38. The senior education team at UHW hope to make the use of SIFT more transparent and would ideally like to devolve monies to individual departments. This would be based on the amount and quality of teaching they provide and SIFT would be used to provide clinical teachers with supporting professional activities (SPAs) within their job plans.

39. The School appears to have good working relationships with UHW; the Medical Director has regular one-to-one meetings with the Dean, there is an Assistant Medical Director with responsibility for undergraduate education, the Chief Executive of UHW sits on the C21 programme design committee, the Dean or his deputy sits on the Medical and Dental Education Training Group at UHW and there is a partnership board which meets every three to four months and includes the Pro Vice Chancellor and the Chief Executive of UHW. A strategy for undergraduate medical education was considered by the board of UHW.

40. There is an annual meeting between the School and UHW's senior educational team to discuss the student evaluation and other quality data broken down by specialty.

Student, patient and employer involvement in quality

41. Students were largely positive about their involvement in quality management. Year 1 and 2 students we spoke to were content with the quality of the teaching by the School of Biosciences and could identify a number of areas where student evaluation had led to changes in the course. Examples included the introduction of 'Medical Orientation' lectures which focused on the clinical relevance of basic science teaching, the format of which had been decided by the current Year 2 students. Students were also pleased with engagement through the staff/student panels. They also noted that most of the changes appeared to happen between cohorts rather than within them. We note that this view was not shared by all students: some students we spoke to as part of the UHW site visit indicated that their evaluation of Years 1 and 2 led to little change by the School of Biosciences and advised that many issues raised were not resolved. However, the site visit involved a smaller sample of students and may reflect historical, rather than current, performance.

42. Students advised that the structure of Year 3 had been amended following their evaluation. There are now fewer lectures allowing more time for self study. Although students do not always see the direct benefit of their evaluation, the School of Medicine routinely provides information showing what has been changed for students in the following year. The School of Biosciences also provides information on changes to the course (called 'You Said, We Did'), though students do not receive these once they move into the School of Medicine in Year 3.

43. Students can also provide evaluation on an ad hoc basis and reported going to members of the senior management team and raising issues at Dean's Question Time. This initiative follows the model of BBC Question Time with a panel of the senior management team. Students from all years can attend; questions do not have to be submitted ahead of time and are not scripted. Students can ask the panel anything and will receive an update on any issues raised during the previous Dean's

Question Time. This was welcomed by students as a useful and engaging method of providing evaluation to the School.

44. We commend the Dean's Question Time as good practice in obtaining and incorporating student evaluation into management of the course.

45. Students were generally positive about the staff/student panels as a way to deliver evaluation to the School and believed they were useful. Some students we spoke to indicated they wanted them to be made more frequent.

46. Students identified a number of areas of the course that could be improved: providing access to lecture notes and handouts before the lecture; less travelling or greater support with travel costs when on clinical placements; earlier provision of clinical placement timetables; and peer review of teaching, particularly for those delivering Years 1 and 2 of the curriculum.

Quality management of graduate entry courses

47. The School allows students from a limited number of courses at Cardiff and Glamorgan Universities to enter the programme directly into Year 2 as graduate entry 'feeder streams'. We understand that the School plans to include an additional programme at Bangor University in the future. We found that while quality management of the courses to ensure they provided an appropriate qualification for entry did take place, this was not an official part of the School's quality management. The School confirmed that mapping of Year 1 of the MBBCh to both the Cardiff and Glamorgan courses takes place, and that the latter was designed specifically to prepare students for graduate entry medicine. The School should formalise the existing arrangements concerning graduate entry streams to ensure that they are included within the School's programme of quality management and provide data on graduate entry students' progression through the Medical School Annual Return (MSAR).

Domain 3: Equality, diversity and opportunity

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

48. Staff training on equality and diversity appears to be generally good. Completion of equality and diversity training was compulsory for the clinical teachers we spoke to. While the management of this varied, it was expected that staff would demonstrate they had completed training in order to teach. This was also true for F1 educational supervisors, who were expected by the deanery to have completed this training. The School stated that 79% of its staff had completed equality and diversity training, which they considered to be low and would be addressed as part of the staff development strategy.

49. The Enhanced Annual Return (EAR) for 2010/11 stated that 28 of 99 requests for reasonable adjustments were refused. The School indicated that this was a misunderstanding and subsequently provided information that stated 73 requests had been granted and that records had not been kept of refused reasonable adjustments. The School should record refused requests for reasonable adjustments

on the grounds of disability, including reasons for refusal, to ensure that policies are being implemented and concerns identified.

50. The Medical Director at UHW was confident that reasonable adjustments would be made by the board to accommodate students undertaking specific placements. However, he was not aware of any specific cases.

51. The School confirmed in the 2009/10 EAR that it routinely collects monitoring data on equality and diversity for student admissions and staff profiles. However, the EAR also stated that this data was not currently used by the School but that it would be in future. We therefore investigated to determine the extent of the collection and use of this data by the School.

52. The data appears to be used only partly to inform changes to the School's policies and management. The School had identified a decline in the number of Welsh domiciled students at the School and had implemented a number of programmes to combat the decline. These included: providing the option for Welsh language interviews for applicants; providing interviews in North Wales; and allowing students from Welsh universities to enter the Year 2 of the programme via the graduate entry stream degrees.

53. While we found that the School does collect and make use of equality data to some extent, we recommend that this is considered formally at School management level so that the School can use this data to improve quality, inform programme development and to meet the needs of students.

Domain 4: Student selection

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

54. We noted that, according to the 2009/10 EAR, 211 of the 412 interviewers had completed mandatory training for selection. We therefore investigated whether selectors had been appropriately trained for their role. The School confirmed that training for selectors had been made compulsory this year. The School also noted that the training included a session on equality and diversity. We are satisfied that all those involved in student selection have been adequately trained.

55. We did not identify any other potential risks to investigate as part of the visit under this domain. We are therefore satisfied that the School is compliant with standards for student selection.

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

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

Early patient contact

56. Years 1 and 2 are currently delivered largely by the School of Biosciences. We were concerned that students would not have the early patient contact required by TD09. The School of Medicine, in collaboration with the School of Biosciences, has recently increased clinical attachments in Years 1 and 2 of the course to improve early contact with patients. At present these take the form of seven days of placement within a two week block covering seven specialties. Students we met were generally very positive about this and indicated that it enhanced the relevance of the other aspects of the course, but also noted considerable variation between placements. We are satisfied that the early clinical attachments provide early contact with patients from a range of backgrounds and with a range of disabilities, illnesses and conditions. We are pleased this will be further increased once the new curriculum is fully implemented.

Curriculum design and structure

57. The School's current curriculum is not adequately structured to integrate the learning of basic and clinical sciences. The School recognises this and will address it through the introduction of its new curriculum C21. Years 1 and 2 of the curriculum are largely delivered by the School of Biosciences. We note that efforts have been made to avoid a 'pre-clinical' and 'clinical' divide, such as early clinical attachments and clinical relevance lectures, as well as the vital role played by the School of Biosciences in delivering basic science teaching. We also found that that the School of Medicine had become more involved in the content and delivery of Years 1 and 2 in recent years.

58. During the visit, the School of Biosciences confirmed that there was a separate programme and classes for medical students, and that students learn biosciences for medicine. Students we met did not always find that basic science teaching in Years 1 and 2 was applied to the study of medicine though improvements, such as clinical relevance lectures, have clearly been made. Senior staff from both the School and from the School of Biosciences commented that the relationship between the schools had improved and both schools met monthly in the Curriculum Management Group, which reviews course content.

59. Despite this, we consider that problems remain with this arrangement due to a number of issues raised during the visit. Students we spoke to experienced a disconnect between the first two years of the programme and had had difficulties stemming from communication between the separate administration of the two schools. Year 1 and 2 students also lacked access to the School's valued student appraisal system for academic support. Some commented that they did not feel like medical students until Year 3 and questioned the extent to which some of the basic science teaching related to medicine.

60. Students identified attempts to include clinical science within teaching and were consistently positive about them. However, the effect of this is that integration of clinical and basic science teaching has not yet been achieved in much of the routine teaching delivered in Years 1 and 2. We note that steps have been taken to increase clinical teaching in Years 1 and 2, but that these comprise discrete aspects

of the course. We did not find, therefore, that clinical and basic science teaching was fully integrated within the first two years of the course. This should be addressed when the new curriculum is implemented and we will monitor this through our follow up visit in 2013/14.

61. We reviewed assessment papers, blueprints, and spoke with students in all years. We found that assessments did not always match the learning outcomes and that examinations sometimes included questions that were not applicable to the study of medicine. Similarly, students in later years reported that exams in Years 1 and 2 focussed disproportionately on small and possibly irrelevant details. The School must ensure consistent practice in blueprinting to ensure that assessments provide valid and reliable judgements of a student's performance against the required outcomes for graduates.

62. The School is committed to gaining control of the management of the entire programme. At present, the School has insufficient oversight over the structure, delivery and assessment of the entire curriculum. This has resulted in difficulties for the School in ensuring that clinical and basic sciences are integrated in teaching, that valid and reliable assessments are set for the early part of the course, and that the required outcomes for graduates are met across the programme as a whole. The School must therefore ensure that it has full oversight of the curriculum. Within this requirement, we note that the School will need to draw on the expertise of the School of Biosciences.

63. The School, supported by the School of Biosciences, is introducing a new integrated curriculum called C21 (to produce 21st century doctors). The C21 project incorporates a programme of improvement to the existing MBBCh course, culminating in a modernised programme to be fully implemented by 2013/14. The project also includes: further development of the existing graduate entry programme (SciGEM); a 'harmonisation' of the final year of the programme to align it to the Foundation Programme; and changes to the School's six year programme, which includes a 'Year 0' targeted at students who do not meet all the specific subject requirements for entry to the five year MBBCh but can demonstrate academic potential.

64. The main aims of C21 are earlier and longer clinical placements, greater integration of basic and clinical sciences, and the use of a broader range of teaching and learning methods. The course is intended to be organised into three stages, with Years 1 and 2 organised around core science and clinical practice. The syllabus is planned to revolve around the chronological life cycle and to be delivered by small group discussion clinical cases. Much of this is intended to take place in clinical settings, with students exposed earlier and for longer to clinical settings than at present. Years 3 and 4 (phase 2) are intended to be organised around patient pathways, with three main topics in Year 3 and four in Year 4. This stage is also intended to be characterised by the learning of increasingly complex clinical skills. Year 5 of the course is intended to align closely with the first year of the Foundation Programme and will be spent almost exclusively in long clinical placements and student assistantships. Assessment at this stage will be predominantly through workplace based assessment (WPBA). This is underpinned across all five years by the themes of scholarship, science, safety and service.

65. We were satisfied with the School's approach to curriculum change. We found that there was a clear vision for medical education and were satisfied with the planned structure and content of the curriculum to date. We also note that the School's evolutionary approach to curriculum change ensures that improvement to the existing programme will be included as part of the transition to C21. Similarly, we note that the School's plans to introduce the new Years 1 and 5 simultaneously will mean that the benefits of curriculum change will be experienced by existing students, and that there will not be a gradually diminishing group of students left on the old curriculum.

66. The School identified closer integration of clinical and basic science in all years as a major component of C21. Years 1 and 2 of the programme have already seen an increase of early clinical attachments and the introduction of lectures on clinical relevance of basic science teaching. The School identified the harmonisation of the Year 5 and F1 as an important component within C21. In the harmonised Year 5 ('F0'), students would spend the year in four long clinical placements: a junior assistantship at the beginning, a primary care placement, an elective, and a senior assistantship at the end of the year. We broadly welcome the School's plans for Year 5 but, at present, there is no clear plan on how the WPBAs of the final year will be conducted. The School must ensure that there are clear plans for the assessment of the new Year 5 of the course, and that assessors are appropriately trained in the use of the assessment methods selected by the School.

67. The plans for C21 involve the increased use of small group teaching as well as a greater variety of teaching methods. We welcome this approach, but would caution that, given the size of the School, this will require sufficient planning, resources and staff development to be successful (see paragraph 121 below).

68. From 2012 onwards, the School will run a four week student assistantship after finals in Year 5. Students we met were aware of the format and delivery of the student assistantship and that they would be taken in the same clinical unit as their foundation post if staying in Wales. The School plans to assess student assistantships using WPBAs run through the 'e-portfolio' system, and students will also keep a logbook of cases to discuss with their consultant. Successful completion of the assistantship is compulsory and students can fail the assistantship on attitude and conduct grounds as well as clinical competence.

69. Students and some of the clinical staff we met were unsure of the difference between the student assistantship and shadowing periods and largely equated the two. We also found that, while students were aware that the student assistantship would be assessed, they were not all aware that the student assistantship could be failed.

70. The School has provided information on student assistantships via email to consultants and students. However, we found that students' understanding of the difference between student assistantship and shadowing, and of the assessment of assistantships remained limited. The School must ensure that student assistantships are assessed and assessors are appropriately trained to assess. The School should also improve its communication about student assistantships, including its purpose

and how this differs from shadowing, how it will be assessed, and the impact of failing the assistantship.

Clinical placements and experience

71. Students undertake clinical placements in LEPs across Wales. The students we spoke to were positive about the placements, specifically the range of experiences across Wales and the quality of teaching. They did however note that the quality of placements was more varied in UHW than in other LEPs where they were consistently positive about the placements. Some students attributed this to the large number of students a general busyness of UHW.

Feedback to students on their performance

72. The School has consistently performed poorly in the National Student Survey (NSS) in areas including provision of feedback to students.

73. Students we met as part of the UHW site visit did not fully agree that the NSS score reflected their experience and we were able to triangulate a more positive perception of feedback amongst other students we met on the School visit. Students in Years 3, 4 and 5 were all able to cite aspects they wished to see improved around feedback. Specific examples included: missed deadlines for the delivery of feedback; scheduling of feedback that reduced its ability to help students make improvements in future; and a lack of detail in feedback from both clinical placements and exams that would allow students to judge their areas of strength and weakness.

74. Year 1 students were positive about the feedback they had received on their exams, and students valued the ability to compare their performance against the whole year on each question and identified the end of year feedback as helpful. The School of Biosciences has made changes to the feedback provided in Years 1 and 2, providing explicit individual feedback and speaking to students who had obtained borderline pass marks.

75. Similarly, students in Year 4 indicated that there had been an improvement in the feedback provided and identified feedback on OSCEs and Student Selected Components (SSCs) as constructive. Students in Year 3 felt they were unable to comment on feedback as the number of assessments they had undertaken at the time of the visit was insufficient.

76. Students in Years 3, 4 and 5 identified continuing issues with feedback and consistently identified the level of detail provided in written feedback as an area they wished to see improved. Students in these years commented that the scope for feedback on performance in clinical placements from consultant forms was limited and wished to see the forms developed to include scope for more detailed consultant feedback. Students in Years 3 and 5 commented it can be difficult to identify areas of strength and weakness from feedback forms.

77. Overall, we found that students' perception of feedback appears to be improving over time.

Assessment

78. We found that the School does not currently carry out adequate and consistent blueprinting of examinations across all five years of the course. The blueprints provided for each year of the course were in different formats and did not contain the requisite amount of detail to guarantee the reliability and validity of the examinations in question. As a result it did not appear that the questions in examinations were mapped to a scheme of outcomes which related to expected knowledge, skills or behaviour. The School must ensure consistent practice in blueprinting to ensure that valid and reliable judgements of student's performance against the required outcomes for graduates can be made (see paragraph 82)

79. The students we met expressed concerns that reflected the lack of blueprinting. They considered questions in some exams (primarily in Years 1 and 2 but also in later years) not to be applicable to the study of clinical medicine and the proportion of questions on certain topics did not reflect the proportion of teaching.

80. We therefore require the School to ensure that blueprinting of all assessments across all five years of the course is in place as a matter of urgency.

81. We also note that the mechanism to summatively assess all the required clinical procedures specified in Appendix 1 of TD09 is currently being piloted (see paragraph 85).

82. The School has carried out standard setting using the modified Angoff method and has recently been exploring the use of other methods, including the use of borderline groups. The School must set out clearly which methods of standard setting it intends to use for which assessments.

83. Students we spoke to identified a range of administrative errors with examination papers, notably the provision of examination papers which included the answers to questions or questions intended for other papers, and the double booking of examination rooms.

84. The School is therefore required to ensure that the administration and organisation of assessments is improved, and that assessment papers are subject to appropriate quality control by the School and are not issued to students containing errors.

85. The School currently assesses some of the practical procedures required by TD09 through the summative Year 5 OSCE. The School intends in the future to assess these procedures through the Year 5 clinical skills portfolio which is currently being piloted. We welcome this approach, and would expect this methodology to provide an acceptable way to asses these skills. However, the plans for additional WPBAs to assess the clinical skills portfolio are not yet in place nor supported by requisite training for clinical supervisors to enable them to deliver WPBA assessment of the clinical skills portfolio. At this pilot stage, the clinical skills portfolio is not summative and the OSCE does not assess all the required practical procedures. The School must ensure that all students are summatively assessed on all the practical procedures listed in Appendix 1 of TD09.

86. A lack of training for examiners was identified as a risk across all schools and the GMC has included it within visits to all schools. We found that examiner training was good and that systems to ensure all examiners were appropriately trained were in place. New marker training is under development, and all new examiners are subject to compulsory training. We commend the School's assessor training programme which has ensured that all examiners received training and increased consistency in the marking of Student Selected Components

87. We followed up issues raised by the School in the marking of SSCs. The School reported difficulties in ensuring consistency in the marking of SSCs due to the large number of markers and their wide geographical dispersal across Wales. The School has developed marker training for this course and has started a programme to scrutinise comments to address the variation in marking and ensure SSC markers receive the requisite training and guidance.

88. Clinical teachers we met had been trained to use the School's electronic system for clinical assessments ('e-portfolio'). The training had been coordinated centrally by the School and it appears LEPs have good systems for ensuring attendance and dissemination of the training. Clinical teachers were positive about the training and were able to identify contacts in case they had queries.

89. Generally, the School has identified the need for further training on the delivery of WPBAs and the marking of SSCs. We have set a requirement concerning assessment and a recommendation concerning staff development and would expect such training to be included within these.

90. Year 5 of the curriculum is currently being aligned to the Foundation Programme under the banner of the Harmonisation Project or "F0" (see paragraph 63). We are aware that pilots of the WPBA intended for use in the new course are planned for April 2012. There is not yet a clear plan for the workplace based assessments to be used in this year.

91. Students undertake a period of four days to shadow their F1 job and receive hospital induction. This period is paid for by the Welsh Government.

92. In this period, students may not receive adequate time to use their medical knowledge in a work environment. We acknowledge that the School is not the only partner involved in the delivery of shadowing. The School should work with the local deanery to consider the effectiveness of the shadowing period in preparing students for their F1 post.

Management of transferring students from Swansea University College of Medicine

93. The School's Year 4 includes around 70 students originally from Swansea University School of Medicine who transferred to the School following the suspension of Year 4 of the Swansea programme. We met with School staff and Swansea transfer students to determine if issues had arisen as a result of the transfer. Generally, it appears the School has managed the incorporation of these students well. Students we met were largely positive about the teaching and learning objectives at the School. They received extra lectures and had found the School to

be welcoming. There were minor issues concerning induction, for example that they did not receive information on how to use the School's virtual learning environment, however overall we found students to be well supported.

94. Swansea transfer students also raised the question of their rankings for F1. While they will receive Cardiff University degrees, they will still be considered as a Swansea cohort for the purposes of F1 rankings. Transferring students were dissatisfied with this arrangement but we did not find evidence that they would be disadvantaged, as this would have been the case had they remained at Swansea. We are therefore content with this arrangement.

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

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

Training the trainers

95. The School provides a good range of opportunities for the development of teaching staff. Academic and clinical teachers we spoke to were positive about the opportunities provided directly and indirectly by the School. Both the School and the School of Biosciences appear to be increasing the amount of staff development opportunities available, such as monthly educational conferences and lunchtime meetings, and an anatomy teaching conference in biosciences. Specific training is available and required for some areas, for example OSCE examiners and those interviewing potential students.

96. There is overlap between the School and deanery clinical teachers, and the School identified training and development offered by the deanery as beneficial as it also enhanced the skills of undergraduate teachers. The Academic Lead for Staff Development is working with the deanery to facilitate joint staff development and ensure that the School does not require staff who have completed the relevant training with the deanery to repeat it unnecessarily with the School.

97. Senior education staff at UHW were aware of the range of options for staff development. However, they were unsure whether a minimum requirement existed. The School confirmed that there was no minimum training requirement for clinical teachers without an academic role within the School or Cardiff University.

98. The School sets some requirements for some clinical trainers through the medical teaching agreements and award of honorary teaching positions. GP clinical teachers must complete the Even More Effective Teaching (EMET) course and equality and diversity training and honorary teachers (LEP staff who hold teaching roles from the School) are required to work towards a formal teaching qualification. Clinical staff within the School's Institute of Primary Care are required to undertake an effective teaching skills course.

99. Despite the range of opportunities and presence of some requirements for academic and clinical teachers, we found that the formal strategy for staff development related to learning and teaching has not yet been implemented, and there is not yet a consistent set of requirements for all teaching staff in order to teach. We acknowledge that the School is developing in this area and has recently completed a baseline of staff training and mapped current opportunities to the standards set by the Academy for Medical Educators.

100. The School should continue this area of work to produce a strategy for staff development related to learning and teaching, identifies a formal minimum training requirement for clinical and academic staff, and produces a formal programme of development for staff.

101. The University requires all academic teachers to be appraised. Additionally the School requires academic teachers to undergo peer review twice a year. The academic teachers we spoke to confirmed that peer review was mandatory and took place largely as stipulated.

102. The clinical teachers we spoke to received regular appraisal as part of their clinical role. We found that a range of methods for delivering educational appraisal were in place. Educational appraisal is included in consultant appraisal in some hospitals, while in Bridgend educational appraisal of honorary lecturers is carried out separately by the honorary senior lecturer. This model is also used in Newport.

103. We commend the separate and dedicated educational appraisal of honorary lecturers and honorary senior lecturers in Bridgend and in Newport as example of good practice.

104. We also note that a group of GPs in West Wales had organised peer review of their teaching, and that the outcomes of this review informed the content of the Annual GP Tutors' Conference.

105. We welcome the above examples of staff development and appraisal process, and consider that the School could have done more to ensure that these examples of good practice were identified and disseminated as part of its processes for sharing good practice.

106. The School should ensure that all examples of good practice in staff development identified in LEPs are disseminated and encourage their implementation amongst trainers as part of its regular process for sharing good practice.

Academic and pastoral support

107. Pastoral support is provided through a personal tutor system. Students are provided with a named personal tutor in the School of Biosciences for Years 1 and 2 and in the School for Years 3-5. This means that students usually have at least two different tutors over all five years of the course. Students are expected to make their own arrangements to meet with tutors.

108. There is also a separate system of academic appraisal introduced in response to a previous GMC requirement which focuses on students' academic performance. This is a mandatory meeting with a separate appraiser for students in Years 3-5. We found that appraisal had been successful and was valued by students.

109. We found that while appraisal was highly valued, students were sometimes unclear or unhappy with arrangements for academic and pastoral support. There does not appear to be a clear understanding of the different functions of personal tutors. Student support staff identified a theoretical separation of academic and pastoral roles which was not always apparent in practice. Tutors from the School of Biosciences were expected to fulfil both academic and pastoral roles. However, staff responsible for student support acknowledged that tutors drawn from the School of Biosciences were not always able to provide the required level of academic support. The School has accepted that at present there is a debate over how academic and pastoral support should be provided and by whom.

110. This was reflected in the experience of some Year 1 and 2 students who felt that this impacted on the usefulness of the tutor system, especially in the absence of academic appraisal in Years 1 and 2. However, many students in these years thought the system to be working well and did not experience problems. Students in Years 4 and 5 indicated that there needed to be more emphasis on tutor meetings to ensure that the system remained a useful aspect of pastoral support.

111. We also found that satisfaction with the personal tutor system was highly variable across the later years of the programme. While many students reported positive experiences of personal tutors and felt they had received appropriate pastoral support, others reported negative experiences such as unwillingness to meet with students or tutors being unaware of the requirements of their role. Students we spoke to across all years felt that a more rigorous approach to the personal tutor system was required. The School noted that induction training and a handbook is provided for tutors, and that there is an end of session debrief. However, the system in place for pastoral support may not always provide appropriate support for students' general welfare needs at all stages.

112. The School has a range of student support mechanisms to deal with academic and pastoral issues such as the Undergraduate Performance Programme and Individual Support Programme. While these mechanisms appeared to provide good support, we found that students were unclear about and not always able to identify the relevant channels for support.

113. We require the School to clarify and communicate the various academic and pastoral support mechanisms available to students and to strengthen the personal tutor programme so that it is able to provide appropriate support to students.

Careers advice

114. Students we spoke to were aware of or had attended careers fairs. They confirmed they received emails about careers events and that, while aimed at later years, all years had access to advice and information which was tailored to each

stage of the course. Students we met also identified other sources, including tutors, appraisers and clinicians of careers advice.

115. The team visiting the Wales Deanery identified the advice offered jointly between the School and Deanery to students and trainees as possible good practice. During our visit, we found that the joint career mapping website provided a useful and comprehensive resource for students to find information on career options. The site maps possible career paths and provides important information for students and trainees on each the options. The School was able to show that the site was well used. We note the joint career mapping website as an example of good practice in providing careers advice and opportunities to explore different pathways in medicine.

116. Staff from the careers service outlined their programme of activity during the five year programme. Information is provided at and tailored to each stage of the course, and students receive an annual talk from the service as part of their year induction.

Domain 7: Management of teaching, learning and assessment

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

Management structures

117. Students we spoke to showed good awareness of the School's management structures and were able to identify the virtual learning environment as the source of other information they would require.

Role of NHS organisations in clinical teaching

118. We investigated the potential for service reorganisation and changes in SIFT to negatively affect the education provided in clinical placements. However, senior staff at UHW and the School indicated that that they did not expect negative impact to the course.

119. The re-structuring of the NHS in Wales means that the School needs to be aware of the potential changes to delivery of clinical care in some specialties so that changes to student attachments can be made in a timely fashion.

Domain 8: Educational resources and capacity

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

Learning resources and facilities

120. The School has recently built the Cochrane building which houses the School administration centre, a library, teaching and simulation facilities, and will address many of the issues identified by both the School and students concerning the lack of

learning resources and facilities. We are also aware that the School of Biosciences has recently acquired new facilities for teaching at Cathay Park.

121. We note that recent investment has enabled the School to resolve long-standing issues such as access to facilities and to appoint staff to assist the management of examinations. However, we note that the School has ambitious plans for improvement, including curriculum change, in the coming years, and these will need to be supported by sustained investment to ensure they are successful. The School should work closely with the University, NHS Wales, and Welsh Government to ensure sufficient resource is available to introduce and then sustain the C21 programme and to support recent improvements in the quality of the course (see paragraph 67).

122. The School should ensure that it is sufficiently resourced to carry out the planned programme of improvements, including the introduction of C21 in full, and to sustain recent improvements in the quality of the course (see also paragraph 67).

123. Students confirmed that all LEPs where they undertook clinical placements had clinical skills facilities. However there did not appear to be a systematic approach to using these to support students in their acquisition of clinical skills.

124. The School should develop a systematic plan for the use of clinical skills facilities in LEPs to ensure that students have opportunities to development and improve their clinical and practical skills.

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.

Achievement of outcomes

125. In its 2010/11 Enhanced Annual Return, the School stated that some work is required to ensure that students are able to undertake all required therapeutic and diagnostic procedures. We followed this up during the visit and found that all these procedures were being taught but that assessment only sampled these procedures.

126. The School must ensure that graduates are required to demonstrate all the clinical procedures outlined in Appendix 1 of TD09 (see paragraph 85).

Tracking outcomes

127. F1 supervisors we spoke to had found that Cardiff graduates were well prepared for practice.

128. We note that Cardiff University routinely collects feedback from all its graduates, including those from the School, as part of the Higher Education Statistics Authority's (HESA) national survey. However, this does not track progression of

medical students beyond entry to the Foundation Programme and does not provide information on the issue of transition to the Foundation Programme.

129. The School receives feedback on some of its graduates via the F1 Monitoring Group. The School, clinical teachers and supervisors were uniformly positive about the group's ability to provide information about the transition between the School and the Foundation Programme, and we have recognised this as good practice.

130. Although the F1 Monitoring Group constitutes good practice, its scope is limited to graduates who remain in Wales to complete their F1 year, and includes the Foundation Programme only. We acknowledge that tracking graduate outcomes is a challenging area across the UK. However, the School has already demonstrated good practice in this area through working with its local deanery and we encourage the School to develop further in this area.

131. The School should build on existing good practice in this area to put in place processes for tracking graduate progression and outcomes beyond its local deanery and the Foundation Programme to enhance the quality of its programme.

Acknowledgement

132. 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.

Annex 1: Context

The GMC's role in medical education

1. The General Medical Council (GMC) protects the public by ensuring proper standards in the practice of medicine. We do this by setting and regulating professional standards for qualified 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 and monitors standards in medical education. The standards and outcomes for undergraduate medical education are contained in TD09 while the standards for postgraduate medical education are set out in the publication *The Trainee Doctor.* The GMC visits medical schools and deaneries to share good practice, review management of concerns and investigate any other areas of risk indicated by the information held by the GMC.

3. When the evidence collected indicates that specific standards are not being met we will set requirements with deadlines in the visit report so that schools and deaneries can adjust their programmes to ensure they meet all of our standards. We may also make recommendations when schools or deaneries are meeting the standards but there are opportunities to improve the way medical education is managed or delivered. The visit reports will highlight good practice identified in the review.

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 of the UK.

Annex 2: Sources of evidence

Members of the visit team in attendance	
Team Leader	Professor Anne Garden
Deputy Team Leader	Professor David Cottrell
Visitor	Miss Kate Bowman
Visitor	Professor Alison Macleod
Visitor	Mr Philip Brown
Visitor	Dr Simon Stinchcombe
GMC Staff	Jennifer Barron
GMC Staff	Simon Roer
GMC Observer	Jaimie Henry

Quality assurance activity

Meetings with:

- Members of the School responsible for:
  - School management
  - quality management
  - Assessment.
  - Curriculum.
  - Fitness to practise.
  - Student support.
  - Swansea transfer students.
  - Student assistantships.
  - Staff development.
  - Clinical skills.
  - Clinical teaching.
- The University's senior management responsible for Health Sciences and Registration
- Representatives from the University's Careers Service
- Representatives from the School of Biosciences
- Year 1 to Year 5 students.
- Swansea students who transferred into Cardiff's Year 4 in September 2011.
- Students who have applied to enter the programme via feeder streams.
- Undergraduate educational supervisors.
- Foundation educational supervisors.
- Academic teachers from the School and the School of Biosciences
- Members of the F1 Monitoring Group.
- The Director of the Cardiff University NHS Liaison Unit and the SIFT Co-ordinator for Wales.
- F1 educational supervisors in Local Education Providers (LEPs) other than UHW.
- The senior educational team at UHW
- Foundation doctors who graduated from the School

Evidence base

- GMC evidence base (previous QABME reports, 2009/10 and 2010/11 Enhanced Annual Returns, GMC pre-visit Cardiff student survey, GMC trainee

survey data by PMQ, UKFPO data by PMQ, QAA report, student complaints, National Student Survey results)

- Cardiff introductory report, contextual document and supporting documentation including:
    - Report on Cardiff University School of Medicine: Site visit to University Hospital Wales
    - Cardiff University School of Medicine website
    - Correspondence between the Vice Chancellor of Cardiff University and the GMC
    - Contextual document provided by the School
    - School of Medicine MBBCh Organogram
    - Quality Management Framework
    - Map of teaching to *Tomorrow's Doctors* 2009
    - Scheme Structure
    - MBBCh Assessment Strategy
    - Cardiff University Assessment Strategy
    - Feedback to Students Policy and Guidance
    - Management Plan Summary
    - MBBCh Organogram
    - Documents outlining the new curriculum C21 (21st century) Project Structure
    - Exam and induction timetable
    - Placement information
    - Map of local health boards
    - Documents describing the Cardiff University Annual Programme Review and Evaluation
    - Cardiff University Student Fitness to Practise (FTP) Procedures
    - 2006 QABME report monitoring table
    - Action Plan in response to the 2010 National Student Survey
    - The Coursework and Assessment Handbook
    - Assessment FAQs for students
    - Feedback policy
    - Schedules of assessment
    - Sample teaching material
    - Sample examination blueprints
    - School information on student assistantships
    - Outcomes from student support programmes
    - Service Increment For Teaching (SIFT) Agreements
    - Admissions information for graduate entry feeder stream programmes

Annex 3: Glossary

APRE	Annual Programme Review and Evaluation
BBC	British Broadcasting Corporation
EAR	enhanced annual return
EMET	Even More Effective Teaching
F1	Foundation Year One
FtP	fitness to practise
GMC	General Medical Council
GP	general practice/practitioner
HESA	Higher Education Statistics Authority's
LEP	local education provider
MBBCh	Bachelor of Medicine and Surgery
MSAR	medical school annual return
NHS	National Health Service
NSS	National Student Survey
OSCE	objective structured clinical examination
PMQ	primary medical qualification
QA	quality assurance
QAA	Quality Assurance Agency for Higher Education
QABME	Quality Assurance of Basic Medical Education
QM	quality management
QC	quality control
QIF	Quality Improvement Framework
SciGEM	Graduate Entry Medicine for Science Graduates
SIFT	service increment for teaching
SLA	service level agreement
SPA	supporting professional activity
SSC	student selected component
TD09	Tomorrows' Doctors 2009
UHW	University Hospital Wales
WPBA	workplace based assessment

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Mr Niall Dickson
Chief Executive and Registrar
General Medical Council
Regents Place
350 Euston Road
London NW1 3JN

27 March 2012

Dear Mr Dickson,

We are grateful for the opportunity to respond to the GMC on the report and action plan enclosed.

We note the further visit to observe the Examining Board on the 27 June 2012. We further understand that the Visiting Panel will return in 2013/14 in order to review progress on the development of the new curriculum. We look forward to receiving details of the visit in due course.

We would like to thank the Visiting Team for the positive nature of their engagement with the University and its Schools, and with colleagues in the NHS who are so important to us in the delivery of high quality clinical training.

The University is proud of its Medical School and takes very seriously indeed issues of quality within course delivery and assessment elements of the Undergraduate programme.

The University has invested significantly in the strengthening of the learning environment for students and in supporting key leadership and administration roles in the existing MBBCh programme and C21 Curriculum Renewal Project.

We are working hard to further enhance our medical undergraduate programme and look forward to working with you in the future.

Yours sincerely,

David Grant

Dr David Grant
Vice-Chancellor

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General Medical Council

Regulating doctors
Ensuring good medical practice

Action Plan for Cardiff University School of Medicine

Requirements

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
1.	Next scheduled report to the GMC	The School must ensure that it holds responsibility for programme management, and has full oversight of the design and delivery of the curriculum so that clinical and basic sciences are integrated in the curriculum (see paragraph 62).	The School has appointed a Dean of Medical Education, supported by a professional project team, to lead extensive change in the provision and organisation of medical education at UG and PG levels. The 'C21' programme managed by this team will provide a single overarching leadership for the MBBCh programme integrating learning and the student experience across all 5 years of the programme with the new curriculum being introduced from September 2013. The university has established a Medical Education Review Group chaired by the Deputy Vice Chancellor and bringing	A series of senior appointments are being made by the School to start in September 2012. These posts include Clinical Director Phase I MBBCh programme, Director of Small Group Learning and additional sessional appointments strengthening the management of the current programme. The appointment of the Director of Phase I is important practically as well as symbolically as it brings into operation the shared vision of integrated learning in years 1 and 2 which has been developed jointly and co-led by Professor Ole	Timeline acts as a performance indicator for recruitment and selection over the next 6 months. Major outcomes will be: Satisfactory completion of the course approval process within the University and GMC and successful implementation of Phase I in September 2013.	Head of School Dean of Medical Education

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			together the heads of school from both the School of Biosciences and Medicine along with other key senior members of the university and both Schools to oversee the merger of responsibilities for delivering the C21 curriculum. Resolution and harmonisation of administrative, academic and resource issues subsequent to this merger is a key agenda item for the review group. The School has full academic oversight of the C21 curriculum and a significant input into the running of the first two years of the existing course. There is a very close partnership between Biosciences and Medicine in the design and development of the curriculum for the new years 1 and 2 of the C21 course which will be clinically focused. Issues of day to day management of the student experience, transition to the C21 programme, and financial responsibility for costs including staff resources, have yet to be resolved fully and depend partly on final agreement and approval of the curriculum for years 1 and 5 through Academic Standards and Quality Committee at their first meeting of 2013 (meetings usually held October, January, March and May).	Petersen (Director of Biosciences) and Dr Sinead O' Mahony (School of Medicine).		

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2.	30 September 2012	The School must provide an update by 30 September 2012 showing that it has reviewed and improved its assessment system, ensuring that:	The School has appointed a Sub Dean Assessment and two Deputies who are responsible for leading the management of the assessment programme for the existing MBBCh, in addition to developing an assessment strategy and assessment methods for C21 in association with the various phase groups of the new programme. These staff have attended the St Georges Advanced Assessment course 2012 in order to develop their relevant skills and knowledge base. The School has developed the assessment strategy which has been externally peer reviewed and used to guide the development and management of assessment. The School is involved in the Assessment Matters Project at University level and has met with the University Project Lead to discuss the role of formative assessment and the relationship of the School assessment strategy within it. The School works with Professor Cees Van der Vleuten, Maastricht University as an adviser on assessment methods. A	A Task and Finish Group chaired by the Vice –Dean, Medical Education will be established to compile the report and ensure that all assessments fit within the overall assessment strategy to include progress on blueprinting. An Assessment Manager will be in post by September 2012 to provide vital support for this large area of academic/ administrative work. We are actively seeking a secondment to this post in the interim. To ensure the fit between the strategy and assessment methods and organisation, an Assessment Implementation Group will be established bringing together staff from within the Quality and Governance Team and Academic Assessment Leads.	The report will be considered by Board of Medical Studies July 2012 and the University Academic Standards and Quality Committee September 2012 April 2012	Vice Dean Medical Education

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			Task and Finish Group addressing the issues relating to the development of a standard blueprint chaired by the Vice – Dean of Medical Education has been established. We have appointed a Data Manager, a Psychometrician and a Data Analyst to strengthen the technical analysis of exam results with particular reference to ensuring reliability of assessment across the 5 year programme and analysing the link between student admissions and progression.			

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		a. There are clear plans for the assessment of the new Year 5 of the course, and that assessors are appropriately trained in the use of these assessments (see paragraph 66)	The assessment programme is being developed as part of the Harmonisation project within C21 and in line with the School Assessment Strategy. A programme of staff development including year 5 has already commenced in pilot format and will be rolled out fully in September 2012.This programme addresses staff learning and teaching needs for the existing MBBCh and C21.	Assessment within C21 as a whole is being considered at the Assessment Away Day being held on 23rd April 2012. Staff development for assessment /examination was highlighted as good practice in the GMC report (8) but we are extending the programme to incorporate our plans for new assessment in C21 and strengthen assessment in the existing programme. Training of staff for the new assessment programme is being led by the harmonisation project leaders in collaboration with the staff development strand of the C21 project. Role outlines are being developed for Student Assistantship Supervisors that will include minimum training requirements	Plans for assessments in year 5 will need to be in place by June 2012 to be approved by Board of Medical Studies Plans in place for July 2012	Vice Dean Medical Education Sub Dean Assessment Staff Development Lead Harmonisation Leads

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		b. student assistantships are assessed and assessors are appropriately trained to assess (see paragraphs 66, 70 89)	Initial information about "student assistantship" was circulated to all health boards in November 2011; detailed information was sent in January 2012 and it was discussed at the annual meetings between the School of Medicine and the health boards in February 2012. A presentation was given to year 5 students on student assistantships on March 14 and 15, after they had completed their examinations. (Board of Studies Approval 13 October 2011) Assessment for 2012 includes work based assessments; 2 case based discussions and 2 mini CEX (clinical examination), which are a modified version of the assessments currently used for FY1 doctors and which are familiar to the educational supervisors. In addition, there will be ongoing completion of the clinical skills log and satisfactory completion of Advanced Life Support (ALS) course and blood transfusion competency assessment. Assessment of attitude and professional behaviour will also be undertaken. A clinical log of patients assessed and managed during	A comprehensive staff development programme will begin in September 2012 as described above. The overall training programme is designed to follow the principle which unites the School of Medicine and PGMDE as many assessors are also postgraduate teachers. Our performance indicators include establishing a baseline of current training status of Honorary teachers at the Medical School and regularly reviewing changes to this as the programme rolls out in association with LEP colleagues.	Start September 2012	Vice-Dean Medical Education Staff Development Lead

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			student assistantships will be discussed at the end of the placement with the supervising consultant. All of these elements need to be satisfactorily completed to enable a student to pass this module. If there is any concern then further clinical experience will need to be completed satisfactorily instead of an elective opportunity.			
		c. All assessments (Years 1-5) are blueprinted consistently and in line with assessment best practice (see paragraph 61, 0)	Since 2010 we have worked with colleagues in the School of Biosciences on the examination process in the early years. All examinations in years 3,4,5 are blueprinted albeit in a rudimentary manner.	We will strengthen arrangements to support the effective administration of assessments by appointing an Assessment Manager. We are developing our assessment blueprints and overarching blueprint template to be used by each Examination Board.. We intend that all examination blueprints will be approved by external examiners as part of the pre-exam Standard Operating Procedures.	September 2012I Immediate implementation academic year 2012	Vice Dean Medical Education Sub Dean Assessment

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		d. Appropriate standard setting is in place for all assessments (Years 1-5) (see paragraph 82)	The School uses a modified Angoff method for standard setting across all years. Standard setting for OSCE is through the Angoff method. This is used for each year of the course. Each Exam Board receives a report from the Data Manager on standard setting including a review of standard operating procedures applied to this year's diet of assessment. This is a standard item on each relevant Exam Board agendas. For exam cycle 2011-12 external examiners have been invited to comment on the written summary of the standard setting process for their Exam Board. The summary includes: Description of the approach adopted; Names and roles of individuals engaged in procedure.		Completed	Vice Dean Medical Education
		e. The administration and organisation of assessments is improved, and that assessment papers are subject to appropriate quality control (see paragraphs 24, 84)	The School fully implemented the recommendations of the internal audit procedures concerning administration of assessment including the establishment of standard operating procedures for handling examination papers and results. Error checking prior to administration of	The standard operating procedures will be strengthened to include final sign off by a designated Senior Academic (Year Lead). This is a further layer of scrutiny being introduced to ensure consistency of written papers. Monitoring of procedures will be	Starting April 2012 Initial Report to Board	Vice Dean Medical Education

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			assessments is undertaken by Year Leads and Exam Executive under the supervision of the Vice Dean of Medical Education. The School has fully engaged with the University's "*Assessment Matters"* project. The project manager has made presentations at Periodic Review Working Group and will be presenting at a series of peer review-based workshops *"Could do better? Improving feedback to students"* on 26 April, 22 May.	undertaken by the Assessment Implementation Group which will report to Undergraduate Board of Medical Studies. An Assessment Manager will be in post by September 2012 to provide vital support for this large area of academic/administrative work.	of Studies in July 2012 September 2012	
		f. All practical procedures listed in Appendix 1 of Tomorrow's Doctors are summatively assessed before graduation (see paragraph 85).	There has been a successful pilot of electronic clinical skills portfolio/logbook. Meeting held on 14 Feb 2012 and new e-learning technologist in post February 2012. The practical procedures listed in Appendix 1 of Tomorrow's Doctors are assessed in different stages of the current course. The attached appendix 1 shows where the current final year students have been assessed on each of the practical procedures across the five years of the course.	Completion of the expanded electronic clinical skills portfolio/logbook to record the summative assessment of all skills will be compulsory from the start of year 5 in June 2012 and year 4 by September 2012.	E-Learning Technologist in post February 2012 Compulsory summative assessment June 2012 Compulsory Clinical Skills Log September 2012	Director of Clinical Skills and Simulation

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3.	Next scheduled report to the GMC	The School must clarify and communicate the various academic and pastoral support mechanisms available to students, including the personal tutor programme (see paragraph 109-113).	We have made a commitment to introduce academic mentoring for year 3 in 2012-13. All academic and pastoral support mechanisms are communicated to all students from the first week in the University. At the beginning of every year students are briefed by Year Leads and administrators at induction and Professional Awareness and Development days (PAD) on personal tutoring. Information is also provided on Learning Central. Feedback on the effectiveness of academic and pastoral support mechanisms is produced through annual end of year surveys and informally at the "Dean's Question Time" event.	A completely new academic mentoring system for students in all five years has been recommended by the Task and Finish Group led by the Academic Lead on Personal Tutoring and will be introduced in academic year 2012/13. The new system will be fully explained to students and we will work with the student body to monitor its support and implementation.	April 2012 for Sept 2012 implementation Introduced September 2012	Academic Lead (Quality) Vice Dean Medical Education

Recommendations

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
1.	Next scheduled report to the GMC	The School should formalise the existing arrangements concerning the graduate entry streams to ensure that they are included within the School's programme of quality management and provide data on graduate entry students' progression through the MSAR (see paragraph 47).	The University Academic Standards and Quality Committee has approved our proposals for the formal creation of an A101 graduate entry route with effect from Sept 2012 to formalise our current arrangements. This will further allow us to identify and report the progress of students on this route. The Data Analyst is collating information relating to progression data on all groups and sub groups of students across all years and streams.	The Data Analyst is collating information relating to progression data on all groups and sub groups of students across all years and streams and will provide an annual report to Board of Studies and the GMC via the MSAR. There will be integration of quality approval processes between feeder streams and Cardiff University e.g. cross observer status.	Annual reports will be provided each Autumn with the initial report due Autumn 2012	Academic Lead Quality
2.	Next scheduled report to the GMC	The School should record refused requests for reasonable adjustments for students with disabilities, including reasons for refusal, to ensure that policies are being implemented and concerns identified (see paragraph 49).		The School will work closely with Cardiff University Registry to ensure a record of refused requests is maintained in the School.	July 2013	School Registrar

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/ year)	Medical school lead
3.	Next scheduled report to the GMC	The School should use the equality and diversity data it collects to ensure that policies are being implemented and to identify and act on concerns (see paragraph 53).	Equality and Diversity Committee formed. Mandatory training on equality and diversity is being undertaken for all Cardiff University staff from March 2012 and ongoing programme rolled out. Information on staff involved will be collated by HR and NHS Liaison Unit for Honorary title holders. The NHS Liaison Unit is surveying Honorary title holders for information on NHS provided training in equality and diversity from the NHS survey will be reported to the annual SIFT Liaison Group meetings.	The School is reviewing its equality and diversity procedures as part of its engagement with the Periodic Review process during 2011/12. The Chair of the Equality and Diversity Committee will work with the Academic Lead for staff development to review the content of the NHS and University programmes to ensure consistency.	First meeting by July 2012	Chair Equality and Diversity Committee
4.	Next scheduled report to the GMC	TD109 The School should improve its communication about student assistantships, including its purpose and how this differs from shadowing, how it will be assessed, and the impact of failing the assistantship (see paragraph 70).	Information on student assistantships was provided to LEPs in November 2011, and a further verbal update was provided in February 2012 at annual SIFT meetings with all LHBs. See Requirements 2b above	Student assistantships will be evaluated through the NHS Liaison Unit evaluation programme at the end of April. Information about the definition of Student Assistantships/ placements / shadowing as referenced in Tomorrow's Doctors 2009 (paragraphs) will be made available on learning central by September 2012 for all students and teachers.	April 2012 September 2012	Vice Dean Medical Education

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5.	Next scheduled report to the GMC	The School should work with the deanery to consider the effectiveness of the shadowing period in preparing students for their F1 post (see paragraph 92).	The School enjoys constructive, collegial relations with PGMDE and works closely with them around transition issues. The "Harmonisation Programme" is intended to smooth out the transition from being a medical student to being a doctor by bringing together year 5 experiences with those of the F1 programme and learning outcomes across Wales.	We are establishing a monitoring group with PGMDE to monitor the effectiveness of the shadowing period. The Group will be led by the Co-leaders of the Harmonisation Project. PGMDE will communicate with LEPS regarding the purpose of shadowing and discuss the impact of changes to Foundation programme from April 2013.	Foundation School Board 2 July 2012	Academic Co-Leads for Harmonisation Project
6.	Next scheduled report to the GMC	The School should implement its strategy for staff development in relation to learning and teaching, which identifies a formal minimum training requirement for clinical and academic staff, and produces a formal programme of development for staff (see paragraph 100).	A Staff Development Implementation Group has been established and a formal programme for development of staff finalised.	The Staff Development Strategy will be considered by the Education Committee establishing a minimum expectation of professional development. Staff development programme will be fully implemented from September 2012.	Education Committee June 2012 September 2012.	Academic Lead Quality Staff Development Lead
7.	Next scheduled report to the GMC	The School should ensure that all examples of good practice in staff development identified in LEPs, such as the dedicated educational appraisal of clinical teachers in Bridgend and Newport, are disseminated and encourage implementation amongst trainers as part of its regular process for sharing	Opportunities already exist to share good practice including the annual C21 Away Days and Curriculum Conferences. All LEPs receive an open invitation to exhibit and share their areas of good practice at these events. The highly successful teaching	We will consider other methods of sharing good practice in conjunction with our LEPs. We are considering the appointment of an Communications Manager to lead the development of an internal communication strategy to	Sept 2012	Vice Dean Medical Education

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		good practice. (see paragraph 106).	showcase held annually in November recognises outstanding teachers nominated by students/staff as well as the presentation of certificates of achievement to medical students on the basis of exam performance. In partnership with the PGMDE and BMA Cymru there is an awards ceremony for clinical teachers. The School website in partnership with the University website and press office regularly reports outstanding achievement by educators	improve the dissemination of information.		
8.	Next scheduled report to the GMC	The School should develop a systematic plan for the use of clinical skills facilities in LEPs to ensure that students have opportunities to develop and improve their clinical and practical skills (see paragraph 123).	The All Wales Clinical Skills Forum established to promote collaboration and co-operation across all LEPs. Clinical Skills Tutors at LEPs have access to e-learning materials relating to the current clinical skills programme. PGMDE carried out a comprehensive survey of clinical skills facilities and training in 2010/11. We have appointed a Director of Clinical Skills to work with the NHS	A programme of training for all clinical skills tutors is being introduced as part of the Staff Development Programme. All tutors are familiar with the curriculum and the learning needs of students. We will undertake a further survey of LEPs relating to provision of skills training and facilities. In the interim we will draw on the survey carried out in	September 2012	Director of Clinical Skills and Simulation

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			and Postgraduate Deanery in establishing a systematic all Wales Clinical Skills Programme. A revised C21 programme is being introduced in October 2013 and includes clinical skills opportunities from 1st term and strong integration of science and clinical learning across all5 years.	2010/11 by PGMDE of clinical skills facilities and training.		
9.	Next scheduled report to the GMC	The School should ensure that it is sufficiently resourced to carry out the planned programme of improvements, including the introduction of C21 in full, and to sustain recent improvements in the quality of the course (see paragraph 121)	The School Board has approved in principle proposals for the first phase of appointments to deliver the C21 programme. The C21 Project Board has established a Resources Sub Group (members and Terms of Reference shown in Appendix 2). This sub group is devising the principles for the resource allocation model for the C21 MBBCh programme. The Medical Education Review Group considers the financial status of the project as part of its agenda. The university is committed to ensuring adequate resource is available for the development and	A series of key senior academic and administrative interim appointments are being sought to support the detailed development and implementation of the new C21 curriculum. A detailed analysis of the impact of the C21 programme and needs assessment will be carried out once the C21 curriculum has been finalised. At this time, proposals will be made to the University and the relevant Schools to appoint a number of key posts to support the implementation and ongoing delivery of the new curriculum.	September 2012 April 2013	Dean of Medical Education

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			delivery of the new course. The School takes resource provision in a constrained environment very seriously and is aware of the limitations facing its partners in the delivery of Medical education across Wales. A range of formal structures consider and review the business plan and risk register for the C21 project on a regular basis including School Board, Executive, C21 Resource Committee, and the Medical Education Review Group which includes the University Resource Director as a member. We also work closely with the NHS Liaison/SIFT Unit to monitor in detail student placement and facilities and quality of the accommodation available.			
10.	Next scheduled report to the GMC	The School should build on existing good practice and put in place processes for tracking graduate progression and outcomes beyond its local deanery and the Foundation Programme to enhance the quality of its programme (see paragraph 130).	The School already receives information about FY1s who have gone outside Wales Deanery and are having problems.	Working with colleagues in Swansea University and the Postgraduate Deanery we will establish a working group to track graduate progress and establish a mechanism for a formal analysis of progression data of graduates and produce an annual		Vice Dean Medical Education

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				report.		

Good practice

Report Ref	Due Date	Description	Details of dissemination	Any further developments planned to enhance the area of good practice	Timeline for action (month/ year)	Medical school lead
1.	Next scheduled report to the GMC	The F1 Monitoring Group is an important mechanism for the transfer of information between the School and the Wales Deanery (see paragraph 14).	Monitoring Group to consider how this good practice can be disseminated widely	Monitoring Group to consider how this good practice can be further enhanced	Monitoring Group Meeting July 2012	Dean PGMDE, Harmonisation Leads
2.	Next scheduled report to the GMC	The collection and distribution of student evaluation through the NHS Liaison unit and the annual undergraduate teaching review meetings between the School and LEPs to monitor the quality of teaching and facilities on placements (see paragraph 26).	Development of traffic light student evaluation summaries disseminated to the Medical School Council in June 2011. We will encourage the NHS Liaison Unit to write up and publish this in peer reviewed journals.	2011-12 Traffic Light reporting at UG Teaching Review meetings with LEPs will include comparison data with previous years to help identify key trends. We will continue to work closely with Swansea University to embed 'core' Welsh questions in end of placement surveys. This will further	August 2012 Autumn 2012	Vice Dean Medical Education

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				enhance data collection from the two medical schools in Wales and will facilitate the production of a joint traffic light report to LEPs at the Cardiff University and Swansea University annual UG Teaching Review meetings. Following our participation in the GMC/MSC pilot study between Sept- Dec 2011, we await further guidance from the GMC/MSC regarding the production of a UK End of Placement Survey and would welcome further opportunities to contribute in this area at a UK level. We will consider replicating this model in the evaluation of our internal delivery partners e.g. School of Medicine Research Institutes.	Ongoing	

Report Ref	Due Date	Description	Details of dissemination	Any further developments planned to enhance the area of good practice	Timeline for action (month/ year)	Medical school lead
3.	Next scheduled report to the GMC	The annual general practice (GP) training conference tailored towards tutors' learning needs which focused on topics identified through student evaluation of GP clinical placements (see paragraph 33).		We will build on the experiences of the GP conference through the ongoing development of the curriculum conference and awaydays.		Education Lead for Institute of Primary Care and Public Health Institute Manager
4.	Next scheduled report to the GMC	The inclusion of TD09 standards and supplementary advice Clinical Placements for Medical Students in the Service Level Agreements between the Welsh Government, LEPs and the School, meaning delivery of TD09 standards will become a contractual obligation (see paragraph 34).	The revised SIFT Agreement has been widely disseminated during the Consultation period Dec- March 2012.	Responses to the Consultation will be collated and the SIFT Agreement will be further refined based on suggestions received. The revised SIFT Agreement will be presented at the Welsh Government All Wales Medical SIFT Working Group on 16 May 2012. It is anticipated that the new SIFT Agreement will be distributed to all LEPs during the 2012-13 financial year. The SIFT Agreement will continue to be reviewed annually to ensure it continues to be fit for purpose.	April 2012 May 2012 June 2012 (following the announcement of WG SIFT allocations) March of each year	Director of NHS Liaison Unit

Report Ref	Due Date	Description	Details of dissemination	Any further developments planned to enhance the area of good practice	Timeline for action (month/ year)	Medical school lead
5.	Next scheduled report to the GMC	The Dean's Question Time is an innovative method of obtaining and incorporating student feedback into quality management of the course (see paragraph 43).	This is a student led event, therefore Student Representatives will be encouraged to disseminate at national MedSoc forums.	To encourage engagement and attendance and improve the focus of the event, students will be asked to select panel members and to identify key issues for discussion.		VP MedSoc Cardiff
6.	Next scheduled report to the GMC	The separate and dedicated educational appraisal of honorary lecturers and honorary senior lecturers in Bridgend and in Newport (see paragraph 102).	Best practice to be shared during the Annual Sift Review meetings partner LHBs. HSLs in Bridgend and Newport will be encouraged to present at future Curriculum Away days and Conferences. GMC feedback highlighted in newsletters disseminated to all staff involved in the management and delivery of medical education in Wales.	These examples will be used to enhance joint appraisal proposals being developed by the University with LHBs.		Academic Lead (Quality)
7.	Next scheduled report to the GMC	The joint deanery and School career mapping website which is an example of good practice in providing careers advice and opportunities to explore different pathways in medicine (see paragraph 115).	AGCAS Medical Careers Network on Communication. The School will be hosting the practice sharing CPD event for Medical Careers Advisers in May 2012.	This has been further developed into a smart phone "app".	25 May 2012	Staff Development Lead

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8.	Next scheduled report to the GMC	The School's assessor training programme which has ensured that all examiners received training and increased consistency in the marking of Student Selected Components (see paragraph 86)	Impact on the quality of assessment to be monitored and the link between improvement and training to be reported at appropriate national forums	This will link into the Staff Development Strategy to set minimum training standards for all assessors. There will be continued emphasis on assessment and relationship with learning in staff development.		Staff Development Lead Sub Dean Assessment