St George's University of London (INTO SGUL)

This visit is part of the GMC's remit to ensure medical schools are complying with the standards and outcomes as set out in Promoting Excellence: standards for medical education and training. For more information on these standards please see: Promoting Excellence: standards for medical education and training

Review at a glance

About the School

<table>
<thead>
<tr>
<th>Medical school</th>
<th>St George's University of London</th>
</tr>
</thead>
<tbody>
<tr>
<td>University</td>
<td>St George's University of London</td>
</tr>
<tr>
<td>Dates of visit</td>
<td>23 February 2016 to St George's University of London</td>
</tr>
<tr>
<td></td>
<td>19 to 20 April 2016 to the Joan C. Edwards School of Medicine at Marshall University in Huntington, West Virginia</td>
</tr>
<tr>
<td></td>
<td>22 April 2016 to the Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia, Pennsylvania</td>
</tr>
<tr>
<td>Programmes considered</td>
<td>International (INTO) Medicine BSc/MBBS (six years)</td>
</tr>
<tr>
<td></td>
<td>International (INTO) Graduate Medicine MBBS (four years)</td>
</tr>
<tr>
<td>Areas explored</td>
<td>Planning and management of the course, the quality of the clinical placement providers overseas, quality management of the course,</td>
</tr>
<tr>
<td><strong>Quality management of overseas placements, teaching and assessment, feedback, clinical placements, meeting curricular requirements overseas, academic and pastoral support, careers advice, facilities.</strong></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>
| **Number of students** | 63 on MBBS 6  
85 on MBBS 4 |
| **Number of local education providers** | 21 acute hospitals, unknown number of general practices in the United Kingdom (UK). United States (US) permanent placements through Marshall University in Huntington West Virginia from August 2015 and Thomas Jefferson University Philadelphia Pennsylvania from August 2016. |
| **Local Education and Training Board** | Health Education South London  
London and South East (LaSE) [from 1 August 2016] |
| **Last GMC visit** | 2014-15 visits to overseas programmes |
| **Significant Patient safety or Educational concerns identified** | We are concerned about SGUL’s quality management systems and the standard of communications between SGUL and its students and prospective students.  
We have had continuing concerns over the years regarding the communications and the relationship between the SGUL administrative team and SGUL INTO students. It is clear this issue has not yet been adequately tackled.  
Overall, we are concerned that the INTO SGUL programmes are not meeting GMC statutory standards under the Medical Act 1983, as outlined in *Promoting excellence: standards for medical education and training*.  
SGUL has not demonstrated an understanding of the needs of its INTO SGUL students. It has not provided them with adequate information or resource, such as those which would enable
students to perform adequately in the USMLE Step 1 exam, to satisfactorily progress through the programmes.

There is very limited evidence that SGUL has sufficiently robust systems for quality managing its international components. We have serious concerns that the future expansion of INTO SGUL cohort numbers relies on increased numbers of placement providers and that the future status of the current providers is unknown. This presents challenges for quality management; we have no confidence that SGUL has the systems and communications arrangements in place to achieve this.

We strongly recommend the School does not increase its cohort numbers on the INTO SGUL Medicine programmes.

<table>
<thead>
<tr>
<th>Actions required and GMC’s remit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have requested that SGUL:</td>
</tr>
<tr>
<td>• Amend their website to provide accurate information to prospective students.</td>
</tr>
<tr>
<td>• Provide structured and targeted support based on the USMLE Step 1 syllabus to be delivered by staff who have a good working knowledge of this examination.</td>
</tr>
<tr>
<td>• Provide more guidance and support for students who have failed or scored poorly on the USMLE Step 1.</td>
</tr>
<tr>
<td>• Provide regular updates on the future status of the US placement providers.</td>
</tr>
<tr>
<td>• Provide detailed evidence of quality management and communications systems for current and prospective international components.</td>
</tr>
<tr>
<td>• Provide evidence of student satisfaction.</td>
</tr>
</tbody>
</table>

We expect to receive evidence of the above actions, and evidence that the below requirements and recommendations have been met by 3 January 2017.

Failure to provide acceptable evidence by 3 January 2017 will/may result in the GMC suspending future quality assurance activity in relation to these INTO SGUL programmes in order to achieve compliance with our statutory
Standards.

Suspension of future quality assurance may also involve a strong recommendation that SGUL does not graduate any students via these INTO SGUL programmes and transfers relevant students to its Home MBBS Programme for graduation purposes.

The GMC holds a list of bodies entitled to issue medical degrees, which must demonstrate that they meet the relevant statutory standards and outcomes set by the GMC. The GMC has the power to take steps to remove a body from this list if it considers that its statutory standards are not being met.
Introduction

1 St George’s University of London (the School) has formed a long-term joint venture with INTO University Partnerships, called INTO St George’s, University of London (INTO SGUL). Via the venture SGUL offers a 4 year graduate entry programme, and a 6 year school leaver International Medicine Bachelor of Medicine and Surgery (MBBS) programme with a compulsory intercalated degree. These two programmes at SGUL (the programmes) are designed specifically for overseas (non-United Kingdom (UK), non-European Union (EU)) students. Students with US or Canadian passports will complete the first two years of the graduate entry programme or four years of the school leaver course SGUL in London and the final two years in a US clinical campus. Other passport holders may only be able to complete their final year in the US. The programmes are currently in their fourth year of delivery with increasing student numbers in all cohorts. The two students due to graduate in 2016 have been transferred to the School’s home programme, the first cohort will therefore graduate in 2017.

2 During the 2015-2016 academic year, we visited the two providers which, at the time of the visit, had been confirmed to have sufficient capacity for current students on both programmes. The Joan C. Edwards School of Medicine at Marshall University in Huntington, West Virginia (Marshall) has been a provider since August 2015; it has hosted penultimate (P) Year students 2015-2016 and will host both (P) and final (F) Year students from August 2016. The Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia, Pennsylvania (TJU) will be a provider from August 2016. The intention is for student numbers at these sites to moderately expand to ensure adequate placement capacity, but this will be conditional on students performing well academically and achieving acceptable USMLE Step 1 scores. To deliver capacity in the interim, the School are progressing agreements with two further US local education providers.

3 At the time of our visits, P Year had been delivered at Marshall and F Year had not been delivered in a permanent US clinical campus. SGUL had not yet validated additional local education providers.

Summary of findings

4 Although the experience offered by Marshall and TJU is excellent, at the time of our visits, the SGUL had not yet been able to demonstrate compliance with a number of requirements in Promoting excellence: standards for medical education and training.

5 The majority of our concerns relate to the quality of education, training and support the students receive whilst in London, and continued communication issues between SGUL and students. We have limited concerns about the quality of education, training and support the students receive or will receive at the two US placements visited.
All students must pass Step 1 of the United States Medical Licensing Examination (USMLE) in order to begin their penultimate year of study and Step 2 to apply for internships in the US. The USMLE Step 1 score has a significant impact on postgraduate US residency applications. Half of the students (ie 3 out of 6) starting on the P year of the programmes in 2015 failed Step 1 of the USMLE, which is significantly lower than the national average score for international graduates where the average pass rate is 72%. The students who fail must take a year out from the course to re-sit. Failing the USMLE Step 1 exam can directly negatively impact on a student’s ability to access some US postgraduate residency programmes. This exam and applying for registered practice remain the biggest concern of students on the programmes. The School has increased the teaching it provides students in preparing for the exam. However, the majority of students on the programmes stated they still feel hugely underprepared for the exam. The students must prepare for Step 2 of the USMLE whilst on their US placements.

The Marshall faculty have a good understanding of the challenges the students face in preparing for Step 2 of the USMLE and residency and have offered support to SGUL students who have failed Step 1. They have a very good support network for the students and meet with them regularly. The teaching and school staff are highly competent, education-literate and address student expectations. Marshall are very well organised and the faculty understand the distinctive differences between their curriculum and SGUL curriculum. This has been effectively communicated to staff on placements. The faculty have a good understanding of the challenges of meeting the SGUL assessment requirements, including the OSCE requirements.

The Marshall faculty will need to continue to work on the family medicine placements in terms of communications before students go on rotations and to make best use of the excellent opportunities the systems offer. This will help to mitigate the risks of SGUL students signing up for hospital-based placements which are inappropriate for the UK curriculum. Curriculum differences will need to be pro-actively mapped by SGUL to include ethical and legal issues.

The Thomas Jefferson educators take pride in what they do and have a sense of collective responsibility and commitment to the students, with all residents trained in teaching. They have collaborated well with other medical schools, including Marshall University.

Cooper Medical School of Rowan University (Cooper) is one of the potential new US providers. The validation reports for TJU and Cooper were not available to the team at the time of the visit. The Marshall report was due to be completed by August 2016.

SGUL must undertake further work with its partners to ensure all processes are fully mapped and documented, and students have comparative experiences. Particular work needs to be done around fitness to practice processes at TJU, and ensuring students have appropriate experience of family practice environments.
Overall there are ongoing issues with the SGUL’s quality management systems and the standard of communications between SGUL and its students and prospective students. GMC requirements and recommendations from past reviews have not been addressed adequately, and although INTO SGUL students are now progressing through the programme, there are areas where our standards are not being met, as detailed in the below report. Progress in these areas is fundamental if the GMC is to continue to support the INTO SGUL programmes by providing quality assurance. We will continue to monitor progress as the P and F Year students start their US placements from August 2016.
**Update on open requirements**

We set requirements where we have found that our standards are not being met. Each requirement is targeted, and outlines which part of the standard is not being met, mapped to evidence we gathered during the course of the visit. We will monitor each organisation’s response to requirements and will expect evidence that progress is being made.

Below are requirements set during previous visits to the programme, and our judgement as to whether the requirement has, at the time of this report, been met, partially met, or not met.

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Update</th>
<th>Report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Set in 2013-2014</td>
<td>Partially met.</td>
<td>49</td>
</tr>
<tr>
<td>The School must have in place signed agreements with local education providers to deliver the final two years of the programmes for current students, and agreements to provide placements sufficient for the proposed steady state intake of students by the end of 2014.</td>
<td>A formal risk analysis needs to be completed in regard to the TJU and SGUL partnership highlighting the high risk areas and mitigations that will be put in place. A copy of this should be sent to the GMC. To deliver capacity in the interim, the School are progressing agreements with two further US local education providers. A copy of these finalised agreements should be sent to the GMC.</td>
<td></td>
</tr>
<tr>
<td>2 Set in 2013-2014</td>
<td>Not met.</td>
<td>52, 55, 56, 60, 63</td>
</tr>
<tr>
<td>The School must ensure that its quality management processes identify and resolve risks to the quality of the International Medicine programmes.</td>
<td>The School need to factor in the risks surrounding capacity at US providers and the potential risks to quality management that further providers may pose. We need to see consideration of mitigations to these risks. SGUL need to assist Thomas</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>3</td>
<td>Jefferson in co-authoring the quality management documentation. A copy of this should be sent to the GMC.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Set in 2014-2015</strong></td>
<td><strong>Partially met.</strong></td>
</tr>
<tr>
<td></td>
<td>The School must share with us the details of its contribution to ensuring Marshall remains compliant with Liaison Committee on Medical Education (LCME) standards where concerns relate to the collaboration with SGUL.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The reports of validation visits to Marshall, Jefferson and Cooper, their consideration by SGUL committees and final decisions about the quality of medical education and training that can be expected there must be shared with us.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partially met.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The reports of validations visits to Marshall are awaited, these were due for completion by August 2016. A copy of these should be sent to the GMC.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A copy of the reports of validation visits to Thomas Jefferson and the two further prospective providers were not available to the GMC team at the time of writing the report.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td><strong>Set in 2014-2015</strong></td>
<td><strong>Partially met.</strong></td>
</tr>
<tr>
<td></td>
<td>The School must provide the US family medicine learning outcomes mapped to the UK curriculum learning objectives for general practice.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The family practice outcomes are mapped for the students attending Marshall but they need to be mapped into the family medicine curriculum for TJU. Evidence of this should be sent to the GMC.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SGUL students at TJU should</td>
<td></td>
</tr>
</tbody>
</table>
spend a mandatory four weeks attachment in a similar family practice environment to UK General Practice in their fourth year. Confirmation of this should be provided to the GMC.

There is more work to be done on the family medicine placements at Marshall in terms of communications before students go on rotations and to make best use of the excellent opportunities the systems offer. This is required to mitigate the risks of SGUL students signing up for hospital-based placements which are inappropriate for the UK curriculum.

<table>
<thead>
<tr>
<th>6</th>
<th><strong>Set in 2014-2015</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The School must ensure sufficient administrative support for those elements of the international medicine programmes that differ from UK based programmes is available to students.</td>
<td>Not met.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7</th>
<th><strong>Set in 2013-2014</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The School should identify and implement ways to provide more tailored support for the pastoral, academic and managerial needs which are specific to the International Medicine programmes.</td>
<td>This item was originally raised as a recommendation but has been escalated to a requirement. Although a weekly teaching session has been introduced to help prepare students for the USMLE Step 1, this needs to be specifically designed to prepare students for the USMLE and should be</td>
</tr>
</tbody>
</table>
delivered by individuals who are familiar with the USMLE.

The School should heed the concerns raised by its students and US providers and use the suggestions to provide better support and resources for USMLE Step 1 preparation.

SGUL should provide USMLE Step 1 failed students and those who do not score highly with extra guidance and support.

SGUL should discuss with Thomas Jefferson the implications of students scoring poorly in the USMLE and what this will mean for both Thomas Jefferson and the students.

Evidence of increased resources and support for USMLE Step 1 preparation should be sent to the GMC.

**Update on open recommendations**

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

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Update</th>
<th>Report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Set in 2013-2014</strong>&lt;br&gt;The School should improve its communications with students so that they have access to</td>
<td>Partially met.</td>
<td>78, 79, 80, 89, 97, 98, 103</td>
</tr>
</tbody>
</table>
clear, accurate information about the programmes and are confident in seeking advice and information about aspects of their studies which are specific to International Medicine. As part of this, the School should ensure there is sufficient expertise to advise students about registration and practice requirements in the US and any other countries where they wish to apply for registered practice.

<table>
<thead>
<tr>
<th>2</th>
<th><strong>Set in 2014-2015</strong></th>
<th>Not met.</th>
<th>19, 49</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SGUL would like to increase the number of students on the programmes until there are 85 students in total in each of P and F Year. This leaves a shortfall of 36 and SGUL should manage recruitment across the two programmes to ensure no more than 49 international places are required in P Year until such time as an agreement is signed to increase capacity at a current partner site or an additional partner is identified.</td>
<td>The School will need to increase capacity at their US providers to accommodate the number of students on the programmes. This has involved identifying further partners.</td>
<td></td>
</tr>
</tbody>
</table>

**New requirements**

<table>
<thead>
<tr>
<th><strong>Promoting Excellence paragraph</strong></th>
<th><strong>Requirements</strong></th>
<th><strong>Report paragraph</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PE 3.1</td>
<td>The differences in curriculum between SGUL and partner organisations must be proactively mapped out, with regular checkpoints to address ongoing curriculum development. This mapping must include ethical and legal</td>
</tr>
<tr>
<td></td>
<td>PE 2.1, 2.2</td>
<td>Formal structures for monitoring the P and F Years at the US partner sites must be in place and effective.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>3</td>
<td>PE 2.18</td>
<td>SGUL must ensure any differences between theirs and partner organisation student fitness to practise processes are fully mapped, and consistently applied.</td>
</tr>
<tr>
<td>4</td>
<td>PE 2.3</td>
<td>SGUL must work with Thomas Jefferson to outline how the Masters in Public Health will work for SGUL students, and ensure this is fully communicated to students and potential students.</td>
</tr>
</tbody>
</table>

**New recommendations**

<table>
<thead>
<tr>
<th>Promoting Excellence paragraph</th>
<th>Recommendation</th>
<th>Report paragraph</th>
</tr>
</thead>
<tbody>
<tr>
<td>PE 3.2, 3.5</td>
<td>The School should consider all location requests, particularly those in exceptional circumstances and put in place a fair appeals process where these requests are refused.</td>
<td>84, 97</td>
</tr>
<tr>
<td>PE 2.4, 5.3</td>
<td>SGUL should continue to work closely with TJU on their curriculum review process to ensure is fit for purpose for their students, particularly for family medicine.</td>
<td>64, 133</td>
</tr>
</tbody>
</table>
Findings

The below report addresses our findings against each of the standards in Promoting Excellence.

**Theme 1: Learning environment and culture**

| S1.1 | The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families. |
| S1.2 | The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum. |

Raising concerns (R1.1); Learning from mistakes (R1.3); Dealing with concerns (R1.2); Seeking and responding to feedback (R1.5); Educational and clinical governance (R1.6)

13 The T Year students the visiting team met in London on 23 February 2016 gave us a letter signed by 35 INTO SGUL students from MBBS 4 First Year, T Year and P Year, iBSC MBBS 6 and MBBS 6 T Year. The letter highlighted their concerns about sitting the USMLE Step 1 examination and the lack of appropriate response they have received from the School after raising their concerns. The students stated they feel they have no one to raise concerns to and there is no acknowledgement of their emails when concerns are raised. As a result, a meeting had been scheduled with the new Principal but the students told us that despite this, they did not think any positive changes had occurred and told us they did not think they have been listened to.

14 The INTO SGUL students have regular meetings with the School’s senior management team but told us that they often feel they cannot say what they would like to. The students in London stated that before the GMC’s visit in February 2016, all the students were individually contacted by SGUL staff. The School gave a presentation to the students prior to the February visit and the students were told this was to ensure they would behave in a professional manner.

15 The INTO SGUL students in London and Marshall highlighted the low pass rate of the previous year in the USMLE Step 1 exam. This was approximately 50%, compared with an average pass rate of 94% for examinees in US and Canadian Medical Schools.
and 72% for examinees in non-US or Canadian Medical Schools in 2015*. Students expressed concern that if SGUL failed to meet the requirement of at least 75% first time pass rate for USMLE Step 1, then students at SGUL would lose their entitlement to US government loan funding. The students did not think the School had adequately dealt with the concerns that were raised following the 2015 scores.

16 The School has introduced a weekly lecture for the students, appointed an individual to help them and provided them with practice questions. This has been an improvement on the previous year. However, the students stated that they felt this was insufficient as the lectures are inconsistent and not tailored enough to the USMLE Step1 requirements.

17 The Marshall faculty said they had previously raised concerns with the School about the INTO SGUL students being unable to access US post-graduate residencies due to their poor USMLE Step 1 scores. They told the team that they felt there is a fundamental difference in emphasis on the importance of the USMLE exams between the UK and US systems. The USMLE scores directly impact on a students’ ability to compete for US residencies and without a high score, they may not be able to obtain a residency of choice, if one at all. The Marshall staff stated that if they cannot place the students in good residencies, they will be failing the students and they do not wish to be a part of a failing process.

18 We heard from the Marshall team that they are already responding to concerns about the quality of USMLE Step 1 support the students have received. One student spoke to the Marshall faculty about the preparation they had received from SGUL. Using this, Marshall identified areas of missing information which could help future students, they have fed this back to the School.

19 The School’s Principal sent a letter to the GMC dated 8 July 2016, stating ‘our partners at Marshall and Thomas Jefferson universities are likely to increase capacity in the future but this will be conditional on our students performing well academically and achieving acceptable scores in the USMLE Step 1 examination.’ It concerns the team that given the pass rate for the USMLE Step 1 exam is so low, if an additional caveat of an ‘acceptable’ score may place the programmes into greater uncertainty.

20 The INTO SGUL students we met at Marshall all felt they were able to raise concerns comfortably with the Vice Dean for Student Medical Education or the Clerkship Director if on rotation. TJU have processes in place for students to raise concerns, although there were no students yet present when we visited.

21 Each year Marshall collect information from their graduates one year after they have started residencies to assess how prepared they felt and to obtain feedback. They also contact the residency programme directors to check how their students have performed; Marshall reported that approximately 70% of their students are rated as

‘very good’ or ‘outstanding’. The Marshall alumni engage with the Marshall faculty on a one-to-one basis and provide them with feedback and knowledge, such as that gleaned from their post-graduate experiences. Marshall use the information they receive to make improvements, for example they have provided a sub-internship system to better prepare students for residency. They will continue this process with the SGUL students and to evaluate them post-graduation.

22 The Thomas Jefferson staff we met stated they have two main areas of concern which they have reported to the School: They are concerned about the clinical placement settings as they want to ensure the INTO SGUL students are part of a team and within the Medical School. Like Marshall, they are also concerned about the students’ prospects post-graduation. The Thomas Jefferson faculty reported they are unsure about the types of post-graduate programmes the INTO SGUL students can apply for without an MD qualification. They have reported these concerns to the School.

Appropriate capacity for clinical supervision (R1.7); Appropriate level of clinical supervision (R1.8); Appropriate responsibilities for patient care (R1.9); Identifying learners at different stages (R1.10); Access to educational supervision (R1.21)

23 The CS and T Year students we met in London did not raise any concerns about the capacity or level of clinical supervision they receive.

24 None of the students we met at Marshall stated they had been asked to do something they did not feel competent or comfortable doing. The students inform patients they meet that they are students. They receive good levels of clinical supervision and feel well supported in their clinical placements.

25 The P Year students at Marshall reported good learning opportunities and are able to influence their choice of placements, which are allocated on a ‘first come, first served’ basis for electives. They have lots of one-on-one experience, with a good balance of supervision whilst allowing exposure to patient and learning experiences, the students then feed back to their supervisors. They reported no issues accessing clinicians whilst on placements and felt well supported; they work with a resident and an attending physician. In clinics, students may just work with residents and can see patients and report back to clinicians. The students act as ‘the doctor’ for their patient, including prescribing duties, with resident supervision as the residents sign the prescribing orders. In third year, the students are assigned to interns but they are given more decision-making responsibilities in their fourth year. The students and residents were aware of the students’ limitations.

26 In surgical placements, learning opportunities are built into daily schedules as students are placed into two small groups and can observe any surgeries on the board, provided there is a resident present. The students can assist and follow patients in surgical wards and feel they have good access to clinical supervision and
resources. The students reported better opportunities than in the UK, partly due to student numbers. The students in psychiatry placements felt appropriately briefed and safe. In paediatrics, the students check patients like a resident would, formulate a plan and prepare for rounds. Their daily progress notes and initial history presentations are reviewed by residents and the students receive feedback. The students have opportunities to see new admissions and clerk patients. The students are encouraged to get involved with patient care, if they have queries, they can access the most senior resident at the service.

27 Thomas Jefferson told us that they have a plan to fully inform staff of the procedures SGUL students can and cannot do before they arrive. TJU have a comparison document of their students against the SGUL students to advise staff on clinical placements to show them what the students can and cannot do. When they hire new affiliates, they ensure the department has a residency programme before they place students. They said that they will ensure that by the end of the placement, the students will have had a positive, supported experience.

Induction (R1.13)

28 The INTO SGUL students we met in London stated they receive information about their future placements through the INTO team. The USMLE aspect of the course was not outlined when they were enrolled into the School. The students received a short introduction to problem-based learning but did not receive their schedules until the first day. We have heard in previous visits about the quality of the induction students receive in London and have no concerns.

29 The INTO SGUL students at Marshall felt their inductions were well organised; they were provided with schedules and individualised detailed packs in advance, informed where they should go and what their day would consist of. This was consistent throughout the rotations. When the students arrived at Marshall, they had a two week orientation, which included training on using electronic medical records and other matters such as differences between the UK and US health systems.

30 The Thomas Jefferson staff told us about how they have planned for the INTO SGUL students’ induction. This will include a full day orientation session where the students will meet key contacts, if they are have any queries, they will be told to contact the Student Affairs Dean. Thomas Jefferson have a list of the students they will be receiving and have used experiences from an International Medical University Malaysia programmes they are involved with, this has given them a template. The SGUL students will have the same orientation as the Thomas Jefferson third year students, the P Year students will have ambassadors who are in F Year.
Multiprofessional teamwork and learning (R1.17)

31 The Marshall students experience interprofessional learning in their general practice placements, these are reported to be very positive. The Marshall students experience constant inter-disciplinary care with social workers and pharmacists. This means that by third year, they have a good idea of each individual's role in patient care. The students can always access a team navigator who is usually a patient carer or nurse, the Marshall staff explained this helps expand their knowledge about different team members.

32 Non-medical staff at Marshall have a role in assessing students. The evaluation process system for each evaluation event is used by the individual teaching the student. We were told that the nursing staff watch all the students participate and assist with the clinical skills exams and give feedback from a patient perspective.

33 Thomas Jefferson advised us that one of their strengths highlighted by the LCME was their interprofessional medical education, there is not a summative OSCE for this. Thomas Jefferson use a health mentor programme, the goal is for this to be completed in a clinical setting.

Capacity, resources and facilities (R1.19)

34 SGUL informed us that they have agreed three posts for academic staff, each allocated two Programmed Activities per week in the job plan which will be used to assist the students. A new administrative role had been appointed into the SGUL Administration Team.

35 We were largely assured by the capacity, resources and facilities during our visit at both Marshall and Thomas Jefferson sites.

36 Marshall’s capacity was limited by the US Liaison Committee on Medical Education (LCME), they have recently been permitted to take on 15 INTO SGUL students per annum – a total of 30 INTO SGUL students across the two years. The Marshall students have optional access to the university accommodation and can access information, particularly on pastoral matters and healthcare. The students at Marshall told us they benefit from the small class sizes which allow greater interaction with clinicians, often on a one-to-one basis, and they are able to work in teams. The students enjoy sitting the many exams at Marshall as they refresh their knowledge. Their physical facilities to deliver OSCEs were reported to be good by the School, this will be standardised and combined into a single site, possibly combining UNIC students.
The students reported they have had good experiences in Marshall clinical placements, partly due to exposure to a large service area population and the high quality hospital facilities (see theme 5 for additional detail around curriculum). The placements were well organised and resourced. The catchment area is 350,000 and largely rural, from Southern parts of West Virginia to Kentucky and Southern Ohio. Huntington has a population of 55,000, but the non-student community is much smaller as Marshall alone has 15,000 students; peak times can therefore depend on academic calendars. Marshall staff told us their School and teaching hospital are the standard of care for the region.

There is good capacity for general practice (family medicine) teaching at Marshall as although it is a tertiary facility in a rural area, the students’ experiences are similar to those in the UK in relation to comorbidity due to its demographics. Family medicine is Marshall’s flagship department due to the rural location, and so it is large. Similarly, paediatrics has a large department which is atypical for US medical schools as this is usually the fourth or fifth largest specialty.

Marshall do not yet have an active transplant programme but have just hired a transplant surgeon in an attempt to remediate this. The students go to Ohio or Kentucky to get experience in transplants. There are five neurosurgeons at Marshall and three at St Mary’s Medical Center.

Thomas Jefferson will receive 12 INTO SGUL students for the 2016-2017 academic year, which will grow to a maximum of 24 INTO SGUL students per annum in future. LCME attended Thomas Jefferson in 2015 to ensure they are standardised. They advised us the students will see a large range of patients from different backgrounds, and large numbers with chronic diseases such as asthma and diabetes.

Resources for USMLE preparation

The letter provided by the INTO SGUL T year students outlined the learning objectives they believe the SGUL curriculum is weak in providing. The letter explained, ‘the main issue lies in not supplementing our learning gap between that of St George’s curriculum and the USMLE syllabus.’ The students also clearly stated what they would like in terms of future learning materials to help bridge the gaps.

The concerns around the lack of resources and teaching to help students prepare for the USMLE Step 1 examination were echoed by the P Year students we met at Marshall. All but one student we met at Marshall said the lack of resources the School provided for USMLE preparation had disadvantaged them. These were students who had passed the exam; we did not meet students who had failed the exam as these students had taken a year out to re-sit. The P Year students said they did not think the School had appreciated the importance of the exam at the time. A number of
students also reported that they were told by the School that if they could pass the SGUL exams, they would pass the USMLE Step 1, they now know this is inaccurate. Some students also reported that the prospectus they received stated they would receive support and resources to adequately prepare them to sit the USMLE Step 1, there were very few resources in place until the 2015-2016 academic year.

43 The students in London and Marshall stated preparation for the USMLE Step 1 exam had been difficult as many components, such as microbiology and biochemistry were not strongly taught in the SGUL curriculum. The P year students had therefore self-taught these topics. We heard that problem-based learning is mixed with home students and therefore not specifically focused on the students’ specific learning requirements. The students reported that they lacked adequate time, particularly due to the SGUL examinations and OSCEs during the same time period.

44 The CS and T year students said they now receive weekly teaching sessions in London. However, they do not feel these are strictly relevant as they were not tailored to help them sit the USMLE Step 1 exam and are not taught by individuals who have a good knowledge of the exam. The teaching is inconsistent in quality, often rescheduled and can feel ‘random’ in topic. A protocol has been introduced by the School for students to raise issues about lecturers but this has received a variable response. Students informed us that they had emailed a total of eight questions about the lectures but had received no response. Some students told us they are on placement until 14.00 and therefore cannot attend the USMLE teaching at this time if their placement is not nearby, they have been therefore told to sacrifice placements in favour of teaching attendance.

45 The individuals we met at Marshall stated they would like to continue to exchange information with SGUL on Step 1 preparation and emphasised that from the first day of the course, this should be a core part of the curriculum and resource pool.

46 The Thomas Jefferson faculty told us that they have communicated with SGUL the importance of providing resources from an early stage to prepare students for Step 1.

47 The suggestions for future resources from Marshall, TJU and the CS, T and P year students included:

- A greater emphasis on USMLE Step 1 preparation from the first year;
- Tutorials in different modules in the USMLE, particularly in the basic sciences and organ systems, by experts who understand the breadth of the USMLE;
- Periodic testing on what they had learned and practice questions.

48 Both Marshall and Thomas Jefferson reported they feel they have good resources to support the students preparing for the USMLE Step 2 exam.
Future capacity of US providers

The School have indicated that their strategic aim is to deliver the International (INTO) Medicine MBBS programme with as few providers as possible within a restricted geographical area (around Philadelphia), and are working on agreements with two additional partners. The school recognises that a large number of geographically spread sites would be likely to pose a major challenge from a quality management and support perspective. However, the capacity of any U.S. based partners is likely conditional on USMLE Step 1 scores (as it is for Marshall and TJU), which is a major concern to us, and calls into question the ability of any potential providers to host the SGUL students adequately.

Accessible technology enhanced and simulation-based learning (R1.20)

The students at Marshall reported they are able to practice for their clinical skills exams by using the clinical skills facility.

Thomas Jefferson advised us their simulation exercises are well-regarded by their students and LCME. They use filming in their clinical skills centre assessments but direct observation in practice assessments.

Theme 2: Educational governance and leadership

- **S2.1** The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.
- **S2.2** The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.
- **S2.3** The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

Quality manage/control systems and processes (R2.1); Accountability for quality (R2.2); Considering impact on learners of policies, systems, processes (R2.3)

The School will quality manage the overseas LEPs via annual visits until the first cohort graduates, they will then visit every two years. The local providers’ committees that monitor their own students sub-serve the P and F Committee. The main areas of risk identified by SGUL are:

- Their position in the market and the generation of student interest to maintain viable programmes;
- Improving student experience;
- Communication strategy.
Marshall are now LCME compliant and out of probation. LCME granted approval for the engagement with SGUL with requirements regarding clinical space and engagement. The next LCME visit to Marshall is scheduled for 2018 and no site visit was required for August 2016.

The School confirmed, as they have in previous visits, that if one of their partners came out of LCME approval, the students would be removed.

The School have been identifying further future US partners, in doing this, they have looked at those matching their criteria and the suitability of facilities. They are looking at areas with less pressure in clinical sites and have been assessing public health policies. They would like to form agreements with a few high quality locations and are in the process of doing this with two other providers in the Philadelphia area.

The instability and uncertainty of the future placements means future quality management and the impact on learners is difficult to predict.

The School have made their due diligence process more transparent, considering resources, finances and staff training. However there is no external scrutiny of the due diligence process; an SGUL lawyer assesses their contracts.

Marshall hold monthly meetings with their student leadership and monthly and bi-monthly meetings with the students. The meetings include working groups where changes are implemented and Marshall assess how to evaluate certain procedures. Marshall staff told us they have a Third and Fourth Year Clerkship Committee, which includes SGUL students. The SGUL matters should be a separate agenda item and should be formally reported back to SGUL.

Thomas Jefferson reported they had ‘sailed through’ the eight year LCME accreditation cycle, they had performed well in training on affiliate sites. Thomas Jefferson are well-versed in working with clinical affiliates; they have a linkage programmes with Pennsylvania State, are involved in the International Medical University in Malaysia, have an affiliate in New Jersey and are assisting Delaware State as they don’t currently have a medical school.

Thomas Jefferson staff described how they monitor quality; by talking to individuals and meeting educators. When they consider new affiliates, they consider: the organisation’s past performance, the numbers of patients, faculty quality, commitment, previous student evaluations, teaching staff affiliations with the medical school. The coordinators meet with their counterparts and exchange regular feedback via a liaison system. Thomas Jefferson meet student representatives frequently to check there are no issues.

Thomas Jefferson advised us that they would like the INTO SGUL students to complete a Masters in Public Health qualification prior to their placement at Thomas
Jefferson. This is not currently included within the programme’s advertising materials. Students will only be required to undertake the Masters in Public Health if they have specifically applied for that pathway. The earliest that students would be entering this pathway is the 2017 intake. Thomas Jefferson advised that the students will have a choice to opt in from the 2017 intake and it will be phased in from that year. Thomas Jefferson and the School do not yet know what the demand for the qualification will be. Students will be required to pass the USMLE Step 1 exam prior to starting the Masters.

62 Thomas Jefferson have proposed to use their existing subcommittees to accommodate the SGUL students. They have a drafted a document to address this. As with Marshall, the SGUL students will need to be considered as a separate cohort reported back formally to SGUL.

63 Thomas Jefferson are currently working with the School on a quality management document. A risk analysis also needs to be completed.

**Evaluating and reviewing curricula and assessment (R2.4)**

64 The curriculum is quality managed through a detailed curriculum map which identifies clinical exposure and sets out the SGUL scheme of assessments. The School informed us that it prepares students for working in different healthcare systems, this has led them to focus on public policy and leadership in particular. The School are in the process of mapping this for the Thomas Jefferson curriculum. The School's Dean of International Education meets monthly via Skype with Marshall staff to check the SGUL curriculum and values are being delivered. The School are starting a curriculum review process with milestones for changes in 2017, there could be potentially far reaching consequences for overseas placements. The School needs to evaluate feedback on the requirement to provide support for the USMLE Step 1 exam and feed this into curriculum changes.

65 The Marshall staff received three days of training from SGUL on the OSCEs, they have a pool of OSCE-trained examiners and those who went to London recently are trained. SGUL academics will attend OSCEs delivered at Marshall, as part of the quality assurance process.

**Collecting, analysing and using data on quality, and equality and diversity (R2.5); Systems and processes to monitor quality on placements (R2.6); Concerns about quality of education and training (R2.7); Sharing and reporting information about quality of education and training (R2.8); Collecting, managing and sharing data with the GMC (R2.9)**

66 The School quality managed the team at Marshall by assessing performance indicators. They conduct surveys of the quality management which is fed back to the School directly. Data on equality and diversity is collected by the School as part of an
on-going process. There was no analysis until approximately August 2015 when an
Inclusion Evaluation Officer was appointed to conduct a review on specific
characteristics, this report was due to be completed by July 2016.

Marshall assess quality assurance and control of placements at chair or departmental
level, this includes an interview at Marshall or on placements, including evaluation of
rural placements in Logan, Ohio. Clerkships are managed as they are for home
students. The student services at Marshall conduct annual clinical surveys for all
students. This assesses the quality of the rotations and students’ ability to see
adequate patient numbers. They obtain feedback from students on providers and
health professionals. They have redistributed students as a result of the surveys and
feedback. The students also complete an AAMC graduate questionnaire which
provides Marshall with feedback every August.

If consistently poor student evaluations or any inappropriate behaviour by educators
are reported at Marshall, this is addressed immediately by the Dean at Marshall. Poor
teaching quality is assessed by the Chair and the Dean considers how teaching styles
can be improved. Feedback on action is taken from the Chair who follows this up,
particularly for repeat offences. Students can be placed with other attendings. This
can include doctors who are employed by the hospital, but not necessarily Marshall
employees, and therefore won’t teach students. These individuals are still evaluated
by students, Marshall have a strong relationship with the Vice Principal for Medical
Affairs at the hospital and so can contact them if any issues arise.

Managing progression with external input (R2.12); Educators for medical students
(R2.13); Sharing information of learners between organisations (R2.17); Managing
concerns about a learner (R2.16)

The School manage concerns about the students in the same way as they manage
those about their home students. They have not had serious concerns about students
on the International Medicine programmes so far. In extreme situations, students
would be removed. Data on concerns about students is monitored through survey
results and trends which arise out of these.

The School were asked if they would provide the USMLE Step 1 failed students extra
support. They said they will look at the mechanisms, underlying issues and reasons
for the students failing the exam. They do not have a formalised system to manage
progression and concerns about the Step 1 failed students and accepted they will
need more support.

Marshall felt they received adequate and accurate information about the SGUL
students in advance. If concerns are raised about students at Marshall, the Marshall
mechanisms for raising concerns about students would be used, they would be
referred to the Subclinical Dean for one-to-one and pastoral support. If clinicians at
Marshall have concerns about students, they would contact Marshall staff. This would include rural placements where Marshall closely monitor students of concern. Marshall would have the power to remove the students immediately from clinical settings.

72 If concerns were expressed about a INTO SGUL student at Marshall, the SGUL processes relating to professionalism and fitness to practise would be followed and contact between the UK and US would be via Skype. In respect of lower level professionalism issues, the student would be discussed with the Doctor as a Professional Theme Lead in the UK and a plan would be developed, including ongoing support and monitoring. For persistent or more significant concerns, the fitness to practise procedure would be followed. Taking advice from the Dean for Students and the Student Affairs Team at SGUL, consideration would be given to whether to invoke the informal or formal stage of the process. If required, an investigation would be conducted and/or a panel convened with the support and advice of the SGUL team. SGUL would remain ultimately responsible for the student.

73 Thomas Jefferson reported that the School have provided them with information on the students who will be attending. If concerns are raised about a student, Thomas Jefferson told us that they would inform the School via phone or email and contact the student directly, they felt they have a good network to do this. Emphasis was placed on mid-term feedback and the School stated they would contact Thomas Jefferson following this to provide support if necessary.

Requirements for provisional/full registration with the GMC and fitness to practise (R2.18)

74 The School reported that their student fitness to practise process is documented and this has been shared with the US providers. If concerns are raised, they will be referred to the SGUL Student Progress Monitoring Committee of course directors which meets three times per year. If a formal fitness to practise matter occurs, the SGUL committee will fly out to the US provider, they would train the relevant provider staff and overview the first case. The occurrence of SGUL pastoral-discipline meetings have also been raised with the US providers.

75 A formal student fitness to practise process needs to be documented for Thomas Jefferson. The School are working with them on a quality assurance document, fitness to practise process are one area which will be included.

Recruitment, selection and appointment (R2.20)

76 The School offer 60 places per annum across the two programmes and received 424 applications for the 2016-2017 intake (an application to place ratio of 7:1). At the February 2016 visit, the School were in the process of interviewing prospective students and were conducting some via the remote Multiple Mini Interview (MMI) process. The interviews for the international and home students were at the same time and included the same criteria. For graduates, the School requires a 2.2 in the
student’s first degree in a BSc or BA, this could change in future. Due to visa criteria, the School awards the intercalated degrees to the INTO SGUL MBBS 6-year students, as opposed to allowing the students to intercalate outside of SGUL.

77 We discussed the School’s recruitment and advertisement strategy during our visits. The School told us the recruitment offices for the INTO SGUL courses are in the US. They are visited by the North American and London INTO teams and speak with prospective students.

78 The School stated they inform applicants that the US placements will be in North America but they do not tell the students where exactly they will be studying at the time of application. There was a change to the International (INTO) Biomedical Science programme, in that all students would now be registered onto the home Biomedical Science programme with ring-fenced places for international students. All applicants were informed and given the option to opt into this.

79 The visit team felt there have been discrepancies in the advertisement materials, in terms of how long the INTO SGUL students would be in the US. At the time of the February 2016 visit and at the time of writing, the text of the SGUL website states that students, ‘spend two or three years at St George’s and one or two years at a US/UK site,’ for the MBBS 4 course and, ‘spend four years at St George’s and two years at a US/UK site,’ for the MBBS 6 course. The team agree with the students that this wording could be confusing. The students we met in London said they had misunderstood how long they would be studying for in the US.

80 The SGUL Student Selection and Admissions Policy states that SGUL staff aim to provide advice, guidance and information, ‘including the extent of flexibility and choice within the curriculum.’ The visit team felt the practice of this policy is not reflected in the information prospective INTO SGUL students are given when applying for the programmes.

Theme 3: Supporting learners

S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Good Medical Practice and ethical concerns (R3.1)

* http://www.sgul.ac.uk/study/international/undergraduate-courses/international-graduate-medicine-mbbs-four-years
† http://www.sgul.ac.uk/study/international/undergraduate-courses/international-medicine-bsc-mbbs-six-years
There are ethical, procedural and legal differences between the UK and US healthcare systems; for example, HIV is treated differently. The students at Marshall told us that in psychiatry placements, they have asked how they can prepare for these differences. Marshall have online resources for readings and these are available on Moodle. Marshall staff stated no issues have arisen yet out of the differences. The School have not yet provided their side for online perspective or a database of the fundamental differences. This will help students identify a clear way to raise ethical concerns appropriately and support them in meeting professional standards.

Learner’s health and wellbeing; educational, career and pastoral advice and support (R3.2)

The School has a new support officer for students, with direct support for international students. Personal tutors, international tutors and counselling tutors are available for students, they provide administrative support at the US sites and hold Skype meetings. A new administrative support role will be appointed at Thomas Jefferson. The London students stated that they felt the School does not understand how the US medical education system works as the education they received has been largely the same as that delivered to the home students, they all attend the same lectures. They therefore told us they felt their educational needs have not been supported by the School.

We heard from the representative students that we met that the SGUL Administrative Team remains to be unapproachable for INTO SGUL students; it is not obvious to students who they can access for different issues and there are regular delays in responses to students’ emails. Students reported their London accommodation is good and the School made an effort to integrate them with the home students. They reported some issues regarding support in applying for visas and said some students were not able to attend the programmes due to visa issues.

Some INTO SGUL students in London told us they had requested specific US placement locations due to exceptional circumstances; these requests had not been accepted. The Mitigating Circumstances Committee who considered the requests did not include an individual from Student Welfare in their deliberations and there has been no appeals process for these students.

The students at Marshall have received very good support from the Marshall team, they have 24 hour access to staff and a quick turnaround in communications. Although the SGUL students are not treated differently from the Marshall students, Marshall hired an individual specifically to assist SGUL students, they have not yet experienced an instance where they have needed to contact the School. The students have monthly meetings with Marshall staff and receive regular text messages to ensure there are no issues. Marshall accepted that if all the SGUL students had issues, their resources could be strained but they have numerous support resources for the students to use should they wish to. The students must have US health insurance and can access the onsite student health clinic; this has no relationship
with the teaching faculty. Each SGUL student is entitled to ten free counselling sessions per annum.

86 The students received a welcome pack at Marshall and were able to ask questions. The recommended housing largely caters for undergraduates, the Marshall team provided information on housing and the area. Marshall requested feedback on the induction, the students said it was helpful for them in clinical rotations as when they started clerkships, they were familiar with the processes and people.

87 If students at Marshall need to interrupt their studies, they can still access the Marshall staff and resources; this includes meetings to keep in touch, the ability to attend lectures, shadow or to continue to work with mentors. The students can also still access emotional support whilst their studies are interrupted.

88 Thomas Jefferson told us their Student Affairs Dean will be responsible for the personal needs of the SGUL students. She also monitors the programmes overall and the mechanisms and formalities of communications with the School. TJU told us they connect students online via videos and virtual rounds which can be shared.

Careers advice and support

89 The School offers the students access to a careers consultant who is present for two days each week and is easily accessed via an appointment system. In first year the School runs sessions to help students decide which specialty they would like to work in. The INTO SGUL students told us they receive little specific careers advice from the SGUL team, the majority of advice provided is applicable for home students only. The School has provided the students with little guidance on US residency applications and inconsistent advice on their eligibility to work in the UK in future. The students reported feeling confused about the School’s expectations of them, particularly as they will not be able to access competitive US residency jobs without high USMLE scores. The London students have therefore often relied on older students to provide relevant careers advice. The School plans to collect information from international employers after graduation, the University of London career service will be used to do this.

90 The students at Marshall have a one to one discussion and receive high quality advice, which enables them to plan for US residencies in detail. This occurs over four weeks and means staff can match the students with relevant clinical settings to provide them with the best experiences. Marshall also told us they use their alumni connections to connect students with relevant graduates to assist them with their careers. In the last two to three years, this has included small sessions with residents who are former Marshall students, they have given students practical knowledge.

91 Thomas Jefferson described how they prepare students for residency; each student is assigned to a Student Affairs Dean and have access to specialty-specific advisors from
the moment they arrive at TJU. Thomas Jefferson use their personal knowledge of students and evaluation feedback to help advise them on careers. They also use their international relationships to assist the students if possible.

92 Thomas Jefferson raised their concerns about the competitiveness of the INTO SGUL students, as the US has recently experienced increased medical student numbers but there has been no increase in residency places. The SGUL students will not have an MD, Thomas Jefferson have queried the types of programmes the students will be able to apply for with an MBBS, particularly if they have low USMLE Step 1 scores. To enhance their competitiveness, Thomas Jefferson have recommended the SGUL students undertake a Masters in Public Health qualification at TJU before they start their US placement. If the SGUL students want to complete an MPH, then they can do this at TJU.

Undermining and bullying (R3.3)

93 Marshall told us that if they become aware of complaints of bullying or harassment, they speak with the student raising the complaint to assess the root cause, they then discuss the issues to identify a solution. Marshall operates a policy of fair treatment. Allegations of sexual harassment are investigated by three members of staff, the matter is then considered by an Academic and Standards Committee. If INTO SGUL students have alleged behavioural issues, these would be reviewed by an SGUL version of the Academic and Standards Committee. Any high-stakes decisions are made by SGUL and Marshall told us that the School would be made aware of any issues, even at low levels.

Information on reasonable adjustments (R3.4); Support for learners in difficulties (R3.14); Reasonable adjustments in the assessment and delivery of curricula (R5.12)

94 The visit team felt that Marshall are receptive to the needs of the students and encourage those with learning difficulties to contact their staff. If SGUL inform Marshall that a student has a learning difficulty, they can develop an appropriate support plan to accommodate the student following the receipt of documentation, testing and diagnoses from SGUL. Reasonable adjustments are assessed on an individual basis and can include additional exam time and quiet rooms. Marshall staff are also able to accommodate students with short-term issues and attention issues. These adjustments are not necessarily carried over into the USMLE Step 2 examinations but they can signpost students in the direction for this. Some students choose to not accept reasonable adjustments for the USMLE examinations as it is
flagged if they use these. The Marshall staff accommodate the students in all assessments to maximise their potential.

95 We heard that the Marshall staff matched the INTO SGUL students who had failed the USMLE previously with their Marshall students. This was particularly beneficial for students who wanted to remain in the US to enable them to catch up.

96 Thomas Jefferson advised us that they have had good communications with the staff at SGUL about the INTO SGUL students and have found the School responsive. At the time of the April visit, Thomas Jefferson did not know if they had a struggling student attending for the 2016-2017 academic year, this was part of their mapping project with the School. They said that until they receive the first cohort, they will not know fully if a student is in difficulty but if a situation arises, they will support the student. Thomas Jefferson told us they look at the best way to help students; they have a preventative and reactive model for students in difficulty and a Dean of Professionalism who meets with students directly. TJU have individual education plans for struggling students and individuals who work independently with students. Students who fail OSCEs are removed from the fourth year and undertake a mandatory elective. If any students are identified to be lacking in clinical skills, they would notify the relevant staff and Clerkship Directors. They would then conduct an assessment to identify the source of the issue, TJU have specific teams who can do this. As with Marshall, Thomas Jefferson are aware that if a student cannot continue, SGUL will accommodate this process.

Supporting transition (R3.5)

97 The INTO SGUL students in London reported discrepancies in the information they received about placement location. Some were told they would be able to choose where they studied, in the US or London, for the latter part of the programmes. Four students who wanted to stay in London applied for extenuating circumstances, all four applications were rejected. When we met with them in February 2016, the students had received no response on this from the School since November. The School told us they have an extenuating circumstances policy document for clinical placement allocation which has been adapted for international sites. Senior SGUL INTO staff told us in April 2016 that they do not have an appeals procedure for this process.

98 The INTO SGUL students also reported that they were not told that the USMLE was a key requirement in the programmes at the time of application. If the students fail USMLE Step 1, they must take a year out from the programmes to re-sit. This has caused issues with approximately half of the students who started P year in 2015 (ie 3 out of 6) failing the Step 1 exam at first attempt and therefore being unable to transition to P Year. We heard from the students that some of the students who were required to interrupt their studies have experienced visa issues and had to start loan repayments as they had spent more than six months out of study.
Student assistantships and shadowing (R3.6)

The School are currently mapping four week student assistantships, these will be attached to particular settings and physicians.

The students at Marshall are required to undertake an acting internship; this is the equivalent of a student assistantship. This can be challenging for the Marshall staff to coordinate as those applying for competitive US post-graduate residencies, such as dermatology, undertake more electives to improve their application chances. These students sometimes ask for third or fourth experiences in an institution. Another challenge is posed by the SGUL structure, this has led Marshall to make changes to allow students to select which specialty they would like to intern in. The students make their choices in P Year so they are aware of the specialties available for electives, they can also choose their sub-internships, these can then be rearranged at a later stage. As a sub-intern, the students are given a set of patients to manage under supervision, the students have reported this prepares them well. Marshall told us during our April visit that the schedules had already been finalised. They had learned from previous lessons and decided to put some students in a different hospital next year.

We spoke with some Thomas Jefferson residents with roles in student assistantships in family medicine, psychiatry, obstetrics and gynaecology and paediatrics. We did not hear any negative views on the planned student assistantships.

Information about curriculum, assessment and clinical placements (R3.7); Adequate time and resources for assessment (R1.18)

The School told us that they have made improvements in the liaison between their home and international students. They provide a formal newsletter to all students and have formal and informal routes for the students to obtain information from the SGUL administrative and clinical teams. The North American and London INTO SGUL teams meet with the students directly to provide them with information.

The INTO SGUL CS and T Year students in London reported that the messages provided to them about the programmes by the School have not been very coherent. As mentioned elsewhere in this report, students told us that they felt the information they received on application had led them to believe they would be able to study in the UK for their F Year. The Canadian students stated that on application they were not told they would need to sit the USMLE and they would have an option to undertake Canadian placements.

The students we met at Marshall all reported they feel they have received a good level of information about their curriculum, assessments and clinical placements from Marshall staff.
If the students fail the USMLE Step 1 exam, they must take a year out to re-sit; three students are currently in this position. This can cause challenges in the delivery of pastoral and educational support, particularly as the students are isolated from their peers. During the re-sit year, the students can access Kaplan resources, attend additional weekly lectures and have access to tutors. However, if the students cannot stay in the UK due to visa issues, they must return to their home country for the year. These students may access their personal tutors, hold Skype meetings with staff and use the online resources, including the weekly tutorials. There is also a Facebook group page for the International Programmes which is used to communicate with the students. The School said they would like to provide online lectures in future. The School will project likely future numbers who could be in this position by tracking progress from the first USMLE mock examination and set up lectures on specific topics.

The INTO SGUL CS and T year students told us they would like to remain in an educational environment and have access to Moodle if they were to fail the USMLE. The students also requested to stay during the re-sit year to conduct research or complete an additional course.

The Marshall staff were very aware of the absent students due to the USMLE Step 1 fail rate. They have offered support to these students and tried to assist them. They reported that some of the students were unsure if they would be able to work in the US, particularly if they had failed the Step 1 exam twice, and therefore queried if continuing on the programmes was worthwhile.

Two of the USMLE Step 1-failed students opted to go to Marshall so they could access assistance. The School communicated with Marshall about this which led to Marshall accepting the students.

The Marshall educators have categories for feedback such as professionalism, medical knowledge and technical skills, they are expected to give a narrative and general comments. The students receive feedback from patients whilst on Marshall placements, this is often verbal but they also receive written feedback. For example, in obstetrics and gynaecology, the patients complete a simple five question form to feedback to the students. This feedback is often used in student evaluations.

Thomas Jefferson staff told us that it is the students’ responsibility to have feedback sheets with them. The students receive constant feedback from staff whilst on clinical placements which makes it fluid and flexible.
Advice on alternative career options, including pathways to gain a qualification if learning outcomes are not met (R3.16)

There is an assumption that the INTO SGUL students will want US residencies post-graduation. The careers advice provided by the Marshall team is therefore targeted towards the US postgraduate system and they assist with US matches. Most of the students we met at Marshall wanted US residencies, although not all did. SGUL have more experience of international placements and so have agreed that Marshall should approach them if a student wants to work outside the US.

Marshall have a 96% graduation rate across their own students, the majority of the failing 4% leave in their first or second years. If students decide they no longer wish to be doctors, the Marshall team provide advice on alternative career options such as PhD studies, pharmacy school, nurse practitioners, dental schools and physiology. The Marshall careers service remains available post-graduation or when students leave Marshall and they provide reference letters to assist students pursuing alternative careers. The visit team were impressed by this approach.

Theme 4: Supporting educators

S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.
S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

Induction, training, appraisal for educators (R4.1); Recruitment, selection and appointment of learners and educators (R2.20)

The School have developed staff training from experiences with their University of Nicosia (UNic) programme and have transferred those principles to Marshall. A team from Marshall received three days of training at SGUL in 2015 and then trained others, explaining the SGUL processes to staff at Marshall. In April 2016, Marshall spoke to SGUL about their staff obtaining a postgraduate certificate in health. Marshall have a pool of OSCE-trained examiners who have attended SGUL OSCEs and received training in these. Marshall said they felt well-prepared for their first SGUL OSCEs. SGUL told us they would send staff over to Marshall to observe the first OSCEs.

It is assumed that if an individual takes a position at Marshall, they will become a faculty member automatically. Every physician receives state money to educate students and it is therefore assumed they will teach. The educators we met at Marshall said they are taught to teach, lead by example and have different styles of teaching. They learn by receiving feedback and accepted that transitioning from receiving to giving feedback is difficult, and so they have learned how to deliver feedback and constructive criticism well. SGUL have not provided the Marshall
educators with any guidance on supervision or the provision of feedback. SGUL also
did not provide specific equality and diversity information but when the educators
start residencies, they have a lecture on this.

Thomas Jefferson told us that their educators take pride in what they do and have a
sense of responsibility to teach as all their residents are trained in teaching. Strengths
reported by LCME included faculty development and the interprofessional medical
education, including TJU’s health mentors programmes. Their clinical teachers
undergo two days of training which includes video conference lectures, these are
available online and can be accessed by others as a standard part of the TJU
education process. Thomas Jefferson have not yet discussed if their educations could
complete a certificate in medical education.

The Thomas Jefferson educators are given feedback by senior residents who observe
their teaching during rounds. Student feedback is also used as it is placed into
residents’ records and students decide on the educators who should receive awards
for the best teaching.

**Time in job plans (R4.2)**

The Marshall clinical supervisors are not contracted to SGUL but their job descriptions
include supervision of SGUL students.

**Accessible resources for educators (R4.3)**

The physical OSCE facilities available to educators are reported to be good by the
School. The US OSCEs will be standardised and combined in a single site in future,
this could include the UNic students.

The Marshall staff told us they first learned of the INTO SGUL students attending at
the end of the 2015 academic year, they were told the students would be doing
clinical rotations and were instructed to treat them like third year Marshall students.
The Marshall educators were not informed of the differences between the Marshall
and SGUL curricula at the time.

**Educators' concerns or difficulties (R4.4)**

The School have agreed to communicate any concerns about individual students to
Marshall. The Marshall educators reported that if they had concerns about students,
they would quickly discuss these with the student first and would then contact the
Student Clerkship Director who is very accessible. If Marshall become aware of any
concerns about students, they inform the residents of this and there is cross-
communication between staff on different rotations and with the Dean of Student
Affairs. The educators have been told to not treat the SGUL students differently from
the Marshall students and said they try to proactively help students as much as
possible.

121 The Thomas Jefferson educators told us they have a well-established system for
dealing with concerns and are aware of the individuals they should approach. The
residents provide feedback on the students and will do this for the SGUL students,
they did not predict any challenges with applying this process to the SGUL students.
The Clerkship Director obtains all student evaluations and completes the physical or
online aspects to obtain data.

\[\text{Working with other educators (R4.5)}\]

122 The School reported a similar clinical experience for all sites for curriculum mapping.
They met with leads for obstetrics and gynaecology, pediatrics and psychiatry at
Marshall to discuss curriculum, they felt the curriculum mapping for Marshall has
been good. The School maintain contact with Marshall supervisors during training and
in the committees. We heard that sometimes communications from SGUL could be
slow or with little notice.

123 We heard there has been a good collaboration between the Marshall and Thomas
Jefferson staff.

\[\text{Theme 5: Developing and implementing curricula and assessments}\]

\[\text{s5.1 Medical school curricula and assessments are developed and implemented so}
\text{that medical students are able to achieve the learning outcomes required for}
\text{graduates.}\]

\[\text{GMC outcomes for graduates (R5.1); Assessing GMC outcomes for graduates (R5.5)}\]

124 The GMC visiting team had concerns about the ability of the International (INTO)
Medicine MBBS programmes’ curricula to show how students can meet outcomes for
graduates. In particular, the team needs reassurance that the SGUL learning
outcomes in General Practice are being fully met. As all the groups of students we
met reported that they do not have the necessary resources in their curriculum to
fulfil their potential in the USMLE Step 1 exam, the School remains to assure us that
the students are able to meet their outcomes as graduates. Indeed, some students
may not be able to graduate as a result of these lacking resources and those that do
may find their careers negatively impacted as a result of their substandard USMLE
Step 1 scores.
The students at Marshall reported many research opportunities and a culture of encouraging them to research. Many of the Marshall students have publications which assist them in obtaining residencies later. Many of the Marshall students go into leadership roles in other institutions as a result of the opportunities available within the curriculum; this will be available for the SGUL students at Marshall. Marshall appear to provide a variety of means for students to gain a breadth of experiences within the curriculum which will help them meet outcomes for graduates and may mitigate some of the weaknesses of the SGUL curricula.

Informing curricular development (R5.2)

The students and educators at Marshall commented that in future, the School should place more importance on preparation for the USMLE Step 1 exam within the curriculum at an earlier stage. They suggested that additional tailored lectures, particularly in biochemistry and microbiology from earlier in the programmes would be useful. This view was echoed by the staff we met at Thomas Jefferson.

Undergraduate curricular design (R5.3)

The SGUL curriculum in London provides the students with clinical exposure at a relatively early stage compared to usual US curriculum. Therefore the students reported feeling confident in their US clinical placements. Marshall stated they needed additional resources to accommodate the SGUL curriculum such as completing problem-based learning. Increased numbers of Marshall students in future should not present a challenge as there will only be one or two extra students per rotation.

The Joan C. Edwards School of Medicine at Marshall University was created primarily for rural primary care and follows a traditional US curriculum. The Marshall curriculum uses US national guidelines across the specialties, diversity is built into this. Approximately 40-50% of their students enter into primary care post-graduation, approximately 20% practice in a rural area. Marshall keep their curriculum relevant as there are two other medical schools in West Virginia, their student numbers are regulated by the LCME and so they applied for an increase to accommodate the SGUL students. There will be 15 SGUL students per annum – 30 in total for both years at full capacity.

Marshall receive a grant for rural health projects and can provide learners with grants, including the SGUL students, they have given $750,000USD in total to students so far. They use the grants to pursue a topic relevant to rural medicine in a rural area. This has been effective with Marshall’s students in involving them in
projects in rural areas. These projects have led to public health interventions, for example, an assessment on the physical activity of school children led to a ‘let’s get moving’ programme and another project led to an intervention on teenage pregnancy via sex education.

The School and Thomas Jefferson have drawn parallels in their curricula; the catchment area for TJU is approximately four million people, similar to SGUL in London. The faculty at Thomas Jefferson said that both schools have had longstanding commitments to systems of care and healthcare delivery and there are parallels in infrastructure and culture. Thomas Jefferson stated that they will ensure the students who attend will be embedded in both curriculum and co-curriculum elements. They have learning societies to enable this and the TJU students have a record of working within the community, such as by running homeless shelter clinics. TJU has over thirty student-led and run organisations.

Thomas Jefferson staff told us that their goal in the clinical realm is to train students to pursue training in general medicine and the specialties. They don’t specifically push students to become a certain type of doctor but try to give them a broad medical training, with competencies against certain domains and best practice. TJU said they understand the concepts of health populations and they listen to the needs of a broad spectrum of individuals. Professionalism is woven into the TJU curriculum and will be applied to the SGUL students also. Thomas Jefferson told us they intend to use their own health system with an additional SGUL ‘menu’.

Thomas Jefferson told us they have completed their curriculum mapping for P Year and would start the F Year document. The School and TJU have been meeting on a weekly basis to map the curriculum. They have changed the curriculum to allow time for pre-clinical exposure and common threads such as professionalism and wellness. They will have different committees to bring about the best changes in the third and fourth years and obtain student feedback on this. Thomas Jefferson have used their strengths in some niche areas, such as neurosurgery, to advantage the curriculum. Some of the Thomas Jefferson students have completed rotations at SGUL and TJU would like to create a faculty exchange programme. They have seen the venture as one which could be mutually beneficial in terms of research and curriculum.

Thomas Jefferson and SGUL have faced some challenges, for example, in the UK P Year students have a greater emphasis on palliative care, and so this has been developed so a palliative care tutor will meet with the students monthly. This will be used as a pilot programme to incorporate into Thomas Jefferson’s own curriculum. TJU told us that they have one of the top family medicine programme in the US and family medicine training in Philadelphia is similar to general practice training in the UK. However, the School will need to work with Thomas Jefferson to ensure the students have an experience in line with what is delivered in the UK. The School have provided TJU with the P Year requirements but there was nothing specifically for family medicine, and F Year documentation will need to be more robust.
The students at Marshall reported that they are not just bystanders in clinical placements and their electives can include themes of disease prevention and social deprivation. Family practice clinics are remote and so students who elect to undertake these rotations are often placed at a clinic in Logan, Ohio, this is easy to reach via air travel. In family practice placements, the students receive one-on-one practitioner opportunities; Marshall staff reported this provides good learning opportunities.

We heard about student experiences in paediatric, obstetrics and gynaecology, neurology and psychiatry placements at Marshall, met staff, and were shown the facilities in these departments. All students we met reported positive experiences in their Marshall placements.

Thomas Jefferson staff told us they aim clinical placements to be in a variety of settings and they try to ensure the students are part of the clinical team. They have a reputation for excellent clinical training, with a particular interest in underserved populations. They felt there were more similarities than differences in the coordination of care between the UK and US models. One difference they identified was the continuity and coverage of complex co-morbidity. Thomas Jefferson told us about their very engaged group of Clerkship Directors who are ‘hands-on’ at clinical sites and with their affiliates. They meet with the clinical providers at least once a year to ensure the quality of education on placements is equal to that provided on campus.

We heard from Thomas Jefferson staff about the likely student experiences in paediatric, obstetrics and gynaecology, family, emergency medicine and psychiatry placements at TJU, and were shown the facilities in these departments. The students attend family medicine in their F Year and have their own patients and a plan that they can discuss. They see a variety of cases in an area of both private and Medicaid* populations across rural and urban areas, and can attend a maternal child health service. For inpatient and community experiences, they can spend a month in a small town outside Philadelphia. This community placement helps students assess patients from rural backgrounds, and is one the visit team felt would benefit the SGUL students and should be made mandatory as it will provide them with an experience similar to UK practice. At least two thirds of TJU students undertake a selective rotation such as sports medicine, geriatrics or palliative care. The clerkship is the highest rated each year largely due to the one-to-one experience students have with attending physicians and the follow-up care they can observe.

* Medicaid is a social health care programme in the US.
Fair, reliable and valid assessments (R5.6)

138 The students at Marshall are evaluated via both the SGUL and Marshall systems. This provides Marshall with a gauge to check the evaluation of both the students and the faculty. All students we met said their main struggle was preparing for the USMLE exams as this was not as ingrained or emphasised at an early stage as by the School’s counterparts, they were also unfamiliar with the design of the exam compared to the UK exams.

139 In Marshall clinical placements, the students receive evaluation from the individual teaching them. Patients are used to assess students in core topics such as surgery or paediatrics as they provide feedback from a patient perspective. At the end of each rotation, the SGUL and Marshall students undertake clinical skills exams together and complete a final exam at the end of their fourth year. Marshall hold monthly meetings and discuss end of rotation and evaluation forms to ensure students are not encountering difficulties.

140 Thomas Jefferson told the visit team that they will use standardised patients for the OSCEs and these will be more software-based in future to allow more observers.

Mapping assessments against curricula (R5.7)

141 The exams and OSCEs at Marshall are matched to those in London. The SGUL students must undertake an elective after these exams. In a six week period, the SGUL students will have two separate OSCE exams; the Marshall OSCE prepares them for the CS part of the USMLE Step 2 exam, and the SGUL OSCE. Marshall tries to match assessments with the students' desired progress route as they allow them to complete research projects and presentations in their relevant field.

142 In neurology, they consider the USMLE Step 2 exam to ensure the students’ objectives are matched to this and the problem-based learning sessions are matched to the students’ learning. Marshall are working with SGUL to use learning resources and independent learning, they use weekly quizzes and final exams, including a clinical competency exam which is videoed and the students receive formal feedback on this. The students are graded based on their clinical skills exam for the USMLE Step 2 exam. Clinical performance and summative evaluation are used to check students are on track to pass.

143 The grade students receive in psychiatry is a clinical grade with preceptors and a standardised patient exam to assist with the USMLE Step 2 exam. The psychiatry assessment is modified so there is more time to evaluate the students’ interviewing skills. The students each have an hour to complete a formulation and a write-up. The students have many quizzes and assigned reading during their placements.
The Thomas Jefferson faculty informed us that they feel confident they will have no issues in replicating the SGUL OSCEs and will use standardised patients. Like SGUL, they will also use some real patients, of which they have a good pool to select from. They said one difference will be having assessors in the same room as they normally use video cameras. For surgical stations, they will use hybrids and plastic models.

All the students at TJU will be expected to do a shelf test, with the exception of emergency medicine. In emergency medicine, the students will be assessed via an accumulation of evaluations across the shifts and performance on simulations. The students receive mandatory evaluations on each clerkship, these are reviewed at the end of each rotation to assess themes. Thomas Jefferson use this information to analyse their qualitative data.

Thomas Jefferson have been using the SGUL Moodle system to prepare for SGUL exams. All students will have access to this and any additional materials such as a comparison of US and UK systems.

Examiners and assessors (R5.8)

The assessors in clinical placements at Marshall sign-off the SGUL students in the same way they would the Marshall students. The students are evaluated by the teacher at the clinical placement.

### Appendix 1:

#### Visit team

<table>
<thead>
<tr>
<th>Dates of visits</th>
<th>23 February 2016 to St George's University of London</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19 to 20 April 2016 to Marshall University in Huntington, West Virginia</td>
</tr>
<tr>
<td></td>
<td>22 April 2016 to Thomas Jefferson University in Philadelphia, Pennsylvania</td>
</tr>
<tr>
<td>Team Leader</td>
<td>Professor Sam Leinster</td>
</tr>
<tr>
<td>Visitor</td>
<td>Mr Damian Day</td>
</tr>
<tr>
<td>Visitor</td>
<td>Dr Ravi Gulati</td>
</tr>
<tr>
<td>Visitor</td>
<td>Professor Mairi Scott</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Visitor</td>
<td>Dr George Smith</td>
</tr>
<tr>
<td>GMC Staff</td>
<td>Alexandra Blohm (present at all February and April visits)</td>
</tr>
<tr>
<td></td>
<td>Angela Hernandez (present at the 23 February visit)</td>
</tr>
<tr>
<td></td>
<td>Jessica Lichtenstein (present at the 19, 20, 22 April visits)</td>
</tr>
</tbody>
</table>
Appendix 2: Document register

This appendix is separate from the main report due to its length.
**Appendix 3: Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACGME</td>
<td>Accreditation Council for Graduate Medical Education</td>
</tr>
<tr>
<td>GMC</td>
<td>General Medical Council</td>
</tr>
<tr>
<td>GP</td>
<td>General practice/practitioner</td>
</tr>
<tr>
<td>LCME</td>
<td>Liaison Committee on Medical Education</td>
</tr>
<tr>
<td>Marshall</td>
<td>Joan C. Edwards School of Medicine at Marshall University in Huntington, West Virginia</td>
</tr>
<tr>
<td>MB BS</td>
<td>Bachelor of Medicine and Surgery</td>
</tr>
<tr>
<td>MMI</td>
<td>Multiple mini interview</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>OSCE</td>
<td>Objective structured clinical examination</td>
</tr>
<tr>
<td>QAA</td>
<td>Quality Assurance Agency for Higher Education</td>
</tr>
<tr>
<td>SGUL</td>
<td>St George’s University of London</td>
</tr>
<tr>
<td>SLA</td>
<td>Service level agreement</td>
</tr>
<tr>
<td>SSC</td>
<td>Student selected component</td>
</tr>
<tr>
<td>Thomas Jefferson/TJU</td>
<td>Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia, Pennsylvania</td>
</tr>
<tr>
<td>USMLE</td>
<td>United States Medical Licensing Exam</td>
</tr>
<tr>
<td>Step 1</td>
<td>The first USMLE examination</td>
</tr>
<tr>
<td>Step 2</td>
<td>The second USMLE examination</td>
</tr>
<tr>
<td>AAMC</td>
<td>Association of American Medical Colleges</td>
</tr>
</tbody>
</table>

*See glossary (in appendix 4) for definitions.*
### Appendix 4: Glossary

<table>
<thead>
<tr>
<th>OSCE</th>
<th>A type of examination to test clinical skill performance and competence in skills such as communication, clinical examination, medical procedures or prescription, exercise prescription, joint mobilisation or manipulation techniques, radiographic positioning, radiographic image evaluation and interpretation of results.</th>
</tr>
</thead>
<tbody>
<tr>
<td>USMLE Step 1</td>
<td>The USMLE Step 1 exam assesses whether examinees understand and can apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease, and modes of therapy. Step 1 ensures mastery of not only the sciences that provide a foundation for the safe and competent practice of medicine in the present, but also the scientific principles required for maintenance of competence through lifelong learning. Step 1 is constructed according to an integrated content outline that organizes basic science material along two dimensions: system and process. Step 1 is a one-day examination. It is divided into seven 60-minute blocks and administered in one 8-hour testing session. The number of questions per block on a given examination form will vary, but will not exceed 40. The total number of items on the overall examination form will not exceed 280. (USMLE website)</td>
</tr>
<tr>
<td>USMLE Step 2</td>
<td>Step 2 of the USMLE assesses the ability of examinees to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision, and includes emphasis on health promotion and disease prevention. Step 2 ensures that due attention is devoted to the principles of clinical sciences and basic patient-centred skills that provide the foundation for the safe and effective practice of medicine. Step 2 CS uses standardized patients to test medical students and graduates on their ability to gather information from patients, perform physical examinations, and communicate their findings to patients and colleagues. Step 2 CK is constructed according to an integrated content outline that organizes clinical science material along two dimensions: physician task and disease category. (USMLE website)</td>
</tr>
<tr>
<td>Shelf test</td>
<td>Shelf tests or exams use USMLE questions that are no longer used and have been “shelved”. Some medical schools use them to gauge how students are performing in a subject. They are often sat after some third year rotations and can form part of a grade for a rotation.</td>
</tr>
</tbody>
</table>
St George's, University of London

Response to GMC report on International (INTO) MBBS 2015-16

We welcome the thorough review of the International (INTO) MBBS undertaken by the visiting General Medical Council team.

Our top priority is to give all of our students on all of our courses the same excellent standard of education. The GMC report has raised concerns about aspects of the provision of our International (INTO) MBBS and we are fully committed to addressing these urgently. We are confident that we have in place systems to ensure we are meeting the GMC’s statutory standards as outlined in Promoting Excellence: standards for medical education and training.

St George's, University of London is the only UK medical school to have established an international medicine course which meets the requirements for training doctors in the USA and other countries. The complexities of working across different regulatory jurisdictions have presented challenges since the introduction of these programmes, but we are satisfied we have robust measures in place to address the concerns raised by the GMC.

Specific responses to the key issues raised and an overview of progress made since the visit are outlined below.

1. Quality management systems

The International (INTO) MBBS Programme is quality managed through the St George's committee and governance structure which allows for formal oversight of, and response to, the student experience. We recognise that, in the past, there were shortcomings in the application of the governance processes but these have been addressed during the last 12 months. We are confident that students on the programme continue to receive a high quality education that meets the GMC's standards.

At course programme level, the quality of the International (INTO) MBBS course is considered by the International Medicine Operations Group (IMOG) which meets bimonthly with student representation and participation. The MBBS Course Committee meets quarterly and also has student representation and participation. This committee considers reports from IMOG in addition to the annual programme monitoring reports which emphasise the student learning experience, including that at US sites.

These committees report through the Undergraduate Medicine and Bioscience Education Committee (UMBEC) and the Quality Assurance and Enhancement
Committee (QAEC) to Senate, the highest educational committee at St George's, University of London.

As well as through this committee structure, students can provide feedback, raise concerns and ask questions through direct contact with the MBBS course administrative team or through their Students' Union representatives. The academic and administrative members of the International (INTO) MBBS team also hold monthly meetings with students to discuss any issues. The institution has a commitment to improving the experience of all its students and has a newly-convened Student Experience Committee which identifies particular programmes or areas that require work and is responsible for overseeing that work. The Student Experience Committee reports directly to QAEC.

The university has recently recruited to three new clinical academic roles which hold specific responsibilities for local and international placements for undergraduates in surgery, medicine and psychiatry. This additional resourcing is designed to bolster support for students and, in relation to the International (INTO) MBBS, strengthen liaison with partner sites in the USA.

The quality assurance agreement underpinning the university’s partnership with INTO requires a partnership review every five years. The first of these is currently underway and is due to report in January 2017.

2. Communication with students

Improvements to communications with students include:

- Key aspects of the programme are discussed at individual face to face meetings with the students, which offer a safe platform where concerns can be raised openly. As a recent example of this approach, the Dean of International Education and the administrative lead met all students due to undertake Penultimate year clinical placements in 2017 individually to discuss their career aspirations and their preferences for their placement. As a result of this thorough process, fifty seven students were allocated to their first choice option with four being allocated their second choice.

- A dedicated email inbox address for students on the International (INTO) MBBS has been set up which is monitored by two members of staff. They are successfully following the established protocol to respond to the majority of queries on the same day and to meet the maximum response time target of 48 hours for more complex enquiries.

- Additional information related to the International (INTO) MBBS programmes, including preparation for USMLE, clinical placement allocation processes, visa advice and course recognition, has been added to the St George's intranet. There is also a new international MBBS section in the MBBS monthly newsletter to provide updates on new developments relevant to the programme.

- Monthly meetings are held for all students to discuss any issues with the academic and administrative members of the international MBBS team.
• Termly joint meetings of student representatives on 'home' and International (INTO) MBBS programmes are held to discuss student feedback on clinical placements and updates on improvements.

As an indicator of the impact of these interventions, the Students' Union has reported a substantial decrease in the number of issues, reported to them, related to the International (INTO) MBBS programme.

3. Supporting students to progress

We recognise that international students have distinct needs requiring targeted support. To provide a more bespoke service, we have appointed two joint lead personal tutors for international students to guide the delivery of pastoral care. The GMC has noted that this support has been greatly appreciated by the international students.

Students on the International (INTO) MBBS programme are required to pass the USMLE Step 1, a basic clinical science knowledge-based examination prior to progressing to clinical placements in the USA. We have provided more support to students preparing for this examination with improved results. Support is provided for students during their transition to placements in the USA, including regular videoconferences with partners and a specifically tailored induction programme on arrival.

4. Placement provision

Given the current challenges facing the programme we have taken the decision to work on consolidating delivery of the MBBS at our current US partner sites. We have secured sufficient clinical placements for students entering Penultimate year in August 2017 and are committed to do so for all current and future students on the programme.

5. Cohort numbers

The intake for 2017 has been strictly limited to match the number of places currently available at our existing US clinical partners, Marshall and Thomas Jefferson Universities.

23 December 2016