

Final Visit Report: University of Southampton Faculty of Medicine 2016-17

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

Visit overview

Medical school	Kassel School of Medicine
University	University of Southampton
Programme	European Bachelor of Medicine: BM(EU)
Date of visit	15 & 16 February 2017
Significant Patient Safety or Educational concerns identified	None
Has further regulatory action been requested via the Responses to Concerns process	No

Executive summary

- 1** This report details the findings from our fifth annual cycle of quality assurance of the Southampton Faculty of Medicine's new European Bachelor of Medicine Programme (BM(EU)). We have measured the faculty against the standards and requirements set out in Promoting Excellence.
- 2** We conducted a student survey and received written updates on certain aspects of the programme in September 2016 and January 2017. We visited Kassel School of Medicine (KSM) in February 2017 where we met with the BM(EU) Programme Team, students and local education providers.
- 3** The BM(EU) programme has been developed by the faculty in partnership with Gesundheit Nordhessen Holding AG (GNH) in Germany. GNH comprises several acute care hospitals, nursing homes and other health related enterprises. The BM(EU) programme is based on a modification of the faculty's current Bachelor of Medicine five year programme. Students complete clinical placements in the UK and in Germany. Written exams and objective structured clinical examinations (OSCEs) are conducted in the UK and assessments of clinical competence (ACCs, previously known as mini-CEX) are conducted in Germany. For Year 4, written examinations are marked in Southampton but take place in Germany using the same question papers sat at the same time.
- 4** The following terminology is used throughout the report. For clarification on terms and their definition:
 - 'Faculty' is University of Southampton Faculty of Medicine
 - 'BM(EU) management team' are the teams working together across Kassel and Southampton
 - 'KSM' is the core education management team and senior team at Kassel
 - 'KSM management team' is the senior team at Kassel

Update on open requirements and recommendations

	Open requirement	Update	Status
1	The faculty must ensure that local education providers are trained on, and familiar with, the OSCE processes and the UK based clinical assessment methods on which the OCSEs are based.	The faculty have provided training to clinical teachers through courses such as the FACT course and also involved teaching staff in OSCE training as examiners to familiarise staff with assessment criteria and how OSCEs run. We encourage the faculty to continue their hard work in this.	Ongoing - now a recommendation.
	Open recommendation	Update	Status
1	The BM(EU) Programme Team has convincing proposals for appropriate changes to the programme that will be implemented for the next cohort of students. However, the faculty should consider whether more could be done to implement immediate improvements to the programme to benefit the current cohort.	We found the faculty are responding quickly to any problems which are encountered and are regularly monitoring issues.	Closed
2	The BM(EU) Management team should relay clear messages to students about the importance of the German Medical Practice module and how they will benefit from the learning outcomes.	Students told us they needed more time for the German Medical Practice Module. We would like the BM(EU) Management team to continue to monitor this.	Ongoing
3	The BM(EU) Management team should ensure better consistency in the educational value of clinical placements.	We found that module coordinators are working closely together to share ideas and ensure consistency across placement. We were particularly impressed with the	Closed

		way year 3 module coordinators work together.	
4	The BM(EU) Management team should consider how it might address students' concerns about clinical assessments, perhaps by providing more information, training and practice related to OSCE type assessments.	We found that the BM(EU) Management team had worked to address students' concerns about OSCEs; however students raised concerns about other areas such as the Prescribing Safety Assessment in year 5 and clinical ethics and law. We would like the BM(EU) Management team to continue working on this area.	Ongoing

Areas working well

We note areas where we have found that not only our standards are met, but they are well embedded in the organisation.

Theme	Standard/ requirement	Area
Themes 1 & 3	1.1, 1.6, 3.1	Staff reported that students were demonstrating high level skills in basic patient interaction and communication. Students feel strongly about patient centred practice and are prepared to advocate this in the work place. They feel supported by KSM module coordinators in doing so and reported it gave them the confidence to be able to report any issues. We encourage staff continue to do this.
Theme 1	1.3	We found the staff extremely committed and it is clear that the students are very engaged in the programme. We have seen improvements to the programme each year.
Theme 1	1.5	The students were very positive about the student to student sessions, with year 4 students working alongside year 3 students to provide advice and support for the OCSEs.
Theme 2	2.1, 2.2	We found that the core education management team is very strong. Both staff and students reported that they are always available to provide assistance and support, and that the quality of the assistance and support provided is always high.
Theme 2	2.12	Students reported that the transition arrangements between years have been very well organised. We found there was a high level of engagement from students in the programme.
Theme 3	3.13	Students praised the quality of feedback they received through the assessments of clinical competence (ACCs) on placements.
Theme 4	4.1	The FACT course continues to be working well. Both module coordinators and clinical teachers found it relevant and interesting, and felt that it had raised their awareness of teaching strategies.
Theme 4	4.5	We found that the year 3 module coordinators are working collaboratively as a team to improve the quality of teaching.
Theme 5	5.3	We note improvements to the research project this year. The students are given a range of choices for the project and

		valued the conference.
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Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Theme	Standard/ requirement	Area
N/A	N/A	N/A

Recommendations

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

Theme	Standard/ requirement	Area
Theme 1	1.19	We encourage the KSM management Team to review the structure and resources of the core education management team, including succession planning. This team is currently working to a very high standard; however, we are concerned about sustainability when student numbers increase and the potential risks to the success of the programme which we judge to be significant.
Theme 4	4.5	Many of the module coordinators and clinical teachers we spoke to reported good links with their counterparts in Southampton which added value to their roles, whilst others reported no such links. We encourage the BM(EU) Management team to develop links between KSM and Southampton across the programme.
Theme 5	5.6	We recommend that the Southampton assessment team ensure that the final OSCE exams are worded and structured appropriately for KSM students who have practised in

Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

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.

Culture of raising concerns (R1.1)

1. The students we spoke to told us that they would know who to go to if they came across any patient safety concerns. They told us they would speak to the senior doctor on the ward and escalate the issue to the KSM if their concerns were not addressed.
2. Throughout the visit, clinical teachers told us that they had been very impressed with the students who had been in their departments. They reported that students had a very patient centred approach, knew how to greet patients and were systematic in their examinations.
3. The year 3 module coordinators we met with told us that students feel comfortable discussing issues with them. An example was given whereby a student had been asked by a doctor to do an intimate examination on a patient who was already sedated. The student refused due to the patient not being able to give consent. The student raised this with their clinical teachers who dealt with the situation.
4. **Area working well 1:** Staff reported that students were demonstrating high level skills in basic patient interaction and communication. Students feel strongly about patient centred practice and are prepared to advocate this in the work place. They feel supported by KSM module coordinators in doing so and reported it gave

them the confidence to be able to report any issues. We encourage staff continue to do this

Learning from mistakes (R1.3)

5. **Area working well 2:** We found the staff extremely committed and it is clear that the students are very engaged in the programme. We have seen improvements to the programme each year.

Seeking and responding to feedback (R1.5)

6. On our last visit students reported issues with travel times between different sessions on their timetables. They now report that the education management team have reviewed this and travel times this year have been much better.

7. Following feedback on OSCE preparation from our previous visit, the students with the support of KSM have implemented a system whereby Year 3 students take part in student to student sessions with year 4 students providing them with advice and support for the OCSEs.

8. **Area working well 3:** The students were very positive about the student to student sessions, with year 4 students working alongside year 3 students to provide advice and support for the OCSEs. The year 3 students told us they appreciated the link between the academic years

9. Placement leads had obtained feedback from students in order to make improvements to the placements. They were open to feedback and felt that it helped them to learn and shape the placements.

10. Year 3 module coordinators told us that that they had split placements into weeks, with students visiting a different area each week. However, students believed it would be more beneficial to follow a patient through the different areas, so the placements have now been amended to allow the students to stay with a patient throughout their care. In addition, the number of students on placement at the same time was reduced so as to allow them to spend more time with each student to add value to their learning.

11. Year 4 module coordinators told us that students gave positive feedback and did not request any major changes. The psychiatry module coordinator felt that they learnt from feedback from students. They received feedback that the first week of the placement was very theoretical and that they would learn more in practice. Therefore, they are putting more practical time into the induction week.

12. The education management team confirmed that module coordinators had spoken amongst themselves to make adjustments based on student feedback. For example, originally log books were tailored to their specialty, but students found this confusing and so now all specialties have the same format.

13. Some of the year 4 students felt that they were unable to give feedback directly to some of the more senior doctors on their placements as they thought it was not well received during their placements. However, they felt that the module coordinators were good at responding to issues and resolving them.

14. In addition, year 4 students told us that during some placements it was difficult to approach clinical teachers about issues, as they are the same people who mark them and provide feedback at the end of the placement. These students therefore felt reluctant to raise issues in case this affected the mark they received.

15. However, year 4 students did feel confident in providing feedback in acute care placements.

16. Both year 3 students and module coordinators reported that the year 3 cohort were confident about giving feedback and therefore this was changing the learning culture of the organisation in a positive way.

17. Year 3 students demonstrated a strong sense of identity to the visiting team. They were patient-centred in their attitudes and prepared to advocate for their learning needs in the workplace.

Educational and clinical governance (R1.6)

18. Students were aware of how to raise concerns about the quality of care whilst on placements and felt comfortable raising these concerns if the need arose.

19. A Year 3 student described how she gave feedback to a clinical teacher about his communication skills when a patient became distressed during a clinical procedure. The clinical teacher complained about the student to the head of department who was also the module coordinator. The module coordinator supported the student and reinforced the feedback given by the student.

Determining and respecting learner competences (R1.9) and Identifying stages of learners (R1.10)

20. Clinical teachers told us that they trust students to tell them if they feel that they are being asked to do something outside of their competence.

21. Year 3 students in Primary Medical Care attachments described how they were allowed to take histories from patients and then present the findings to their clinical teachers who then evaluated the patient and helped them to plan management.

22. During the start of the Year 4 Acute Care placement, students are supervised closely by a doctor who is familiar with the curriculum to evaluate their skills. After this, they may see stable patients by themselves to perform histories and examinations.

23. In contrast however, some students felt that on occasion clinical teachers expected them to be at F1 level and they told us that they were asked questions that they could not be expected to answer. Students told us that they sometimes found this demoralizing.

24. Module coordinators told us that it was difficult to educate everyone on the wards about the levels of students and that it will take time for junior doctors and other staff to be clear about exactly what to expect from the students.

Placement induction (R1.13)

25. Year 4 module coordinators who had received students in their departments were clearly well prepared. For the Psychiatry placement we were shown the information given to students during their induction, which included a detailed timetable and log book.

26. We spoke with the Year 4 child health module coordinator who had not yet received students. He told us that in preparation for the students starting this placement, he had already posted timetables on Blackboard and had updated Google calendar, which students are able to access.

Multiprofessional teamwork and learning (R1.17)

27. Students have the opportunity to interact with other professions. During their year 4 psychiatry placements, students had the opportunity to go on an excursion to a community care institution which allowed them to meet people with conditions they did not experience during the rest of their placement. It was also an opportunity to learn about what is happening in the local community and what other services are available to patients.

28. Students told us that they take part in lessons conducted by midwives. In addition, they are able to mix with other healthcare workers, such as physiotherapists and have the opportunity to speak to nursing students.

Organisational resources (R1.19)

29. Throughout the visit the core education management team were praised. We were told by both staff and students that they were invaluable as they are always available to help. The concern raised throughout the visit was whether this level of service is sustainable in coming years as the numbers of students increase. In the future, we will be reviewing how this challenge is addressed.

Recommendation 1: We encourage the KSM management Team to review the structure and resources of the core education management team, including succession planning. This team is currently working to a very high standard; however we are concerned about sustainability when student numbers increase and the potential risks to the success of the programme which we judge to be significant.

Technological and simulation based learning (R1.20)

30. Students have access to various simulation based learning experiences, both timetabled and self-directed. The year 4 specialty week clinical teachers arranged a surgery skills class to allow students to practice skills they may not be able to during the rest of the placement. Year 3 clinical teachers arranged for students to practise suturing on pig skin and use simulation models for digital, rectal and breast examinations.

31. KSM told us that they are currently working on a simulated patients programme and recruiting English speaking patients to participate to assist students with their learning. English speaking simulated patients were used both last year and this year for communications skills teaching and mock OSCEs.

Access to educational supervision (R1.21)

32. Year 3 students reported easy access to educational supervision and that alongside mentors in KSM, some were still in close contact with their Southampton Personal Academic Tutors.

Theme 2: Education 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) and Accountability for quality (R2.2)

33. KSM have worked hard to improve the programme each year and have encouraged interaction between module coordinators and clinical teachers, through mechanisms such as team meetings, which have resulted in stronger links between departments.

34. **Area working well 4:** We found that the core education management team is very strong. Both staff and students reported that they are always available to provide assistance and support, and that the quality of the assistance and support provided is always high.

Evaluation and review of programmes and placements (R2.4)

35. KSM told us that surveys are given to students at the end of their placements so that they can provide feedback. However, we were told that the questions vary between modules and that the Psychiatry placement does not have the same questions as other departments. KSM have planned to speak with the module coordinators to see if they can arrange a more consistent approach to the surveys.

System for raising and responding to concerns (R2.7)

36. We were given an example of a student who faced a challenging situation with a patient and the module coordinator felt that the consultant involved in the case could have taken more care of the student's welfare. As a result, the module coordinator spent time with the student to talk through the incident and then gave feedback to the consultant. This scenario was then shared with other departments as a point of learning.

Managing progression with external input (R2.12)

37. Area working well 5: Students reported that the transition arrangements between years have been very well organised. We found there was a high level of engagement from students in the programme.

38. BM(EU) Management team have started planning the transition to foundation year by engaging with departments across the hospital to obtain placements. They also have plans for foundation year training for educational and clinical teachers in spring 2018.

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 achieve the learning outcomes required by their curriculum.

Good Medical Practice and ethical concerns (R3.1) and Support services and resources for learners (R3.2)

39. Students told us that they have both academic and personal support. In primary medical care they have weekly sessions on academic support and they are able to use WhatsApp to contact academic support staff. Students also told us they can approach contacts in Southampton for extra support if this is necessary.

40. The core education management team informed us they email greetings to students at the start of each year and felt that their communication with students was good. They told us they ensured close contact with pastoral care and provided internship and work shadowing programmes and financial support for research projects.

Support for transition (R3.5)

41. Year 3 students reported their transition between Southampton and Kassel was smooth and that they had settled in well to the new academic year.

42. Year 4 students raised concerns about accommodation for January 2018 for their year 5 OCSEs in Southampton. However, the BM(EU) Management team explained that they are currently working on this and predict that there will not be any issues.

Learner support during external study (R3.9)

43. Year 4 students raised concerns about losing their English language skills. Although they have student to student sessions in English and have access to English textbooks, their patients are all German natives and therefore during placements they speak German.

44. In contrast, Year 3 students described how the local population in Kassel is becoming more multicultural. With some recent immigrants, English was more likely to be spoken than German. As a result, students felt they were maintaining English language skills and proving a useful resource for patients and clinical teachers.

45. Year 3 students reported issues with statistical support when completing their research projects. Whilst a member of staff had been put in place at KSM, she had been on holiday during the time the students needed her and therefore, they contacted the staff member for statistical support in Southampton. We were informed this system would work better in future

46. Students felt able to go to the core education management team for support if they came across any issues with their placements. They were confident that the core education management team would assist them and students in year 3 gave an example whereby they had travelled some distance to a placement and the individual who was scheduled to teach them was ill. They spoke to the education management team who arranged for them to have the teaching they had missed the following day in the hospital.

Feedback to learners (R3.13)

47. Students' views of feedback during placements were mixed. Whilst some felt that feedback on placements focused on the negatives, most felt the feedback process was thorough and useful.

48. Year 3 students described how clinical teachers during the Primary Medical Care attachment were not always familiar with ACCs. The module coordinators confirmed that ACCs continue to be a challenge which he is committed to trying to address.

49. Year 4 students commented that the ACC in their Psychiatry placement was well planned and the module lead told us that this was because they took a lot of time to give structured feedback and because students were keen to learn. The module coordinators had taken time to put cases together for the students to use.

50. During Obstetrics and Gynecology, Year 4 students reported that clinical teachers were so busy with clinical work that it was hard to schedule ACCs during their learning hours. The ACCs tended to occur at the end of the working day. While this was tiring for students, they appreciated the quality of the feedback they received.

51. Area working well 6: Students praised the quality of feedback they received through the assessments of clinical competence (ACCs) on placements.

52. Some year 4 students were unhappy with the feedback they received on their OSCEs. Current practice is to only provide generic cohort feedback and the students had hoped for more specific detail on their individual performance in all stations. They foresee the year 5 OSCEs as being more difficult and so are concerned that they do not know what to work on for the future.

53. The BM(EU) Management team told us that they did not have the resources to provide narrative feedback on OSCE stations. However, they provide summative assessment feedback to students, with borderline and failed students getting more detail.

54. Clinical teachers felt prepared to give students feedback as they had been briefed through the FACT course. However, they admitted that it was difficult for the first few days until they got to know students. Once they knew the students they felt that communication was easy and they were able to provide feedback.

55. Year 4 module coordinators told us that students received feedback from clinical teachers on the wards and that those responsible for students gave them informal feedback during the week. Formal feedback is given during weekly tutorials in which students are also encouraged to raise any concerns.

56. In order to prepare for giving feedback, year 4 clinical teachers had lowered the number of outpatient clinics to give consultants more time to observe students and provide feedback. Moving forward, clinical teachers plan to encourage more consultants to engage in the feedback process.

57. Some of the year 4 specialty week clinical teachers told us that they divided students into groups to visit patients and were then asked to give feedback on what they had seen. This enabled the clinical teachers to see who had understood the case and who had not. They then discussed the cases in larger groups so that students could learn from each other.

58. Year 4 Psychiatry module coordinator reported that a consultant met with the students once a week for an hour to discuss cases and they heard that students were content with this. The clinical teachers had reflected on their feedback process and had agreed that in future they would speak to the nurses early in the placement to obtain feedback on the students. This would enable them to develop students further during their placements.

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.

Educator selection (R4.1)

59. The BM(EU) Management team ran three FACT courses for clinical teachers during 2017 and they have arranged another course for May 2017 which focusses on the year 5 placement providers. They also organized a bespoke ACC workshop, research project marking and supervisor training, alongside examiner training for mock OSCEs.

60. **Area working well 7:** The FACT course continues to be working well. Clinical teachers told us that they found the FACT course extremely beneficial as there was an input on the UK medical education system and what would be expected from them and were also shown videos of how ACCs worked. In particular they valued the role-playing exercise for giving feedback to students.

61. In addition, clinical teachers told us that the course gave them the opportunity to speak to other departments to share ideas on teaching methods; for example, carrying out small group teaching and reducing the number of PowerPoint presentations.

62. The BM(EU) Management team felt that although this area is working well, they feel further value could be added by developing a post FACT course so as to learn about potential improvements to the course and gain feedback from the attendees.

Job plans (R4.2) and Educator resources (R4.3)

63. Clinical teachers were extremely enthusiastic about providing placements for students, but those in the specialty weeks felt that they were unable to cover everything they would want to during the time given. However, they appreciated that the placements were tasters of the specialty.

64. Clinical teachers raised concerns about daily work on wards during student placements. They reported that they had lowered the number of patients on their wards during the weeks of the student placements. This meant that placements had to be outside of holiday periods, so that there are enough staff members.

65. The specialty week providers felt that they could manage a maximum of two placement weeks per year on current staffing levels; however, this would need to be discussed if KSM wished to increase the number of weeks beyond this.

66. Although not the case for all the placements, many of the clinical teachers felt that there was not enough time during the student placements to provide feedback and schedule ACCs. As a result they asked students to take part in ACCs after the normal working day. Students appreciated the clinical teachers' efforts, but would prefer ACCs to be timetabled in the usual working hours.

67. Clinical teachers reported that they had enough resources to provide the teaching required and feel supported by KSM in obtaining resources such as textbooks. Clinical teachers told us the main techniques used for teaching were case based discussions and small group teaching and they told us that they had the resources to carry out teaching in this way.

68. Some clinical teachers reported that they had used the University of Southampton's Blackboard VLE as a resource when planning their lectures. However, they felt that the content of Blackboard may be outdated, although still useful.

69. The BM(EU) Management team reported an issue with the translation in the ACC guide for Psychiatry. However, this has now been rectified.

70. With regards to staffing, the overall view was that clinical teachers had enough support. The module coordinator for the child health placements does not yet have a deputy, but believes a deputy will be appointed soon.

Support for concerns or difficulties (R4.4)

71. Clinical teachers from departments that had not yet received students were confident that should they come across any difficulties with students they would have support from the KSM. The clinical teachers have contact with the core education management team on a weekly basis and are also aware of available pastoral support.

72. The BM(EU) Management team reported close links with module coordinators with regular contact to discuss the progression of student placements, which was supported by reports from clinical teachers who said they had weekly contact with the KSM during placements. Most clinical teachers who had received students reported that they had not had any issues; however, they were all fully aware of the process for reporting concerns.

73. Of those clinical teachers who had encountered issues, it was reported that the KSM were very helpful and easily contactable to discuss solutions. One clinical teacher told us of an issue where a student had missed some of their placement. The clinical teacher was able to discuss this with KSM and who helped them find an alternative way for the student to catch up so that they did not fail the module.

74. The clinical teachers reported that KSM conducted visits and provided them with feedback on the quality of their teaching, which made them feel supported and allowed them to discuss issues and concerns.

75. The BM(EU) Management team reported that some of the students had been demanding of the clinical teachers during placements due to the students having extremely high standards. The BM(EU) Management team had spoken with the students and encouraged them to give the clinical teachers positive feedback alongside negative.

Ensuring a consistent approach to education (R4.5)

76. **Area working well 8:** The year 3 module coordinators reported extremely good links across departments. They are working collaboratively as a team to improve the quality of teaching. They met with each other to share experiences a minimum of twice per year; however, there was frequent informal contact between them. They reported that they coordinate workshops between specialties due to the increase in students.

77. Some clinical teachers reported good links with their counterparts in Southampton, although most suggested that contact could be improved. The clinical teachers were all keen to improve links and suggested the option of KSM writing exams with Southampton.

78. When asked if there was anything they would do differently, year 4 clinical teachers said that they had experienced some overlap with their teaching and the teaching on other placements. They plan to liaise more closely with the other placements to ensure that this does not happen next year.

Recommendation 2: Many of the module coordinators and clinical teachers we spoke to reported good links with their counterparts in Southampton which added value to their roles, whilst others reported no such links. We encourage the BM (EU) management team to develop links between KSM and Southampton across the programme.

Theme 5: Developing and implementing curricula and assessments

S5.1: Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.

Curriculum plan (R5.1)

79. Year 4 students told us that this year has been more structured and organised than last year and that they feel the course is tailored towards individuals' needs. However, they did report some concerns in subject areas that were specific to UK practice.

80. For example, year 4 students told us they feel they have too little prescribing experience and will not get to see any prescription forms until they return to Southampton in year 5.

81. The BM (EU) Management team told us that they ensure that the learning outcomes at KSM match those at Southampton by following their curriculum and ensuring that module coordinators check their schedules for equivalence.

Medical school curricula (R5.3) and Medical school programmes (R5.4)

82. When speaking with the students, they reported that it was possible to follow the patient along their clinical pathway and the fact that they could follow patients across departments was beneficial.

83. Year 4 students reported that the German medical module was not organised effectively, with lots of information to take in during a short space of time. Students felt that the topics were important, but that there was not enough time to absorb the information, especially as sometimes the German medical practice time was used to prepare for OCSEs.

84. Some students at KSM felt at a disadvantage to students in Southampton regarding the study of genito-urinary medicine (GUM). We heard that students at Southampton were given two days of teaching in GUM but students at KSM were given a handbook that they had to read in their own time. The handbook was 170 pages and they also needed to learn ten hours of lectures as online modules. Students were concerned that the specialty of GUM is practised differently in Germany compared to the UK so they may be getting less experience in GUM than students at Southampton.

85. Year 4 module coordinators told us that students are given the opportunity to take part in handovers, especially those on night shifts.

86. Both staff and students reported issues with the year 3 research project placements. Some students had been offered payment during their projects and

others had not. KSM had been unaware this was going to happen, but are ensuring that this does not occur again. KSM report that in the future if a placement is insistent on payment then they would request that this is paid directly to KSM so that it can be used for resources to benefit all students.

87. Area working well 9: We note improvements to the research project this year. The students are given a range of choices for the project and valued the conference.

88. However, students reported that a lot of their clinical teachers were supervising for the first time and the students felt quite alone when conducting their research as they had not done anything like it before.

89. In addition, year 3 students told us that they had encountered issues with the ethical approval for their research projects. They were not aware that they would need ethics approval in both the UK and Germany, and so had to prepare a separate report in German which they found time consuming. However, they told us that the KSM had addressed this issue for the future as dual approval had been arranged, whereby the UK approval would be accepted in Germany.

90. Year 3 students were very enthusiastic about their placements. However, they reported some issues with the balance of teaching on basic clinical skills and on more complex cases. Staff are enthusiastic about showing students some of the more 'exciting' cases, but at times at the expense of teaching on core clinical skills that would subsequently be assessed. Students were concerned that it should not be their role to point this out to clinical teachers.

91. Students appreciated that the placements were short and therefore, clinical teachers had limited time to be able to show them everything. The clinical teachers stated that they tried to ensure students saw a range of patients; however, it would be possible for them to focus more on the basic clinical skills teaching in future.

92. Year 4 module coordinators told us they based their placements on the Southampton placements. They researched what the students in Southampton would cover and then thought about what a GP would be expected to know about their area. This was then discussed with the core education management team.

Assessment of learning outcomes (R5.5), Assessment reliability (R5.6) and Assessment mapping (R5.7)

93. Students reported that although they are seeing lots of patients during their placements, the doctors they shadow do not have the capacity to spend a lot of time observing students with each patient due to their own clinical workload. Students would value having more time being observed and receiving feedback on their clinical skills.

94. The students we spoke to commented on issues finding time for ACCs in some placements. Some students reported that ACCs are completed by junior doctors and in some specialties there is no timetabled session for ACCs.

95. We heard that ACCs are often completed outside of normal placement time and that feedback was not always informative or robust.

96. The BM(EU) Management team felt that the issue with ACCs was due to the fact that no one in Germany has experienced them before so the clinical teachers are learning alongside the students. The faculty reassured us that they thought the confidence of clinical teachers would improve as they received more students.

97. Some year 4 students reported difficulty in arranging ACCs. They told us that ACCs are not consistent across placements and often they have to request an ACC instead of them being scheduled. They also reported that on several occasions their ACCs have been postponed due to clinical teachers' workload.

98. When asked about ACCs, year 3 clinical teachers told us that last year the ACCs were too late in the placement and were therefore rushed. However, they had reflected upon this and in order to rectify this, they have scheduled them for earlier in the placement next year.

99. When asked about their OSCEs, year 3 students told us they felt that it was up to them to find time to prepare and that they struggled as the placements were tiring

100. We heard that students from the year above are organising OSCE preparation for the year 3 students and the BM(EU) Management team should ensure that systematic errors are not occurring by introducing this practise.

101. A number of year 4 students told us that they had come across some things in the OSCE that they did not know. They felt this may be due to the differences between practising medicine in the UK and Germany.

Recommendation 3: We recommend that the Southampton assessment team ensure that the final OSCE exams are worded and structured appropriately for KSM students who have practised in Germany.

Examiners (R5.8)

102. The BM(EU) Management team is working to ensure consistency across assessment marking. For example, whilst evaluating assessments it was noted that examiners in KSM were marking the area of communication higher than those in Southampton. Feedback was provided to the examiners in order to rectify this and this area should be more consistent in the future.

Appendix 1: Visit team

Date of visit	15 & 16 February 2017
Team leader	Professor David Cottrell
Visitors	Dr Shehla Baig Dr Steve Capey Mr Jeff Serf Reverend Professor David Taylor
GMC staff	Emily Saldanha – Education Quality Assurance Programme Manager Kate Bowden – Education Quality Analyst

Appendix 2: Document register

Document number	Document name
Doc 001	GMC information request summary
Doc 002	Letter to year 3 teachers
Doc 003	Letter to year 4 teachers
Doc 004	Comparative scores for year 1 BMEU
Doc 005	Comparative scores for year 2 BMEU
Doc 006	Year 3 OSCE analysis 2016
Doc 007	Year 3 report FoM New Curriculum
Doc 008	2015-16 BM(EU) Annual Programme report Sept 2016
Doc 009	BM(EU) Year 3 Evaluation Summary
Doc 010	Report on Year 4 progress
Doc 011	Curriculum change consultation
Doc 012	GMC requested information and key to documents
Doc 013	Action plan 2016 update
Doc 014	Curriculum development meetings
Doc 015	Kassel QAE report December 2016
Doc 016	BM(EU) 2016 application data final
Doc 017	Year 1 E&D data for all BM(EU) cohorts
Doc 018	Year 5 plans
Doc 019	FY1 project setup and current status

Emily Saldanha
Education Quality Assurance Manager
Education and Standards Directorate
General Medical Council
Regents Place, 350 Euston Road, London NW1 3JN

September 2017

Dear Emily

University of Southampton BM(EU) End of Cycle report 2016-17

Thank you for this year's report on the BM(EU) programme. We do appreciate the work that goes into the validation process and are very grateful for the visiting team's feedback. This process is invaluable in helping us develop the programme and giving our students the best experience possible.

I enclose the completed action plan for the forthcoming year. We are proud that we have received only recommendations not requirements. We will continue to work hard to address these recommendations and will update you on our progress in January as requested.

We are very pleased to report that the entire year four cohort progressed to final year and are on course to be the first BM(EU) students to graduate in 2018.

Thanks again for your ongoing commitment to this programme.

Yours sincerely

A handwritten signature in black ink, appearing to read 'C Polack', written in a cursive style.

Dr Clare Polack
BM(EU) Programme Leader

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Action Plan for the University of Southampton Faculty of Medicine

2016-17 cycle of quality assurance of the European Bachelor of Medicine Programme

Open Recommendations (from previous cycles)

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/year)	School lead
1	First update by 15/01/18 and future updates in scheduled report to the GMC.	The Faculty must ensure that local education providers are trained on, and familiar with, the OSCE processes and the UK based clinical assessment methods on which the OCSEs are based.	The Faculty have provided training to clinical teachers through courses such as the FACT course and ACC training courses. KSM teaching staff are involved in mock OSCE training as examiners in Kassel. Some staff have visited Southampton to attend OSCE examiner training, to be examiners or to observe the OSCEs. The GMC encourages the faculty to continue their hard work in this.	Those members of the Kassel teaching team who have attended OSCEs in Southampton or taken part in examiner training are expected to share their experience with colleagues in Germany. All teachers will be encouraged to take the online MEDUSA module on OSCEs and ACCs.	Ongoing as new clinical teachers become involved.	BM(EU) management team

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/year)	School lead
				<p>Clare Polack attended mock OSCEs for Year 3 and Year 4 students in 2017 in Kassel in order to help the German examiners understand the standards expected and give feedback, she will continue to do this in the subsequent years.</p> <p>During the mock OSCEs the students also had the opportunity to practise clinical skills within the OSCE framework. The session was facilitated by a clinical skills lead from Southampton and clinical skills facilitators in Kassel attended to help them understand the process.</p> <p>Students who have already experienced OSCEs will be encouraged to discuss their OSCE experience with their clinical teachers and peers.</p> <p>This recommendation, alongside a survey for all teachers, will be considered as</p>		

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/year)	School lead
				the BM(EU) Management team plans staff development for the next academic year.		
2	First update by 15/01/18 and future updates in scheduled report to the GMC.	<p>The BM (EU) management team should relay clear messages to students about the importance of the German Medical Practice module and how they will benefit from the learning outcomes.</p> <p>Students told us they needed more time for the German Medical Practice Module. We would like the BM (EU) management team to continue to monitor this.</p>	<p>The BM(EU) team has met with students this year to discuss how the German Medical Practice (GMP) module can be made more relevant to their needs.</p> <p>The written end of module evaluation has also been considered in planning for next year.</p> <p>Professor Tryba (module leader) has made some adjustments to the programme. He will introduce the concept in the introductory week in September and lead the opening session in January where he will endeavour to clearly demonstrate to the students of the relevance of this module to their performance as students and doctors.</p>	<p>KSM are going to discuss with the placements leads for Year 3 the possibility of moving GMP to Thursday afternoon. The students are keen on this as it would give them more time for reflection and preparation.</p> <p>We will continue to evaluate GMP and adapt the session content and delivery as necessary.</p>	<p>Decision on timing by November 2017</p> <p>The end-of-module evaluation will be ongoing in the academic year 2017/18</p>	Michael Tryba and the BM(EU) Management team
3	First update by 15/01/18 and future updates in scheduled	The BM (EU) Management team should consider how it might address students' concerns	At the GMC's visit in February 2016, we found that the BM (EU) management team had worked to address students' concerns about OSCEs; however students raised	The Faculty's Prescribing Lead will deliver teaching in Kassel to Final Year students in September 2017 and she also delivered a session in June	17-18 academic year	BM(EU) Management team Clinical Ethics

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/year)	School lead
	report to the GMC.	about clinical assessments, perhaps by providing more information, training and practice related to OSCE type assessments.	concerns about other areas such as the Prescribing Safety Assessment in Year 5 and Clinical Ethics and Law. The GMC would like the BM (EU) management team to continue working on this area.	<p>2017 to year 3 students as part of GMP.</p> <p>The students will have another session on the Prescribing Skills Assessment and final examinations by videoconference in November 2017.</p> <p>Sandy Miles and Clare Polack will deliver a day's teaching to final year students in September 2017 around the written clinical summary examination.</p> <p>Final year students returning to Southampton in January will attend a reorientation week. This week will give BM(EU) students sessions with UK module leads and lead teachers in the areas they have identified as challenging.</p> <p>The Year 4 students had face-to-face teaching in Kassel by the Clinical Ethics and Law</p>		and Law Lead Prescribing Group

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/year)	School lead
				<p>(CEL) module lead in February and April 2017 and a videoconference seminar in May. They reported feeling more prepared for CEL than any other examination. They all passed.</p> <p>The CEL lead is planning another 2 teaching sessions in Kassel for Year 4 students during the 17-18 academic year.</p>		

Recommendations

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/year)	School lead
1	First update by 15/01/18 and future updates in scheduled report to the GMC.	We encourage the KSM management team to review the structure and resources of the core education management team, including succession planning. This team is currently working to a very high standard; however, we are concerned about sustainability when student numbers increase and the potential risks to the success of the programme which we judge to be significant.	<p>Since the GMC visit the education manager at KSM has left the organisation. Two new, highly qualified education managers have been appointed and will both work 75% time. One started work in August 2017 and the other September 2017. This represents an overall increase in working time of 50% as well as bringing a more diverse skill set to the team.</p> <p>A new community service year volunteer has been recruited and will work with the KSM team in an 'office junior' role from September 2017.</p>	<p>The KSM management will review the workload of the team when the new members have settled into their roles.</p> <p>From mid-October Ms Becher will receive assistance for her administrative role from a member of Mr Honsel's staff.</p> <p>This assistant also works with the GNH board so will provide an important link.</p> <p>It has also been authorised that Ms Becher can work with the marketing department of GNH and an external company to help support marketing and publicity for KSM.</p>	Review January 2018	KSM Management team

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/year)	School lead
2	First update by 15/01/18 and future updates in scheduled report to the GMC.	Many of the module coordinators and clinical teachers we spoke to reported good links with their counterparts in Southampton, which added value to their roles, whilst others reported no such links. We encourage the BM (EU) management team to develop links between KSM and Southampton across the programme.	<p>Module coordinators from Year 3 Surgery and Year 5 Medicine and Surgery visited Southampton in February and June 2017 and made links with their counterparts.</p> <p>Kassel coordinators have virtually attended module meetings facilitated by the module leads and involving the leads from local placement providers.</p> <p>The Psychiatry module lead met with the Kassel module coordinator in Kassel in July 2017.</p>	<p>The BM(EU) management team will continue to strive to encourage and facilitate links between Southampton and Kassel personnel.</p> <p>We are looking at virtual tools to make virtual communication more reliable.</p> <p>The new members of the BM(EU) core team will visit Southampton in the Autumn of 2017.</p>	Ongoing	BM(EU) management team
3	First update by 15/01/18 and future updates in scheduled report to the GMC.	We recommend that the Southampton assessment team ensure that the final OSCE exams are worded and structured appropriately for KSM students who have practised in Germany.	<p>All the assessment and programme teams have been made aware of this issue.</p> <p>The BM(EU) Programme Leader (or deputy) looked at all the examination questions for Year 4 and Year 3 examinations and consulted the Kassel clinicians if there was any doubt about the validity of the 'right' answer in a German context.</p> <p>The Kassel PMC module coordinator was involved in the development of a couple of OSCE</p>	<p>Finals in 2018 will be a new examination for all programmes and the BM(EU) team are helping to ensure they are fair for the BM(EU) students.</p> <p>Finals include a multiple choice paper containing MSCAA questions. The best answer in the NHS in terms of management may take into account scarce resources that may not limit choices in</p>	On-going	BM(EU) Management team and Faculty Assessment team

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/year)	School lead
			<p>stations for year 3 in 16/17.</p> <p>The education manager and assessment lead were given drafts of exam papers to comment on.</p>	<p>Germany. Therefore these questions will be carefully assessed for inclusion.</p> <p>Year 3 and 4 examinations will continue to be scrutinised carefully from a German perspective.</p>		