

Visit Report on the University of Exeter Medical School

This visit is part of the South West regional review to ensure organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#).

Summary

Education provider	University of Exeter Medical School
Sites visited	St Luke's Campus, Exeter.
Programmes	Bachelor of Medicine, Bachelor of Surgery (BMBS)
Dates of visit	5 & 6 May 2016
Key Findings	<ol style="list-style-type: none"> 1 We visited the University of Exeter Medical School (the school) as part of our regional review of medical education and training in the South West of England. This visit also forms part of our ongoing quality assurance of the school for its recognition as an awarding body for a primary medical qualification, which is anticipated for 2018. We conducted a student survey, and visited the school and two of its local education providers. During our visit we met with the school's senior management and quality teams, support staff, educators and students. 2 The school took its first students in 2013 following the disaggregation of Peninsula College of Medicine and Dentistry (PCMD). It is currently in its third year of the decoupling process with only Year 4 and 5 students remaining.

- 3** The school continues to make good progress in establishing the new programme and the disaggregation of PCMD is being well managed. Both students and educators praised the facilities and the support they are receiving. Students like the week-long clinical pathway placements, problem based learning, and small group teaching. We found there is still some confusion around the assessment of professionalism and there was no evidence of an explicit strategy for patient and public involvement informing the programme.

Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards that should be shared with others and/or developed further.

Number	Theme	Good practice
1	Theme 1: Learning environment and culture (R1.7 and R1.8)	Students are receiving high quality clinical supervision and teaching whilst on placement. (See paragraphs 9 and 10)

Areas that are working well

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

Number	Theme	Areas that are working well
1	Theme 1: Learning environment and culture (R1.19)	The facilities were praised by the students we met. We were particularly impressed with the effective use of video conferencing to support teaching and learning. (See paragraph 18)
2	Theme 2: Educational governance and leadership (R2.3)	The disaggregation of Peninsula College of Medicine and Dentistry is being well managed. (See paragraph 24)

3	Theme 2: Educational governance and leadership (R2.6)	The combined approach of undergraduate and postgraduate quality management of local GP education providers is reducing duplication and was commended by educators. (See paragraph 30)
4	Theme 3: Supporting learners (R3.2)	Students have good access to pastoral support. (See paragraph 40)
5	Theme 3: Supporting learners (R3.5)	The involvement of doctors in training in teaching is valued by students. (See paragraph 43)
6	Theme 4: Supporting educators (R4.1)	Clinical teachers are receiving appropriate inductions and training for their roles. We also found that academic teachers are being appropriately supported. (See paragraph 51)
7	Theme 5: Developing and implementing curricula and assessments (R5.3)	Problem based learning and small group teaching is working well and was commended by students. (See paragraph 59)
8	Theme 5: Developing and implementing curricula and assessments (R5.3)	The lack of a culturally and diverse population in the area is being addressed with problem based learning teaching. (See paragraph 61)
9	Theme 5: Developing and implementing curricula and assessments (R5.4)	Students like the week-long clinical pathway placements and appreciate having clear learning agreements with local education providers. Community placements are also working well and students value the support they receive. (See paragraph 63)

Requirements

When the requirements that sit beneath each of our standards are not being met, we outline where targeted action is needed and map to evidence we gathered during the

course of the visit. We will monitor each organisation's response to these requirements and will expect evidence that progress is being made.

Number	Theme	Requirements
1	Theme 2: Educational governance and leadership (R2.3)	The school must develop an explicit strategy, with timeframes, for patient and public involvement in the development and delivery of the programme. They must ensure the views of patients and the public contribute to policies, processes and the development of the curriculum. (See paragraph 24)
2	Theme 5: Developing and implementing curricula and assessments (R5.6)	The school must make sure that students and educators clearly understand how professionalism is assessed. (See paragraphs 73 and 74)

Recommendations

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

Number	Theme	Recommendations
1	Theme 2: Educational governance and leadership (R2.1)	The school should review its communication of policies, procedures and changes to make sure there is a common understanding between all educators and students. (See paragraph 22)
2	Theme 4: Supporting educators (R4.3)	The school should clarify how academic support is being developed and specifically how they intend to ensure education and teaching capacity. (See paragraphs 53 and 54)
3	Theme 5: Developing and implementing curricula	We encourage the school's review of its teaching of basic sciences to ensure

	and assessments (R5.3)	improvements for learners. (See paragraph 62)
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Findings

Theme 1: Learning environment and culture

Standards

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)

- 1** The school has a raising concerns policy which is designed to be used by staff or students to report any serious concerns, whether related to patient safety or teaching. This policy clearly explains how learners and educators can confidentially raise concerns and encourages them to do so.
- 2** Despite this policy, our 2014-15 visit found that students did not have a full understanding of the concerns process. We also found that students were using the term 'whistle blowing' to describe the process of raising a concern. To rectify this, the school told us that their policy has been revised to make sure there is a clear distinction between raising a concern and the practice of whistleblowing. They have also increased awareness of their policy through improved visibility. The updated policy was emailed to all students and is referenced within student handbooks and induction lectures.
- 3** During this year's visit, the school's senior management team told us they are confident that students now know how to raise concerns. Almost all of the students we met confirmed that they knew how to raise concerns. Students told us that they had received information about raising concerns and were aware of how to find contact details on the school's virtual learning environment. Generally, students felt comfortable raising concerns but we did hear of some fears about being identified and protected against adverse consequences. We also found that some students were not clearly aware of the systems for raising concerns about their education while on placement at the Royal Devon and Exeter Trust. We will continue to monitor this in future visit cycles.

Dealing with concerns (R1.2); Learning from mistakes (R1.3)

- 4** The school has an appropriate policy for dealing with and learning from concerns. Learners and educators are encouraged to first discuss their concerns with an academic tutor, a pastoral tutor, or the Academic Policy & Standards Advisor. Concerns are discussed and investigated by the local raising concerns lead. The raising concerns lead produces a report of the investigation and actions required or taken, which is fed back to the person who reported the concern. The Academic Policy & Standards Advisor provides an annual report to the Education Quality & Standards Group. It includes a review of the school's policy and its associated process, including a statistical analysis.
- 5** The students we met at the school and the local education providers were largely confident that concerns are properly dealt with. Our student survey also confirms that students believe the school responds effectively to feedback about patient safety. However, we did hear of an isolated case at a provider where a student felt their concerns were not appropriately handled because of the senior position of the doctor who was the subject of the complaint. We also heard of an instance of a student not being informed of the outcome of a concern they raised about a doctor making inappropriate comments about a patient.

Seeking and responding to feedback (R1.5)

- 6** Before our visit the school told us that it frequently seeks various types of feedback from students. This includes annual broad-sweep feedback; mid-range feedback collected by teachers after a particular session, for example following a placement or a lecture; and on behalf of Student-Staff Liaison Committee. The school has a dedicated section on its virtual learning environment which explains the different types of feedback the school collects and shares details of the actions that have been taken. The page also allows students and staff to provide instant feedback on any area of the course using an online questionnaire.
- 7** On the visit the senior management team told us that they place a great emphasis on the students' perception of the programme. They outlined examples of changes that have been made following feedback, such as the school's virtual learning environment and clinical placements. They undertake a review of all student feedback and have a feedback working group which plays an important role in gathering, analysing and closing the loop on student feedback.
- 8** The students told us they are frequently asked to provide feedback and have seen changes made. They complete various surveys and are informed of the school's response. Students felt comfortable providing feedback and were aware of their representatives on the Student-Staff Liaison Committee. The majority of the students that responded to our survey agreed or strongly agreed that the school responds effectively to their feedback about the course.

Appropriate capacity for clinical supervision (R1.7); Appropriate level of clinical supervision (R1.8)

- 9** The school has written agreements with its local education providers which require educators to have been trained and have protected time in their job plans. The agreements also require the providers to make sure the learning objectives of each placement are met. The senior management team told us these help to make sure that providers have enough staff to provide the appropriate level of clinical supervision and learning opportunities for students.
- 10** The clinical teachers we met at the school and the local education providers value the clear educational requirements and structure for teaching provided by the medical schools. They have time in their job plans and, despite high workloads, have the capacity to provide clinical supervision and teaching. The students at the local education providers told us they are receiving high quality clinical supervision and teaching.

Good practice 1: Students are receiving high quality clinical supervision and teaching whilst on placement.

Appropriate responsibilities for patient care (R1.9); Identifying learners at different stages (R1.10)

- 11** Only one of the 138 students that responded to our survey had been asked to carry out a clinical procedure without appropriate instruction or supervision. This student stated they did not feel pressured to perform the procedure. None of the students we met at the school or local education providers reported concerns about being expected to work beyond their competence.
- 12** Hospital based clinical teachers told us they make sure that staff are aware of the students' level of competence when they introduce them to the teams in the departments.

Induction (R1.13)

- 13** The school's agreements with the local education providers states that they must provide students with inductions to prepare them for their placements. Generally, the students told us that their placements inductions are working well. However, we heard there is some variation in the quality of student inductions between departments at the Royal Devon and Exeter NHS Foundation Trust. Some of the students at Royal Cornwall Hospital NHS Trust said their inductions could be better organised.

Multiprofessional teamwork and learning (R1.17)

- 14** In year three, the 'working together for patients' student selected unit allows students to gain awareness and practical experience of the roles and responsibilities of other health and social care professionals. During the unit students attend a two week placement in which they explore the theoretical principles and basis of practice of the professional group they are working with.
- 15** The vast majority of the students we surveyed agreed that the programme offers good opportunities to work with and learn from other health and social care professionals. However, almost a quarter of these students said there were not good opportunities to work with and learn from other health and social care students. We will explore this further in future visit cycles.

Adequate time and resources for assessment (R1.18)

- 16** The school's agreements with the local education providers stipulate that they must respect and meet the school's timetable for assessments. The agreements also ensure that educators are appropriately trained. We did not hear any concerns from students or educators about not having adequate time or resources to complete assessments while on placements.
- 17** Assessments are considered in more detail under theme 5 (R5.5, R5.6 and R5.8).

Capacity, resources and facilities (R1.19)

- 18** We were impressed with the school's facilities and found that they have the capacity and resources to deliver the programme. We were particularly impressed with the effective use of video conferencing for learning, which we saw in action to support our contact with students at different sites during our visit. The school's facilities were praised by all the students we met. They told us that they have good access to computers and good library facilities. The academic teachers explained that the new buildings have solved the space issues they were suffering previously.

Area working well 1: The facilities were praised by the students we met. We were particularly impressed with the effective use of video conferencing to support teaching and learning.

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

- 19** The students we met at the local education providers told us that they have good access to simulation based learning opportunities.

Access to educational supervision (R1.21)

20 The senior management team explained that all students have access to an academic tutor, who they contact to support their learning. Tutors will generally meet with students four times in the year, unless additional support is required. Each locality also has a senior academic tutor. The students we met confirmed they have appropriate access to their academic tutors. However, some of the students reported variability in the quality of support provided by academic tutors. We heard similar concerns during our visit in 2013/14 and recommended that the school make sure systems are identifying any issues with the quality of academic tutor support. We will continue to monitor this in future visit cycles.

Theme 2: Education governance and leadership

Standards

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)

21 We have been reviewing the school's governance systems and process since 2012-13, as part of our quality assurance of the school following the disaggregation of Peninsula College of Medicine and Dentistry. We continue to find that the school has effective governance systems and processes to manage the quality of education.

22 While the school has effective governance process, we found there was not always a common understanding of policies, procedures and changes. For example, we came across a mixed understanding of the assessment of professionalism, including recent changes (see theme 5 (R5.6)). There was also some confusion about the development of the school's academic support. Academic teachers described a focus on the recruitment of research based staff and a move away from education scholarship posts. This appeared to differ from what we heard from the senior management team (see theme 4 (R4.3)).

Recommendation 1: The school should review its communication of policies, procedures and changes to make sure there is a common understanding between all educators and students.

Accountability for quality (R2.2)

23 The school clearly demonstrated senior accountability for educational governance. The Joint Approval & Review Board and Education Quality & Strategy Group provide strategic direction, management, and quality management for the programme and set key targets for educational achievements. All the students and educators we met said the senior management team are friendly and approachable.

Considering impact on learners of policies, systems, processes (R2.3)

- 24** Before this year's visit, the school told us it recognises that the disaggregation of Peninsula College of Medicine and Dentistry has increased workload and complexity for its core staff. The dual processes and the need to setup professional services to support the new programme have been demanding. However, none of the educators or staff we met raised such concerns and we found that the disaggregation is being well managed. Both students and educators explained they had not seen any impact as a result of the disaggregation.

Area working well 2: The disaggregation of Peninsula College of Medicine and Dentistry is being well managed.

- 25** When we visited the school in the 2013/14 academic year, we found there was no patient and public involvement in the school's quality management of the programme. The school originally told us it was working with a patient and public involvement advisory group to establish how they could add a meaningful contribution to quality management. This year the senior management team told us that their progress in implementing patient and public involvement within the programme has been slow. The public and patients are involved in some aspects of the programme such as admissions and clinical skills but they have yet to embed a fully-developed strategy. We heard that the advisory group established in 2013/14 has now been disbanded as there was no appetite from the group to become involved in governance or quality management. The school have approached several organisations, including Health Education England South West, a patient experience group, a research group and a local school, in an attempt to form a steering group. While the school are committed to embedding meaningful patient and public involvement in the programme we are concerned we did not see evidence of an explicit strategy for this.

Requirement 1: The school must develop an explicit strategy, with timeframes, for patient and public involvement in the development and delivery of the programme. They must ensure the views of patients and the public contribute to policies, processes and the development of the curriculum.

Evaluating and reviewing curricula and assessment (R2.4)

- 26** The school continues to regularly evaluate and review its curricula, assessments, and clinical placements. During the period of disaggregation the school has purposely avoided making significant changes to its curricula and assessment frameworks. However, the senior management team told us that a large scale curriculum change is planned in the coming years to update the programme to reflect contextual and contemporary priorities and issues.

- 27** Before our visit the school told us that the BMBS Board of Studies brings together relevant academic, clinical and professional services staff, and student representatives, to oversee and develop aspects of the curriculum and its delivery. They also have programme delivery groups to ensure the smooth running of the programme in years one and two, and the implementation and delivery of the clinical programmes in years three to five.
- 28** The school complies with the university's quality assurance processes, such as the annual student experience review, and the five yearly college academic audit of the programme which is due in 2017. All programmes are required to comply with this five-year review cycle which scrutinises the delivery and quality assurance of the programme. The school uses quality data from internal and external stakeholders, student feedback such as the annual student experience review, assessment quality data and placement reviews to inform curriculum and assessment change.

Collecting, analysing and using data on quality, and equality and diversity (R2.5)

- 29** We heard that the school collects data on equality and diversity and reports this to the GMC in their annual medical school return. While the school monitors the performance and progress of international students, they do not monitor students that have entered the programme through one of their widening participation initiatives.

Systems and processes to monitor quality on placements (R2.6)

- 30** As we have already explored under theme 1 (R1.7 and R1.8), the school has formal agreements with its local education providers. The school also has systems and processes in place to monitor the quality of placements. The school told us that its locality teams, based in Truro, Exeter and Torbay, monitor the quality of placements using student feedback. Any concerns are raised with the provider and the locality teams track progress through to resolution. Each locality also has a hospital sub-dean and a community sub-dean, who are practising clinicians responsible for the quality and development of placements. We also heard there is a rolling cycle of quality management visits to placements. These include joint visits to general practice education providers with the foundation school. The joint visiting of general practices is reducing duplication and was commended by the educators we met.

Area working well 3: The combined approach of undergraduate and postgraduate quality management of local GP education providers is reducing duplication and was commended by educators.

Sharing and reporting information about quality of education and training (R2.8)

- 31** We heard that the school works with Health Education England South West (HEE SW) to share information about the quality of placements and posts. This helps to inform their quality management processes and triangulate issues in particular providers or specialities. We were also told that the school is represented on HEE SW's quality panels, which quality assure postgraduate training programmes.

Monitoring resources including teaching time in job plans (R2.10) Systems and processes to ensure a safe environment and culture (R2.11)

- 32** The senior management team told us their agreements with local education providers help ensure that supervisors have sufficient time in their job plans to provide appropriate supervision. They monitor the resources at the providers through their quality management process.

Sharing information of learners between organisations (R2.17)

- 33** The school shares information internally about students when they progress to the next year or location. They also share concerns about students with local education providers before they go on placement. Students have yet to graduate from the school but we will monitor the transfer of information between the school and the foundation school in future visits.

Requirements for provisional/full registration with the GMC (R2.18)

- 34** We have explored the school's fitness to practise process in previous visits. On this year's visit, the school told us that they recently revised their fitness to practise process to distinguish between health and conduct issues. This reflects the process employed in the NHS. They have promoted the change by emphasising the positive outcomes that can be reached by managing health conditions to ensure their fitness to practise is not impaired. They have produced guidelines and training for educators on this change.
- 35** Students can be referred into the school's fitness to practise procedures through the professionalism theme. This is discussed further in theme 5 (R5.6).

Recruitment, selection and appointment of learners and educators (R2.20)

- 36** We have scrutinised the school's student admissions process in detail in previous visits and are satisfied that it is open, fair and transparent. We did not hear any concerns about recruitment, selection or appointment of educators at the school.
- 37** The senior management team updated us on the work the school is doing to support widening participation to the medical profession. In 2013-14, we heard that the

school had identified a number of local aspirational secondary schools and had worked with pupils to help them apply to study medicine. This included adjusting the entry requirements for pupils. This year, we heard that the University of Exeter recently piloted an eight-week programme to introduce pupils from local aspirational schools to medical sciences. Medical students are still involved in visiting local schools to raise awareness of the medical profession and how to apply to study medicine.

Theme 3: Supporting learners

Standard

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)

- 38** Two of the programme's key themes are clinical and communication skills, and personal development and professionalism. Before our visit we were told that the school's curriculum and culture ensures students are aware of the importance of achieving and maintaining the high standards of professionalism throughout their careers. This is supported by our survey - almost every student agreed or strongly agreed that the standards expected of a doctor, as outlined in the GMC's 'Good medical practice', are covered in the programme.
- 39** Students are supported in developing their professional standards through small group learning. In years one to four, students attend professional practice groups to develop the personal and professional skills essential for being a doctor. Students also have practical and communication skill sessions at the school's clinical skills resource centres in Exeter and Truro. Raising ethical concerns are included within the school's policy which is referred to in theme 1 (R1.1).

Learner's health and wellbeing; educational and pastoral support (R3.2)

- 40** During our visit to the school in 2014/15 we heard there had been some problems with students getting educational and pastoral support in practice. For example, students reported long waiting lists for university counselling services, and confusion from academic tutors and other staff about procedures for sickness absence certification. The students we met this year confirmed that they have good access to pastoral support. There was particular praise for the support provided in Truro. We heard that having fewer students based in Truro meant they are able to access more individual support. As explained under theme 1 (R1.21) some of the students we met told us there is variability in the quality of support provided by academic tutors.

Area working well 4: Students have good access to pastoral support.

- 41** The student survey we ran before this year's visit suggested there were concerns with careers advice and support - only 42% of students agreed that the school's careers service provides opportunities to explore different medical careers. However, we did not hear any concerns from the students we met on the visit to the school or the local education providers. They told us they have good access to advice and are learning about lots of different medical specialties. The school's support team told us

that students have access to the careers services at both the school and Health Education England South West.

Undermining and bullying (R3.3)

- 42** None of the students we met had been subjected to undermining behaviour. However, we did hear instances of students witnessing undermining while on placements. All the students were aware of how to report concerns about bullying and undermining.

Supporting transition (R3.5)

- 43** The Year 3 students we met at the local education providers praised the teaching they receive from doctors in training. We heard that the doctors in training are approachable and students value the teaching they provide. We will continue to monitor the transition between the school and the foundation school in future visits.

Area working well 5: The involvement of doctors in training in teaching is valued by students.

Information about curriculum, assessment and clinical placements (R3.7)

- 44** We found that students are generally receiving timely and accurate information about their curriculum, assessments and clinical placements. Before our visit, the school provided us with access to their virtual learning environment, which provides students with information about the curriculum, assessments and placements. The students we met confirmed that they are generally getting enough information.
- 45** We did hear that students do not clearly understand how professionalism is assessed and this is considered in detail in theme 5 (R5.6).

Feedback on performance, development and progress (R3.13)

- 46** Students told us that they generally get constructive feedback on their performance during the meetings with their academic tutors. They also receive feedback on their portfolio and on their clinical competencies.
- 47** The students we met at the local education providers also said that they are receiving feedback while on placement. We heard this feedback is useful for their learning. One student said that their clinical supervisor was able to provide feedback using a mobile app. We heard that feedback is regular and of good quality. However, a few students told us that feedback from their academic tutors and clinicians was variable.
- 48** During our visit in 2014/15, students said they would appreciate more feedback in the applied medical knowledge (AMK) test. The school told us that it planned to take

25% of the AMK test questions each year and explain the correct answers to the students, meaning they will have access to an increasingly large bank of questions. Despite this, we again heard concerns from students about the lack of useful feedback on the AMK test. The test is discussed further in theme 5 (R5.5 and R5.6)

Support for learners in difficulties (R3.14);

49 The school told us that students with performance issues are supported by their academic tutors. They have regular meetings and develop an action plan which is shared with the programme coordinator. If further support is needed the student is referred to a senior academic tutor. The University of Exeter also provides support services which are advertised to the students within their handbook.

Career support and advice (R3.16)

50 We heard that support and advice is available to students who are not able to complete the programme. The school's support team provided us with a specific example of a student who was helped to pursue an alternative career. We will continue to explore career support in future visit cycles.

Theme 4: Supporting Educators

Standards

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)

51 Clinical educators are receiving appropriate and timely inductions and training for their roles. We also heard that academic educators are being appropriately supported and appraised. However, some educators told us that they would benefit from more training on pastoral issues and a separate appraisal for their roles as academic tutors.

Area working well 6: Clinical teachers are receiving appropriate inductions and training for their roles. We also found that academic teachers are being appropriately supported.

Time in job plans (R4.2)

52 As explained under theme 1 (R1.7), all of the clinical educators we met confirmed that they have enough time in their job plans to meet their educational responsibilities.

Resources for educators (R4.3)

53 Academic teachers told us that they have seen a significant increase in the amount of teaching required across all the programmes delivered by the school. They described a focus on the recruitment of research based staff and a move away from education scholarship posts. While the academic teachers recognised the positives of a mixed group of teaching staff, they explained the school is not always responsive to increases in teaching demands. The teachers were concerned that the move away from education scholarship posts would impact on the school's teaching capacity.

54 The senior management team told us that education scholarships were a key part of the school's culture and they plan to build on these posts in the future. They explained that they have a mix of staff from scientific, research, and education backgrounds and all are expected to contribute to teaching.

Recommendation 2: The school should clarify how academic support is being developed and specifically how they intend to ensure education and teaching capacity.

Working with other educators (R4.5)

- 55** Hospital based clinical educators told us they regularly liaise with speciality colleagues in different locations to ensure that they are delivering a consistent teaching experience. Educators from primary care placements said that they have funded meetings three times a year to share learning and good practice.

Recognition of approval of educators (R4.6)

- 56** The school's senior management team explained they are on track to meet our requirements for recognising and approving trainers ahead of the July 2016 deadline. The Faculty Development Team is managing a database of their educators and their progress meeting the criteria. They also have a separate database to monitor the training of educators who do not require recognition or approval.

Theme 5: Developing and implementing curricula and assessments

Standard

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.*

S5.2 *Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

GMC outcomes for graduates (R5.1)

57 As explored in previous visits, the programme is based on four curricular themes that map to the outcomes for graduates. We are satisfied the school's curriculum is planned and demonstrates how students meet the outcomes for graduates.

Informing curricular development (R5.2)

58 The senior management team told us they plan to undertake a comprehensive review of their curriculum once the disaggregation of Peninsula College of Medicine and Dentistry is complete. We heard that the students' views would be an important part of this review.

Undergraduate curricular design (R5.3)

59 The School uses a variety of teaching and learning methods. These include clinical placements, professional practice groups, clinical skills sessions, lectures, problem based learning and special study units. The students we met commended problem based learning and their small group teaching.

Area working well 7: Problem based learning and small group teaching is working well and was commended by students.

60 The programme offers students early contact with patients which increased in duration and responsibility. In years one and two, students attend ten, two-hour long clinical placements in community and general practice settings. In year three, students attend week-long pathway placements in primary and secondary care. Each nine-week pathway allows students to experience a different healthcare setting and a variety of departments and cases.

61 Everyone we met commented on the lack of ethnic diversity amongst the patient population in the region. Students told us that the school is compensating for this with the use of clinical scenarios within their problem based learning teaching. We heard these scenarios encompass a variety of patients from different cultural and ethnic backgrounds. We also heard that students are getting opportunities to gain

knowledge and understanding of the needs of patients from diverse social backgrounds.

Area working well 8: The lack of a culturally and diverse population in the area is being addressed with problem based learning teaching.

62 Almost all of the students who responded to our survey agreed or strongly agreed that the programme teaches them the connections between basic science and clinical practice. However, we heard concerns from students about the teaching of anatomy and other basic sciences. Students in years one and two told us that anatomy is not prioritised by students as it is not formally assessed. Students in year three explained they would like more teaching on anatomy and other basic sciences, such as pharmacology. The school were aware of the students concerns about the teaching of anatomy and other basic sciences and have commissioned a review to identify how it can be improved.

Recommendation 3: We encourage the school's review of the teaching of basic sciences.

Undergraduate clinical placements (R5.4)

63 The students we met appear to be receiving good practical experiences to enable them to achieve the learning outcomes required for graduates. Students like the week-long clinical pathway placements in years three and four and appreciate having clear learning agreements with local education providers. They told us they felt fully immersed into the hospitals and were able to use their initiative during placements to achieve their learning outcomes. Clinical teachers confirmed that students are receiving good practical experiences. Although some clinical teachers told us it can be difficult to meet all of the learning objectives and undertake meaningful assessments during the week-long pathways. Community placements are also working well and students value the support they receive.

Area working well 9: Students like the week-long clinical pathway placements and appreciate having clear learning agreements with local education providers. Community placements are also working well and students value the support they receive.

Assessing GMC outcomes for graduates (R5.5)

64 Students are assessed in four separate themes, which map to the outcomes for graduates:

- Medical Knowledge
- Clinical Skills

- Professionalism
- Student Selected Areas.

- 65** The Applied Medical Knowledge (AMK) test is an online longitudinal assessment that is delivered four times a year to test the growth of student's medical knowledge. The knowledge level is set at the required knowledge for a newly qualified doctor. In years one to four, performance in each individual test is graded 'Excellent', 'Satisfactory', 'Borderline' or 'Unsatisfactory'. The level of performance achieved in each individual test is determined by norm referencing within each separate year cohort. The AMK tests in year five are criterion referenced according to current best evidence. Individual tests are marked as 'Satisfactory' or 'Unsatisfactory'. The pass mark is adjusted for each test, but is based on the performance of newly-qualified doctors (criterion referenced). At the end of year one, all students are required to sit an additional medical knowledge test, known as the 'end of year one test'.
- 66** Clinical skills are assessed using simulated patients within the Clinical Skills Resource Centre before they are assessed on their performance with real patients. Objective Structured Clinical Examinations (OSCEs) are undertaken by students at the end of years two and four. In year three, students undertake formative clinical reasoning assessments. These are patient based presentations at which a student reports on a patient or patients seen that week in the clinical environment. Students also maintain a clinical log to record their encounters with patients. The log is discussed, reviewed and assessed by a student's Academic Tutor in year three.
- 67** The professionalism assessment theme consists of two components: the assessment of professional behaviour through Professionalism Judgements and the assessment of reflective writing in a reflective Portfolio Analysis. The Professionalism Judgements fall into three main categories; those based on professional behaviour in both clinical and academic environments'; those based on attendance at taught sessions; and single "locality" judgements based on opportunistic 'on-the-spot feedback' provided by anyone who interacts with the medical students. The locality judgments are awarded at the end of each academic year and are determined by an academic panel.
- 68** The student selected components of the programme comprise of special study units in years one to four and an elective in year five.

Fair, reliable and valid assessments (R5.6)

- 69** The students we met raised some concerns about the AMK tests. Students explained that they are told not to revise for their AMK tests but most students do as the tests impact on their medical school performance score for their application to the foundation programme. We heard this takes away time they should be using to learn other things, such as anatomy. Some students also believed it was unfair for them to

be assessed on things they had yet to be taught and others told us they would like more information to help them prepare for AMK tests. The senior management team told us they clearly communicate full details of the AMK tests in the induction, assessment pages of handbook and on the school's Virtual Learning Environment. They have made it clear to students that the AMK tests are there to monitor their progress throughout the programme but are unable to stop students studying for them.

- 70** In our past two visits we have found students were not always clear on how a final judgement of professionalism is derived and how individual professionalism judgements contribute to the overall assessment framework. We heard similar concerns about the assessment of professionalism this year.
- 71** Students in years one and two said they were confused about the different types of professionalism assessments and how they contribute to their performance in the overall professionalism assessment theme. We also heard examples of students wrongly receiving negative professionalism judgments for non-attendance at taught sessions. Students were frustrated that they could not overturn judgments that are based on incorrect information. Year three students told us there was a lack of understanding about the value of the on-the-spot judgements and they would benefit from better guidance. We also heard of students being issued with negative judgments for issues they did not consider to be related to professionalism, such as typographical mistakes in academic work or a lack of medical knowledge while on placement.
- 72** Clinical teachers told us they generally discuss the student with other clinicians and healthcare professionals in the department before completing professionalism judgments. We also heard that they have been provided with clear and helpful guidance. However, some educators had witnessed colleagues issuing students with inappropriate judgments. Educators were also unclear on the impact of their judgments and the thresholds for escalation to the school's student fitness to practise procedures.
- 73** The school is proud of its teaching and assessment of professionalism and regularly receives excellent feedback about the professionalism of its students. The students recognised the importance of professionalism and the excellent teaching they receive, but are unhappy about the way it is assessed. The school's senior management team told us that it is aware that some students are concerned about the assessment of professionalism and recognises that students need more clarity on how professionalism affects progression. They acknowledged there are sometimes errors made with the recording of student attendance and they are considering trialling software to reduce human errors. We heard that they do capture student feedback about non-attendance and share this with the attendance panel before they make their professionalism judgements.

74 The senior management team explained the assessment of the professionalism theme has recently changed. Students that fall below the academic threshold are now referred to the school's fitness to practise procedures rather than automatically being blocked from progressing. We heard the change was made mid-way through the academic year and that this may have caused some confusion for students and educators.

Requirement 2: The school must make sure that students and educators clearly understand how professionalism is assessed.

Examiners and assessors (R5.8)

75 All of the educators involved in assessment we met confirmed they are being appropriately supported and appraised.

Regional Co-ordinator	Prof Stewart Irvine
Team leader	Dr Barry Lewis
Visitors	Mr Faisal Alam, Prof Gillian Needham, Dr Lindsey Pope, Dr Niten Vig, and Mr Geoff Wykurz.
GMC staff	Emily Saldanha (Education Quality Assurance Manager) and Richard Taylor (Education Quality Analyst).
Evidence base	<ul style="list-style-type: none"> ■ Medical school Contextual Information Request ■ Overview of UEMS Governance Structure ■ Overview of Education, Research and Professional Services management structures ■ Overview of UEMS Education Line Management Structure ■ Overview of Professional Services Structure ■ UEMS Risk Workbook ■ Quality Assurance Responsibilities ■ Quality Review Framework ■ UEMS Explanatory Notes for Quality Management Documents ■ 2013 Quality Management Visit Report for Acute Medicine at Royal Devon and Exeter Hospital Trust ■ 2015 SLA Report for the Acute Medical Unit at Royal Cornwall Hospitals Trust ■ 2015-2016 SLA Report for Eldercare at Royal Cornwall Hospitals Trust ■ 2015-2016 SLA Report for Renal at Royal Cornwall Hospitals Trust ■ 2015 Quality Management Visit Report for Respiratory at Royal Cornwall Hospitals Trust ■ 2015-2016 SLA report for Respiratory at Royal Cornwall

Hospitals Trust

- 2015 SLA Report for the Emergency Dept at Royal Cornwall Hospitals Trust
- 2011 Quality Management Visit Report for Emergency Department at at Royal Devon and Exeter Hospital Trust
- 2013 Quality Management Visit Report for Emergency Department at Royal Devon and Exeter Hospital Trust
- 2015 Quality Management Visit Report for Emergency Department at Royal Cornwall Hospitals Trust
- 2015-2016 SLA report for Cardiology at Royal Cornwall Hospitals Trust
- 2012 Quality Management Visit Report for Cardiology at Royal Devon and Exeter Hospital Trust
- 2014 Quality Management meeting for Cardiology at Royal Devon and Exeter Hospital Trust
- 2015 SLA report for Gastroenterology at Royal Cornwall Hospitals Trust
- 2014 Quality Management Visit Report for Gastroenterology at Royal Cornwall Hospitals Trust
- 2015 Quality Management Visit Report for Gastroenterology at Royal Cornwall Hospitals Trust
- 2014-15 Student feedback from Gastroenterology at Royal Cornwall Hospitals Trust
- 2012-13 SLA report for Gastroenterology at Royal Devon and Exeter Hospital Trust
- University of Exeter's Equality & Diversity Policy
- University of Exeter's Equality Objectives 2014-18
- Curriculum Overview Page -
- BMBS Assessment Blueprint – 2015-16

- BMBS Assessment Handbook – 2015-16
- UEMS Assessment Strategy – 2015-16
- University of Exeter’s Handbook for Assessment, Progression and Awarding – 2015-16
- Test Report on the basic life support in vitro competency assessment
- Test Report on the blood pressure in vitro competency assessment
- Test Report on the combined CVS-GI-RS in vitro competency assessment
- Test Report on the obstetric palpation in vitro competency assessment
- Test Report on Progress Test 1 (Applied Medical Knowledge)
- Test Report on Progress Test 2 (Applied Medical Knowledge)
- Test Report on Progress Test 3 (Applied Medical Knowledge)
- Test Report on Progress Test 4 (Applied Medical Knowledge)
- Test Report on the End of Year 1 Test (Applied Medical Knowledge)
- Test Report on the Biomedical Sciences Student Selected Component Assessment 1
- Test Report on the Healthcare Environments Student Selected Component Assessment 1
- Test Report on the Social Sciences Student Selected Component Assessment 1
- Test Report on the Biomedical Sciences Student Selected Component Assessment 2
- Test Report on the Medical Humanities Student Selected Component Assessment 2
- Test Report on the Healthcare Environments Student Selected

Component Assessment 3

- Report on the Module & Course Evaluation (MACE) student survey 2013-14
- Years 1-4 Collated Module & Course Evaluation (MACE) student survey and Quality Monitoring Questionnaire Scores - 2013-14
- NSS Action Plan 2013-14
- UEMS Year 1 Review 2013-14
- UEMS Year 2 Review 2014-15
- BMBS programme Annual Timetable 2015-16
- Applied Medical Knowledge Test and End of Year 1 Test Dates 2015-16
- Y1 Assessment Timeline 2015-16
- Y2 Assessment Timeline 2015-16
- Y3 Assessment Timeline 2015-16
- University and Trust Overarching Agreement
- University of Exeter and LCP Agreement
- University of Exeter and Trust Discipline Specific Agreement
- Fitness to Practise - BMBS Page
- Professionalism Home - BMBS Page
- Raising Concerns - BMBS Page
- BMBS Handbook - Introduction
- BMBS Handbook - Programme Overview
- BMBS Handbook - Programme Contents and Methods of Learning
- BMBS Handbook - Site Resources

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- BMBS Handbook - Academic Matters
 - BMBS Handbook - Student Support
 - BMBS Handbook - Money Matters
 - BMBS Handbook - General Information

Annex A - Rolling quality assurance actions

Actions from previous reports

	Actions	Comment	Status
1	Requirement - Students must be given clear guidance as to the impact of individual professionalism judgements on progression.	We found that there is still some confusion about how professionalism is assessed. We have made a further requirement this year to ensure that students and educators clearly understand how professionalism is assessed. We will continue to monitor this in future visit cycles.	Open
2	Requirement - All students must be made aware of the raising concerns policy, including the process for raising concerns about other students. There must be a clear differentiation between whistleblowing and raising concerns.	We found that students generally knew how to raise concerns. However, some were worried about being identified and protected against adverse consequences. We also found that some students were not clearly aware of the systems for raising concerns about the quality of their education while on placements. We will continue to monitor this in future visit cycles.	Open