General
Medical
Council

Visit Report on Buckingham Medical School

Our visits check that organisations are complying with the standards and requirements as set out in *Promoting Excellence: Standards for medical education and training.*

Summary

Education provider	Buckingham Medical School
Date of visit	■ University of Buckingham Medical School: 6-7 February 2019 (which included visits to Milton Keynes University Hospitals NHS Foundation Trust (MKUH), Buckinghamshire Healthcare NHS Trust (Stoke Mandeville Hospital) & the Willows Care Centre). ■ The Final Professional Exam (21-22 March 2019)
Key Findings	**1** The visit carried out in February 2019 was the eighth visit to Buckingham Medical School (the school) since agreeing to commit resources to begin the process of a multi-year quality assurance review. **2** During our visit we met with students in phase one, the junior rotation, the senior rotation and a range of staff from different teams across the school. We travelled to MKUH, Stoke Mandeville Hospital (SMH) to meet with those involved in the delivery of medical education. We also travelled to the Willows Care Centre to meet with GP educators. **3** The school now has five intakes in residence, and with phase one and phase two being fully implemented, the school has a continuous focus on enhancing the programme. Our most recent visit findings are testament to this as we identified five areas working

well and two areas of good practice.

4   We commend the progress the school has made over the course of our quality assurance activity in meeting the standards outlined in *Promoting Excellence: standards for medical education and training.* The school has been responsive to areas the visiting team has raised and we are confident the school is meeting our standards. Therefore, the school has been added to the GMC's list of awarding bodies able to award a Primary Medical Qualification.

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	R3.2	Students are very positive about their experiences at medical school. This is underpinned by the support they receive at both the medical school and on placements and the responsiveness of the school.
2	R5.7	The e-portfolio culture is embedded across the school. Moreover, student acceptance of the e-portfolio is generally very good as students explained how it supports their learning and sets them up well for careers as doctors.

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	R1.22	There are ample opportunities for the students to engage in continuous improvement activity relating to both audit and quality improvement. In particular, we commend the flu vaccination project that is linked with Local Authority

		priorities.
2	R2.3	The wide use of lay people across medical school functions is to be commended. Lay members are well integrated as expert patients for teaching, in assessments and in governance structures.
3	R5.3	The integration of secondary, primary and social care in the elderly and chronic care block is innovative and is to be commended.
4	R5.3	Students in phase two praised the integrated curriculum. In particular, they noted the value of phase one in providing a strong foundation for phase two, which is helping them in the clinical environment.
5	R5.4	Interprofessional learning has progressed and is fully embedded in the course. We commend simulation training, teaching by other health care professionals and the student-selected components that focus on interprofessional learning.

Update on open recommendations

	Open recommendations	Update	Status
1	In an OSCE setting, consideration should be given to further develop consistency in the simulated patients' performance, examiners' interactions with students and in the calibration of students' marks/outcomes.	The school had made progress against this item and following our previous cycle of visits we agreed that this item was partially met. Our observation of the FPE in March 2019 concluded that the school has worked hard to further standardise consistency across simulated patients and assessors, with the team observing this working in practice. As such this recommendation is now closed.	Closed

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

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); Dealing with concerns (R1.2)

1   The school and its education providers continue to demonstrate a culture that supports learners to raise concerns. When on placement students are able to raise concerns about patient safety and education and training through a number of avenues, such as: DATIX, educational or clinical supervisors, freedom to speak up guardians, personal tutors and with the medical school. Concerns are shared with a named contact at the medical school.

2   The importance of raising concerns and the routes to do so are covered during induction to the programme in year one and during placement induction. Students of all years confirmed that they feel empowered to raise concerns and trust that they will be investigated accordingly. Overall, the raising concerns culture is well embedded within the medical school and its education providers.

Supporting duty of candour (R1.4)

3   Over the course of our quality assurance activity we have found that students are encouraged to be open and honest when things go wrong during their placements. The school supports the importance of duty of candour in professional practice and students are introduced to it during their inductions.

Seeking and responding to feedback (R1.5)

4   There are appropriate mechanisms in place for learners and educators to give feedback, and the school is demonstrating a culture that seeks and responds to feedback from learners and educators pertaining to the learning environment. It is evident that the school values feedback from learners and educators as over the

years they have demonstrated changes that have been made in response to student feedback. During our most recent visit we found that the opening hours of the new education building at MKUH have been extended in response to student feedback.

5   Collecting feedback from learners and educators is a central component of the school's quality management processes and students noted that the school is exceptional at collecting feedback. They explained that feedback is collected at the end of each block, following lectures, following an exam and following induction. Students described several changes that have been made as a result of their feedback and we noted the 'you said we did' posters on show throughout the school, outlining changes made in response to feedback.

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

6   The school has robust clinical supervision arrangements in place during primary and secondary care placements and no concerns have been raised in relation to clinical supervision over the course of our quality assurance activity. Students have highlighted that their placements afford ample learning opportunities and that they have appropriate levels of supervision at all times during primary and secondary care placements.

7   The Education Management team at SMH explained that at the moment supervision is provided through block leads and is appropriate for the small number of students they will receive in the first instance. However, as student numbers increase, they plan to recruit more clinical supervisors to support the delivery of undergraduate education to UBMS students. Additionally, they highlighted that they have a large pool of postgraduate educators that are keen to take on undergraduate responsibilities.

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

8   There is now a full complement of students at MKUH and supervisors noted that this is working well and that students are content. No concerns have been raised regarding responsibilities for patient care over the course of our visits and supervisors at the school's different education providers are able to differentiate between students in different years of the course. Students wear a blue badge to identify them when on placement and if supervisors are not aware what year students are in then they ask the students. Students explained that they feel empowered to speak up if they are not comfortable with performing a procedure or they would like more supervision.

Induction (R1.13)

9   We have found in our previous quality visits that the school has an adequate induction to phase one and phase two of the programme. The school's education providers also hold suitable induction programmes for students arriving for the first time. We explored induction at SMH and we found that there is both a trust induction and a block induction planned for students. Additionally, SMH have worked with educators at South Warwickshire NHS Foundation Trust (SWFT) and MKUH to appropriately tailor the induction package.

Capacity, resources and facilities (R1.19)

10   We had the opportunity to tour the educational facilities when we visited SMH. There are computers, a library, lecture theatre, teaching rooms and a simulation suite. The building closes at 11pm, but students are provided with a pass and therefore have 24 hour access to the building. Physical space and facilities are adequate for the initial small number of UBMS students that the trust will receive, however come 2020 when more students are planned to arrive, additional space will be required. We note that the previous 'doctors mess' is being converted into additional seminar rooms and that the school and trust are in preliminary conversations around developing additional space and we encourage such plans to continue.

11   Our 2017 visit to SWFT identified space constraints with the education facilities at SWFT and we set a recommendation for the school to ensure that there is adequate contingency planning around educational resources for the expanded cohort of students arriving in March 2019. We closed this recommendation following our 2018 visit as the school had a three-phased development of existing facilities in place. We followed up on the development of the facilities during our most recent visit and found that SWFT has managed the project on time to provide all necessary extra teaching space for the arrival of the UBMS senior rotation in March 2019.

12   The school has invested in the development of a new education facility at MKUH which was funded by UBMS as a shared resource between the medical school and the trust. This building was completed in January 2018 and during our 2018 visit students highlighted disputes around the opening times of the new building, adding that it opens at 7am and closes at 8pm. However, in our 2019 visit students explained that opening hours have been extended in response to their feedback. Overall, the students are enjoying the new building, space and facilities.

Access to educational supervision (R1.21)

13   Students have adequate access to educational supervision which is provided by their personal tutor. Personal tutors at the school meet with students to oversee their personal and academic development, as well as providing support with their e-portfolio. Students explained that they are required to meet with their personal tutor

at least once a term, but that they are able to arrange a meeting with tutors at their discretion.

Supporting improvement (R1.22)

14 UBMS students have ample opportunities to undertake quality improvement activities during their time on the programme and are encouraged to do so. Senior management explained that all students are required to input into quality improvement and audit as part of their e-portfolio, and that certain student-selected components in both phase one and phase two of the course have a quality improvement focus.

15 There is an opportunity for students to arrange an annual conference to present their quality improvement projects. The visit team is particularly impressed with the programme that involves medical students delivering influenza vaccinations to individuals within ethnic minorities who typically have a poor uptake of the vaccination. To summarise, we commend the continuous improvement activity that students have the opportunity to undertake and we have therefore identified this as an area that is working well.

Area working well 1: There are ample opportunities for the students to engage in continuous improvement activity relating to both audit and quality improvement. In particular, we commend the influenza vaccination project that is linked with Local Authority priorities.

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)

16 The school has operational systems in place to manage and control the quality of medical education and in the past we have identified the school's quality management structures as an area of good practice. Overall, the visit team is impressed with the strong quality management systems in place which are both systematic in reviewing the quality of the programme and responsive to feedback from learners, educators and education providers.

Accountability for quality (R2.2)

17 The school demonstrates accountability for educational governance and has systems and processes in place to meet standards for the quality of medical education and training and to respond when standards are not being met. We have found during our quality assurance activity that educational governance is represented at board level at MKUH, SWFT and St Andrew's.

18 We explored accountability for quality during our visit to SMH and the senior management team outlined educational governance structures which indicated a clear pathway to the trust board. There is a standing item for education on the Trust Board agenda and senior management outlined an educational issue that was discussed at board level and subsequently resolved.

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

19 The school's use of lay representatives has matured over the course of our quality assurance activity and lay representatives are involved in a wide spectrum of activities. The number of patients involved in the activities of the medical school has expanded to more than 60 members since we last met with the lay representatives. Lay representatives are now fully integrated in the schools processes in two themes: governance and selection and assessment (expert patients).

20	Those involved in governance sit on committees such as: The Board of Studies, The Concerns Group, The Fitness to Practise Group, The Board of Examiners and The Equality and Diversity Group. Members of the school's patient and public group also play a role in assessment to bring the lay perspective on evidence that students present to demonstrate their outcomes. The school has a group of patients with conditions including type one diabetes, arthritis and heart failure involved in teaching and assessment.

21	Overall, lay representatives explained they feel confident influencing decisions and they feel valued by the school. They all enjoy their roles, feel supported and are adequately trained for their role. We have therefore identified the school's integration of lay representatives as an area that is working well.

	Area working well 2: The wide use of lay people across medical school functions is to be commended. Lay members are well integrated as expert patients for teaching, in assessments and in governance structures.

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

22	The school currently has Service Level Agreements (SLAs) outlining the level of service expected from education providers with: MKUH, SMH, SWFT, St Andrew's Healthcare, The Railings – Coventry and Warwickshire Partnership NHS Foundation Trust and several General Practices from surrounding areas. There are no more education providers in the pipeline.

23	The school has adequate systems and processes in place to monitor the quality of education and training provided by the education providers they have agreements with. We have identified the school's robust quality management processes as an area of good practice twice over the course of our quality assurance visits. The school has in depth quality processes to check on the quality of teaching, support, facilities, and learning opportunities and has demonstrated that they respond with triggered visits when there is evidence to suggest that standards are not being met.

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

24	The school has strong working relationships with primary and secondary care education providers and sharing information about the quality of education and training is frequent. Key leads from all of the school's education providers have noted that there is ample formal and informal contact with the school to share information.

25	Throughout our quality assurance visits we have explored the school's working relationship with Health Education England Thames Valley (HEE TV). We have found that the school's primary contact with HEE TV is around the Professional Support Unit. With regards to sharing quality data, the school explained that this is a work in progress and that they hope to develop such relationships. The school explained that some of the ways in which they monitor quality information include: monitoring Care

Quality Commission reports, undertaking their own quality visits, examining student feedback and DATIX reports. The school emphasised that they would like to have a formal quality information sharing agreement with HEE TV and that they hope to develop this in due course. We encourage a formal quality information sharing agreement between HEE TV and the school to help identify risk, improve quality locally and more widely, and to identify good practice.

Monitoring resources including teaching time in job plans (R2.10)

26 The school has SLAs with its education providers that outline standards for educational supervision and standards for clinical supervision. The SLA contracts contain clear definitions of the consultant time required for educational activities. In the case of clinical placements the contracts have a clear statement that there should be 1PA of new consultant time for each whole time equivalent student placed at the trust. With regards to educational supervision, each named educational supervisor has 0.25 PA in their job plans for that role specifically. The school continues to work with their education providers to ensure that their standards are being met and monitors educational resources through their quality management processes.

Educators for medical students (R2.13)

27 All students have a named educational supervisor for every block, and as students rotate through the blocks they change educational supervisors. Students explained that they meet with their educational supervisor frequently when they are completing placements and that their sessions are useful.

Managing concerns about a learner (R2.16)

28 The school has systems in place to identify, support and manage concerns about a learner. Concerns can be identified through a number of ways such as: patterns across attendance and absences, performance in assessment, performance in the e-portfolio and group work activities and concerns raised by both staff and students. Once a concern has been identified then the concerns group coordinates support necessary for remediation.

29 The senior management team at SMH noted that they are aware of the routes to raise a concern about a student and educators at MKUH spoke of recent examples of concerns with learners, how they raised them and how they were supported by the medical school.

Sharing information of learners between organisations (R2.17)

30 The school has adequate systems in place to transfer information about students between the school and education providers and vice versa. The educators that we have met have explained that the school's transfer of information (ToI) systems works well and they are appropriately informed about students before their arrival.

31 A key area of focus during our visit was the school's ToI to the Foundation Programme. The school completed this for the first time in October 2018 and they worked with the national ToI process for graduates progressing to the Foundation Programme in the UK. During our 2019 visit, senior management explained that they have partnered with Oxford Foundation Programme to help with managing applications and that overall the ToI process to the Foundation Programme has worked well.

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

32 The school has processes in places to assess students' fitness to practise (FtP) should concerns arise and these have been explored in great detail in previous visits. The schools processes have been tested by students going through fitness to practise procedures and during our 2019 visit the school explained that FtP processes are working well. Moreover, students have an awareness of behaviours that would trigger FtP and how processes work.

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.*

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

33 The school has robust mechanisms in place to support the health and wellbeing of students and to provide educational and pastoral support for students. Students are aware of the role of the concerns group in coordinating all support for students with health and wellbeing issues, and the pastoral team in supporting the implementation of support plans developed by the concerns group.

34 The school's culture of academic and pastoral support for students is outstanding. Throughout our quality assurance activity students have consistently praised academic and pastoral support mechanisms in place at the school and when on placement. Students have praised the responsiveness and accessibility of their personal tutors and clinical and educational supervisors, the support they receive with their studies and the support available for their wellbeing. This level of support has remained consistent despite increases in student numbers as the school progressed to a full complement. Moreover, the school's systemic culture of academic and pastoral support has extended to partner education providers, as we found that education providers provide high quality pastoral and academic support.

35 Students explained that they are given ample information about the different careers available to them. The school hosts career days and delivers lectures to students on the various different careers options. Students also learn about different career choices through student-selected components and their electives.

36 Students universally speak highly and positively about the school and all of the students we have met have noted that they would recommend their course and their placements. Students' consistent recommendation of the programme and placements is testament to the high quality support that underpins the programme. Therefore, we have identified this level of support as an area of good practice for the third consecutive year.

Good practice 1: Students are very positive about their experiences at medical school. This is underpinned by the support they receive at both the medical school and on placements and the responsiveness of the school.

Undermining and bullying (R3.3)

37 Both primary and secondary care education providers have undermining and bullying policies in place should any issues arise. The students and educators that we met in our 2019 visit did not report any issues in this area. Moreover, students and educators explained that should issues arise that they would feel comfortable in raising concerns.

Information on reasonable adjustments (R3.4)

38 The school has processes in place for the identification and implementation of reasonable adjustments. During our 2019 visit senior management demonstrated that they are responsive to reasonable adjustments in the clinical environment and in assessments by outlining some adjustments that they have arranged to be put in place for students. Occupational health oversee all reasonable adjustments and staff work with occupational health to make sure that reasonable adjustments still allow students to meet requirements in the curriculum. Students explained that the school is helpful in accommodating reasonable adjustment requests, they noted the guidance on Moodle and that they feel supported by the school to raise requests.

Supporting transition (R3.5)

39 During our 2019 visit we explored if students transitioning to foundation year one (FY1) feel supported and prepared to do so. Students explained that a representative from HEE TV spoke to them about becoming an FY1 doctor and that they feel prepared and supported by the school to undertake the transition. Students in the final year of the programme will soon be undertaking their assistantship, during which they will act as an assistant to a junior doctor to familiarise themselves with the day-to-day activities of a foundation doctor. The assistantship will afford students the maximum possible level of personal responsibility for patient care and is aimed to support the transition from a medical student to a FY1 doctor. The assistantship is discussed in more detail in paragraphs 59-60.

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

40 During our visit we explored how final year students are being prepared for the Final Professional Exam (FPE), which took place for the first time in March 2019. Members of the assessment team explained that students are not undertaking mock OSCE exams specifically for the FPE, but students undertake a common content mock exam that applies to all OSCEs. In order to prepare final year students for the FPE the school is delivering revision sessions.

Out of programme support for medical students (R3.9)

41 The school is well prepared for the delivery of the electives which took place for the first time in April 2019 and last for six weeks. During our 2019 visit we met with staff

involved in the planning and delivery of the electives, and explored key areas including risk assessment, supervision, support, assessment and evaluation.

42 In the preparatory stages, students were required to submit a risk assessment to demonstrate that they have thoroughly thought about the risks associated with completing the elective in their chosen country and specialty. Staff explained that some students were required to revisit their risk assessment, but on the whole elective preparation has largely gone to plan and every student has an elective.

43 The school has appropriate support in place for students undertaking electives. Students are given a hotline to contact with a staff member at the school being contactable at all times. Students have embassy contacts and have named supervisors for the elective. Supervisors, parents and the named next of kin are able to contact the school if required.

44 Upon completion of the elective, students are required to complete a reflection of their experiences. They are also required to submit a report that provides signed evidence from the supervisor that they have attended the elective. With regards to evaluation of the elective, the host will complete feedback and the student will complete feedback to help the school assess if the elective would be recommended.

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

45 The school ensures that learners receive regular, constructive and meaningful feedback on their performance. Some of the routes in which students receive feedback on their performance include: through their personal tutor, block leads, mock OSCEs and through the e-portfolio. Students praised the feedback they receive on their performance, and all students commented that feedback on the e-portfolio is helpful in assisting their development.

Career support and advice (R3.16)

46 Learners whose progress, performance, health and conduct gives rise to concerns are supported to overcome issues they face through the concerns process. When necessary, the school provides an exit degree at the end of phase one for students that have not been able to complete a medical qualification and students are supported with advice on alternative career options.

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)

47 The school supports training and professional development of the academic teachers based at the school. They are inducted to their role, supported in their roles, have access to funding to support their professional development and are appraised.

48 The majority of clinical and educational supervisors have completed training with HEE TV as they are involved in the education and training of postgraduate trainees. The school also provides training to clinical and educational supervisors to induct them to their undergraduate role. Supervisors receive ample guidance from the school to help them deliver their role and most supervisors have access to funding to undertake professional development activity in relation to their educational roles. All of the clinical supervisors that we have met are appraised against their educational responsibilities.

Time in job plans (R4.2)

49 Over the course of our quality assurance activity we have explored if educators at the school's education providers have adequate time for education and training. Having sufficient time in educators' job plans was previously as issue at MKUH. However, the trust has worked hard to address this and all of the educators we met have enough time in their job plans to meet their educational responsibilities. This is true of educators at St Andrew's and SWFT, as they too have protected time for teaching. During our visit to SMH we explored if educators have adequate time for teaching and senior management explained that they are following the school's guidance in allocating time in job plans to ensure that educators have sufficient time.

Educators' concerns or difficulties (R4.4)

50 Support mechanisms are in place for educators when dealing with concerns or difficulties they face during their roles at the school or in acute and primary care settings. Accessing support is covered during induction and educators are advised to disclose any concerns they are having with the block leads in the first instance. Educators that we have met over the course of our quality assurance from primary and acute settings feel supported in their roles as educators.

Working with other educators (R4.5)

51   The school promotes a high standard in education and training and supports educators across different sites to work together. Our 2017 visit identified an area working well around educators from MKUH and SWFT working together to ensure alignment in UBMS curriculum delivery across the different sites, and the visit team are impressed with this level of engagement. During our 2019 visit, we found that as SMH were preparing for the arrival of students that they too were working closely with their counterparts at MKUH and SWFT. We encourage this approach to continue to make sure that there is a consistent approach to curriculum delivery across sites.

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)

52 The school has undertaken a project to map their curriculum to the GMC's *Outcomes for Graduates,* with the aim of demonstrating and supporting integrated learning and to prepare for the introduction of the GMC's Medical Licensing Assessment. The work is an ongoing project that is constantly evolving and developing.

53 During our 2019 visit senior management explained that the curriculum map is shared with students on Moodle. They noted that the use of the map is variable across the different years, with students in the senior rotation using the document more frequently. Students in the senior rotation noted that they are aware of the document and that it helps with exam preparation. Students in the junior rotation also noted they are aware of the document and that they occasionally use it.

Undergraduate curricular design (R5.3)

54 We visited The Willows Care Centre and spoke to educators involved in the delivery of the elderly and chronic care block, and we concluded that the integration of primary, secondary and social care in this block is to be commended. This block is completed in the senior rotation and involves students spending three days working in a hospital setting and two days working in a community setting, in which students spend a morning in the nursing home facility.

55 Educators explained that the block consistently receives good feedback from students, and in particular students comment on the block allowing them to understand long term care of patients, and seeing patients as people. Students have the opportunity to work with others in specialties allied to medicine, including social workers and community health care workers.

56 Overall, we commend the integration of medicine and health and social care. It is multi-professional and an innovative approach to modern healthcare delivery. We have therefore identified this as an area working well.

Area working well 3: The integration of secondary, primary and social care in the elderly and chronic care block is innovative and is to be commended.

57 The school delivers an integrated curriculum, meaning that scientific knowledge is delivered alongside clinical training. During our 2019 visit students in phase two praised the school's curriculum, noting that phase one provides a strong foundation for phase two, and that this approach has proved useful in the clinical environment. Students in phase two explained that rotations are well structured and noted they feel more stretched and challenged in comparison to phase one. Additionally, students emphasised that the school's curriculum has resulted in them feeling confident with patients. We have therefore identified the school's integrated curriculum as an area working well.

Area working well 4: Students in phase two praised the integrated curriculum. In particular, they noted the value of phase one in providing a strong foundation for phase two, which is helping them in the clinical environment.

58 Students also praised the exposure they get in a range of specialties, in different settings and with a diverse group of patients. They added that they experience a range of illnesses and symptoms, and that before beginning a block the school provides guidance on the patients they should be seeing.

59 Prior to our 2019 visit the school submitted a comprehensive assistantship study guide and outlined plans to share this with the students prior to them commencing the assistantship. The school is well prepared for the delivery of the student assistantships which took place for the first time in May 2019 at MKUH. There were 57 students in total completing the assistantship, and the assistantship lasts for four weeks during which students will be attached to a group of patients. Adequate supervision plans are in place and direct supervision is provided by the foundation doctor that students are attached to, but ultimate clinical supervision responsibility always lies with the team consultant. Each student is also allocated an educational supervisor. During the assistantship students spend time managing patients on medical and surgical wards. Students also complete simulated ward experiences, undertake out-of-hours work on-call work and experience prescribing.

60 Students will be able to raise concerns via the usual routes outlined in paragraphs 1-2. The foundation doctors that will be involved in the supervision of the students have been made aware of the outcomes of the assistantship and have been prepared for the students' arrival. As this is the first time the assistantships will be run, the school has plans to evaluate them after completion. This will include collecting student feedback and following up on how students are performing in the Foundation programme. Finally, with regards to assessing the assistantships, students are required to complete case based discussions and clinical evaluation exercises.

Undergraduate clinical placements (R5.4)

61 We were pleased to see that inter professional learning (IPL) has progressed and is now fully embedded in the course. Students have several opportunities to learn from, with and about other health care professionals during the programme. Final year

students explained that they have ample exposure to those in professions allied to medicine, and that they find working with other healthcare students when on placement encourages inter-professional working and learning. They noted that every block includes an inter-professional learning day on a common topic with students in other professions, including nurses and physiotherapists. Additionally, we found that student-selected components promote IPL as they afford students the opportunity to work with the ambulance and fire services.

62   Students spoke highly of simulation training, noting that they enjoyed the inter-professional major incidents exercise which involves multiple agencies and takes place over a number of different sites. Each block has a simulation lead in post and the school has appointed a coordinator to work across the school's main education providers so that there is consistency in simulation and IPL learning. We have therefore identified the culture of IPL and simulation training at the school as an area working well.

       Area working well 5: Interprofessional learning has progressed and is fully embedded in the course. We commend simulation training, teaching by other health care professionals and the student-selected components that focus on interprofessional learning.

Fair, reliable and valid assessments (R5.6)

63   During the 2019 observation of the Final Professional Exam (FPE) we were pleased to find that that school continues to be diligent in their organisation of OSCEs. The station timings were praised by the team, as they allowed students to complete tasks appropriately and for accurate judgements about student performance to be made.

64   Extraneous factors outside of the school's control caused a two-hour delay to the start of the second day FPE examinations. The school reacted to this and adapted their plans so that all students were able to sit the exam on the same day, and finish on time. The team felt that the difficulties of the day highlighted the perpetual hard work from the team at UBMS, and showed that the school can be flexible to overcome adverse conditions. We asked the school for student feedback and detailed psychometric analysis of the OSCE, including a comparison of performance across stations and loops. The team is reassured by the evidence that there was no significant disadvantage to student performance as a result of the two-hour delay on the second day.

65   The team noted that in OSCE stations with mannequins, students are required to speak to the mannequins, as if to real patients. However, the school should consider how much some forms of professionalism (such as empathy), can be truly graded, and in particular marked down, when speaking to a mannequin or model.

Mapping assessments against curricula (R5.7)

66 During our 2019 visit we explored students' use of the e-portfolio. The school uses the NHS Education Scotland (NES) e-portfolio to support student achievement, learning and reflection. The e-portfolio is a key tool in assessing professionalism and prepares students for lifelong learning upon graduation. We found that the school has worked hard to embed an e-portfolio culture across the programme. Students are accepting of the e-portfolio, are aware of its importance in reflection and noted its effectiveness is supporting their learning.

67 The e-portfolio is introduced to students early within the course, and the school hosts a series of workshops and drop in sessions in the first few weeks of the course to introduce students to the e-portfolio. It is used formatively in the first two years of the course and the use of the portfolio is summatively assessed in phase two. Senior management noted that they have used assessment to drive a change in culture amongst students with the e-portfolio, and highlighted that students are engaging with it more as a result.

68 Students explained that the e-portfolio is a useful tool in recording their learning and reflection. Students are made aware of the standard required in the e-portfolio and receive a significant amount of help to equip them with skills to complete it. Students' personal tutors are a central point of liaison for e-portfolio queries, along with the weekly drop in sessions that the school hosts.

69 Overall, we are impressed with how the school has integrated the use of the e-portfolio into the curriculum and students' motivation to complete the e-portfolio. We note that whilst the vast majority of students are engaging with the portfolio that a small number of students have not completed their e-portfolio satisfactorily, and that the school is working hard to ensure that all students complete the e-portfolio to a high standard. Overall, we commend the school's efforts to embed a culture of continuous learning through reflection which will support students as they progress through their career. We have therefore identified this as an area of good practice by the school.

Good practice 2: The e-portfolio culture is embedded across the school. Moreover, student acceptance of the e-portfolio is generally very good as students explained how it supports their learning and sets them up well for careers as doctors.

Examiners and assessors (R5.8)

70 We previously set a recommendation that consideration should be given to further develop consistency in the simulated patients' performance, examiners' interactions with students and in the calibration of students' marks/outcomes. Throughout our observations of assessments we saw that steps have been taken to improve this. The calibration exercise used by the school has led to improvement in standardisation of simulated patient, patient and assessor practice. Simulated patients (including child

actors) presented high quality and consistent acting across all stations, circuits and sessions. As such, this recommendation is now closed.

71 Although steps have been taken to improve consistency in marking, the team noted that the calibration exercise on the mornings of the FPE took longer than the time allocated. The school should give further consideration to the time required for this exercise.

Team leader	Professor Anne Garden
Visitors	Ms Beverley Miller
	Dr Bruno Rushforth
	Mr Faisel Alam
	Prof Helen Cameron
	Dr Jessie Sohal-Burnside
GMC staff	Emily Saldanha
	Jessica Ormshaw
	Jamie Field
Evidence base	The school prepared a document submission prior to our visit. The documentation submitted was used to inform our visit and a full list of documents is available on request.

Response from Buckingham Medical School:

The University of Buckingham Medical School would like to thank all members of our GMC visiting team, past and present, for their constructive engagement over the years of our quality assurance process. The team have been rigorous in testing whether we meet GMC standards. Crucially, however, they have also given the School effective feedback and opportunities to address any concerns, and have recognised when we have done so.

We are delighted that the University of Buckingham has been added to the GMC list of awarding bodies able to award a primary medical qualification, and especially pleased that we have no outstanding requirements or recommendations and a good list of positives. We aim to continue to provide high quality medical education that meets the standards set by our regulator, and look forward to a similarly positive engagement from the new quality assurance processes going forward.