

Review of Buckingham Medical School

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>.

Review at a glance

About the School

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| Programme | MB ChB Medicine |
| University | University of Buckingham |
| Years of course | 4.5 years |
| Programme structure | <p>The course is divided into two phases.</p> <p>Phase 1 will be taught largely in Buckingham and is delivered over two years. All topics have a clinical focus, and students will develop fundamental clinical skills by interacting with patients.</p> <p>Phase 2 is delivered primarily in hospital and primary care settings over a two and a half year period.</p> |
| Number of students | 0 at the time of the visit, 65 from January 2015 |
| Number of local education providers | Two acute trusts, one mental health trust and 19 general practices |
| Local Education and Training Board | Health Education Thames Valley |
| Last GMC visits | 8 April 2014, 3 July 2014 – New School Visits |

| Outstanding actions from last visit | Open requirements: | Update: |
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| | The School must produce the Year 1 student handbook, code of assessment for students and student guide to support services by 1 October 2014. | The School has produced the required handbooks with the code of assessment and student support guides referred and linked. This requirement has been met. |
| | The School must improve the provision of inter-professional learning and explore more opportunities for students to learn from, and with, other healthcare professionals and students. | Milton Keynes Hospital has appointed a senior nurse as an inter-professional lead who will also work at the School. The School recognises there is still more work to be done in this area. We will continue to monitor progress towards meeting this requirement. |
| | The School must ensure all those involved in Year 1 assessments have received training appropriate to their role before students begin in January 2015. | The School has run a number of assessment workshops and new staff have received assessment training provided by another medical school. The School has confirmed that staff appointed close to or after January 2015 will be trained before any involvement in assessments. This requirement has been met. |
| | The School must provide home/EU and international students with careers advice; this should include | The School has started to address this area. The School is looking to work with colleagues overseas to become career mentors for |

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| | <p>information about specialities, and applying for licensed practice in the countries where they intend to work following graduation.</p> | <p>the students.</p> <p>We will continue to monitor progress towards meeting this requirement.</p> |
| | <p>The School must ensure that students whose academic and non-academic performance is not in question, are able to gain an alternative degree or to transfer to another degree course should they not wish to continue medicine.</p> | <p>The School has made arrangements for students to qualify with a BMedSci (Hons) degree after they pass the first two years of the course.</p> <p>This requirement has been met.</p> |
| | <p>The School must submit by 1 September 2014, evidence that there is time in consultant job plans at Milton Keynes Hospital.</p> | <p>We have been provided with a document signed by the Chief Executive and Medical Director, stating that Milton Keynes Hospital is committed to providing time in consultant job plans. We understand the implementation of this is ongoing, all those who hold academic managerial positions have protected time and this is being rolled out to consultants who will deliver clinical teaching.</p> <p>This will be followed up in future meetings with the consultants.</p> |
| | <p>Open recommendations:</p> | <p>Update:</p> |
| | <p>The School should revise quality management procedures to increase the planned level of</p> | <p>The School has made progress in this area. Student evaluation will be gathered</p> |

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| | <p>student evaluation, as well as patient and public involvement.</p> | <p>through surveys and questionnaires at every section of the course. There will also be a Student Staff Liaison Committee. Feedback questionnaires have been created for patients when they interact with a student. Students will collect patient feedback for their portfolios.</p> <p>The School has also set up a patient group with 14 people. Lay involvement is in place on committees such as fitness to practise, concerns group and the board of studies. The School is considering lay involvement in quality visits.</p> <p>We will continue to monitor the progress in this area.</p> |
| | <p>The School should increase the number of options available as student selected components and provide clearer links to how they meet the learning outcomes defined in <i>Tomorrow's Doctors</i>.</p> | <p>The School has made significant progress in the development of student selected components.</p> <p>See improvement 1</p> |
| | <p>The School should develop robust procedures to manage patient participation at general practices, as they will be heavily relied upon during the first year.</p> | <p>The School has spent time addressing this area, and sought advice from colleagues who already work with patients in practices. Guidance has been created for these patients.</p> <p>We will monitor this during the next visit in 2015.</p> |

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| | The School should increase the time that is allocated for personal tutors to meet with their students. | Revisions have been made to the personal tutor guidance recommending any length of time necessary and no longer states only 15 minutes. This recommendation will remain open until we have the opportunity to speak to the students. |
| | The School should work with Milton Keynes Hospital to ensure that appropriate space is provided for students who will be on placement. | The School has held discussions with Milton Keynes Hospital NHS Foundation Trust and a designated space has been provided for the first cohort of students. This recommendation will remain open until we have the opportunity to speak to the students. |

About the visit

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| Visit dates | 11-12 November 2014 |
| Sites visited | University of Buckingham Medical School |
| Areas of exploration. Please see Appendix 2 for details of our findings in these areas. | Milton Keynes Hospital, curriculum, assessment, student selection, primary care, student support, teaching methods, quality management, facilities, administration. |
| Were any patient safety concerns identified during the visit? | No |
| Were any significant educational concerns | No |

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| identified? | |
| Has further regulatory action been requested via <u>enhanced monitoring</u> ? | No |

Summary

- 1 The Thames Valley regional review took place in 2014; this consisted of visits to Health Education Thames Valley, Oxford Medical School, Buckingham Medical School (the School) and three local education providers. The School was previously visited by the General Medical Council in April and July 2014 as it is currently setting up a new medical school and therefore involved in a General Medical Council's process of multi-year quality assurance activity which follows the first cohort of students to graduation. The first cohort which was anticipated to be 68 students, started on the four and half year programme in January 2015.* Our next visit to the School will make place in May 2015, and we will meet the first cohort of students.
- 2 We were pleased by the progress made by the School since our last visit. We recognise the challenge in demonstrating and verifying many of the policies and processes until students begin the course and they can be fully tested and evaluated. We were very encouraged by the School's engagement with the General Medical Council's quality process and the response to our requirements and recommendations, as demonstrated through changes to the planned student selected components, inclusion of time for education in job plans at Milton Keynes Hospital and facilities for students at Milton Keynes Hospital. We were also impressed with the School's plans and system designs for the quality processes, which are potentially innovative in that they relate explicitly to the General Medical Council's quality improvement framework. We look forward to seeing how they will be implemented.
- 3 With students due to arrive within months of our visit, we did not hear the School's plans to gather information about and respond immediately to unexpected or unanticipated student needs in the first few weeks of the course, as they will be the first students on a new programme, in a newly refurbished building. We advised the School at the time of the visit that it should prepare a process for dealing with such concerns as early as possible, therefore we have not made it a recommendation in this report. We also informed the School that it should continue and improve its engagement with other medical schools and local education providers over clinical

* It has since been confirmed that 65 students started on the programme.

placement capacity in the local area and work with Health Education Thames Valley to meet the General Medical Council's requirements for recognition and approval of trainers.

Areas where there have been improvements

We note improvements where our evidence base highlighted an issue as a concern, but we have confirmed that the situation has improved because of action that the organisation has taken.

| Number | Paragraph in <i>Tomorrow's Doctors</i> (2009) | Areas where there have been improvements for the School |
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| 1 | 94-99 | The School has improved the student selected components and has ensured they map to <i>Tomorrow's Doctors</i> (2009) outcomes. |
| 2 | 165 | The School has made significant progress in recruiting general practices and the educational experience of the general practice tutors/supervisors that have been selected is encouraging. |

Improvement 1: The School has improved the student selected components and has increased efforts to ensure they map to *Tomorrow's Doctors* (2009) outcomes

- 4 We set a recommendation for the School following the visit in July 2014 regarding the limited number of options available as student selection components and recommended that it provide clearer links to how the student selected components meet the learning outcomes defined in *Tomorrow's Doctors* (2009). Student selected components make up 15% of the curriculum duration but there were only six options confirmed at our last visit, it was not clear how some related to *Tomorrow's Doctors* (2009) and students were only entitled to one resit for each student selected component before they were unable to progress through the programme.
- 5 We recognised a number of improvements the curriculum team had made since our last visit, including the design of set criteria the student selected components must meet and the establishment of a student selected components committee. We had been concerned that a student could fail the programme based on not passing a non-medically related student selected component but after this visit we were reassured

that even if non-medical, all student selected components are mapped to *Tomorrow's Doctors* (2009). We were also informed that if a high number of students failed it would prompt a review of the relevant student selected components. Other members of the University can propose student selected components and the School is still hoping that in the future, once the programme is more established, it will have the resources for students to propose their own. The number of student selected components has increased since our last visit, and now includes drug discovery, informatics and dermatology. The School hopes to have 10 structured and confirmed student selected components by middle of 2015; the first block for these is in term five of phase 1, May 2016.

Improvement 2: The School has made significant progress in recruiting general practices

- 6 After our previous visit in July 2014 we commended the School on the level of early patient contact planned for students in the first year, at which time the School had only recently signed service level agreements with 19 general practices. We were concerned about the short time the School had to prepare the new general practices for the clinical skills foundation course and narrative medicine module before the students arrived. The clinical skills foundation course starts in the third week of term one and the School told us it will need four general practices for the first year and these are already prepared. During this course the students will meet with general practice patients every three weeks and will learn communication skills, consultation skills, history taking, and science based topics. The narrative medicine module also starts in term one and involves students working with a single patient over a long duration of around 18 months. When the second cohort of students arrives in January 2016, the School will need another five general practices to deliver Phase 1. Phase 2 of the programme will involve more consultation-based teaching in general practices and therefore overall the School calculates that a maximum of 46 practices would be required to cover the entire medical programme. By the time of this visit the School had signed service level agreements with 23 practices and all contracts were complete for Phase 1, including those involved in narrative medicine.
- 7 General practices that submit an expression of interest to be involved in the programme are asked to complete a formal application to ensure each one satisfies criteria such as location, current quality control processes, facilities and teaching experience. The successful practices are scheduled for a quality visit by the School quality team and general practice leads before the students arrive, which will ensure they have the necessary facilities and patient safety processes in place. We were reassured to hear that if any of these practices do not meet the necessary criteria, the School has the capacity to use other practices while they have an opportunity to improve and make any necessary changes.

- 8 The general practice tutors and supervisors we met from the recently signed up practices were very enthusiastic about their involvement. All of those we met had experience of working with undergraduate students, and most of them also work with doctors in training. They were all confident that they have the capacity for Buckingham students.
- 9 The School general practice team arranged a training day in November 2014 for all of the general practitioners involved in Phase 1. The most recently signed up practices received a lot of supportive documentation from the School, including leaflets for patients, facilitator notes for each session, workbooks on the clinical skills foundation course and narrative medicine module. They told us they found this information very useful. We will continue to monitor the recruitment of general practices during future visits.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

| Number | Paragraph in <i>Tomorrow's Doctors</i> (2009) | Requirements for the School |
|--------|---|--|
| 1 | 126 | Given its relatively small size, the School must ensure the committee structure excludes those formally involved in student support and progress from making fitness to practise decisions. |
| 2 | 112, 151, 155, 156, 157 | The School must ensure the contingency plans with the University of Leicester Medical School continue to be feasible. The Buckingham curriculum must align with the new Leicester curriculum to ensure no students would be placed at a disadvantage in terms of assessment. |

Requirement 1: Make sure those involved in student support decisions are not involved in making fitness to practise decisions

- 10 Given the relatively small size of the School and the committee structures, the School must ensure the committee structure excludes those involved in student support, welfare and progress decisions from making formal fitness to practise decisions. We believe the concerns group will work well for those students who are just below the

threshold of fitness to practise, and will support struggling students to get back on track. The concerns group will monitor and discuss support required for students on a concerns register with a red, amber or green rating. It appears to be an effective process to resolve student concerns before they reach a stage where escalation to formal fitness to practise procedures is required. If a student cannot resolve their issues through the concerns group action plans, the concerns group will make a referral, via the investigation officer, to fitness to practise.

- 11 We think it is possible that students may not clearly distinguish between the concerns process and student support. The School's student handbook states that if there is a major concern, students "may be referred from the concerns process, which is principally supportive, to Fitness to Practise". This referral, as well as the colour risk rating, makes the concerns group appear to be a disciplinary process.
- 12 We also noted issues with the student support lead chairing the concerns group, as it is possible a student would not feel comfortable seeking help from the student support lead if they associate that individual with a group that refer students to fitness to practise.

Requirement 2: The School must ensure the contingency plans for the University of Leicester medical school continue to be feasible. The Buckingham curriculum must align with the new Leicester curriculum

- 13 We have received written confirmation that an agreement is in place between the Leicester Medical School and Buckingham Medical School, that should the Buckingham medical programme fail, the students already enrolled will be able to complete their studies, following the Leicester curriculum. Leicester is currently revising its curriculum which will become effective from October 2016 and it is essential that Buckingham ensures its own learning outcomes align to those of Leicester.
- 14 The School has a contract with the University of Leicester to use Leicester Medical School's MB ChB programme curriculum and course materials for up to 10 years, with the use of any updated programme materials for five years. We fed back to the School that it should consider more formalised engagement with Leicester over its curriculum review. The School plans to continually adapt the curriculum to fit with its different local needs and term configuration, but it should also align to the Leicester curriculum, to ensure the contingency arrangements continue to be feasible. With Leicester implementing a curriculum review, the School needs to have formal engagement with this process to ensure that Buckingham can respond. It would also be beneficial for the School to know why Leicester is making changes, as it could be for a reason that would benefit the Buckingham students also.

- 15 As the two medical schools continue to develop their own curricula, both will need to ensure these contingency plans remain viable. If the Buckingham medical programme were not to succeed, consideration would need to be given, for example, as to whether students who completed year 1 of the Buckingham curriculum would be able to continue year 2 of the Leicester curriculum. The School must ensure that the curriculum followed by each cohort of students will enable them to achieve all of the outcomes for graduates in *Tomorrow's Doctors*.

Recommendations

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

| Number | Paragraph in <i>Tomorrow's Doctors</i> (2009) | Recommendations for the School |
|--------|---|---|
| 1 | 54 | The ratio of new questions and tested questions should be reviewed in the initial runs of the assessments throughout the programme. |
| 2 | 89, 117 | There should be appropriate rules for judging 'pass' at the qualifying exam. |
| 3 | 116 | The term of appointment for external examiners should meet the needs of a four and a half year programme. |

Recommendation 1: The ratio of new questions and tested questions should be reviewed in the initial runs of the assessments throughout the programme

- 16 The curriculum contract with Leicester includes access to its assessment bank for the next five years; however the Buckingham assessment team is already developing its own assessment bank. The team is working hard and developing item writing expertise; and members of staff have been enthusiastic to get involved. We are pleased that the School is creating its own questions; this is important for staff development. However the School should set a limit to the ratio of new untested items to those that have been used by Leicester, which come with a complete set of performance data.
- 17 The assessment team explained how every question is tagged to the curriculum blueprint so they know the correct competence level of that question and once the new questions are approved through a panel, the question papers will be standard

set using the Angoff method. The difficulty for the School is that it has no previous papers to gain psychometric, quality or evaluation results from. We were also informed that the assessment team are hoping to pilot questions with Oxford Medical School students and/or foundation doctors.

Recommendation 2: There should be appropriate rules for judging 'pass' at the qualifying exam

- 18 At each progression point of the programme, a student must meet the assessment requirements to pass and progress. If a student fails to meet the requirements on any part of the course at their first attempt then they must take the qualifying examination that covers all parts of the course and pass that in order to progress. The first qualifying exam at the School is in January 2016. The Phase 1 qualifying exam consists of two components; two two-hour written exam papers and an objective structured clinical examination of 12 stations. The School has given a lot of thought to the rules for judging 'pass' at the qualifying exam and has decided to allow compensation across both the written exams and objective structured clinical examination in Phase 1. Therefore the students' results for the two components are combined and the passing threshold is 75% of the total number of questions/stations between the two, rather than having to pass 75% for each component. The Students will receive either a pass or a fail.
- 19 In Phase 2 the qualifying exam consists of three components; three two-hour written papers, an objective structured clinical examination of 20-28 stations and a re-assessment of the e-portfolio. To pass the Phase 2 qualifying exams the students must pass each of these three components. The School is not allowing compensation because the students will be closer to completing the course. Therefore compensation would be riskier because students may pass and progress due to strength in one component such as the paper based exam, even if they have a weakness in the other areas such as practical procedures.
- 20 We recommend that the School keeps the qualifying exams in Phase 1 under close review to ensure that graduates demonstrate competence in all the required outcomes in *Tomorrow's Doctors* (2009). We look forward to seeing the School's analysis of student progression data.

Recommendation 3: The term of appointment for external examiners, should meet the needs of a four and a half year programme

- 21 *Tomorrow's Doctors* (2009) requires that medical schools have mechanisms to ensure comparability of standards with other institutions and to share good practice. One method to ensure this is through the appointment of external examiners. We are pleased to note the School has appointed two external examiners so far and plan to continue appointing two more every year until it has a total of around 12. The

external examiners are members of the School's Board of Examiners, which are responsible for monitoring the quality of assessments and setting appropriate standards. External examiners are independent from the School and are from other Universities. At the end of each academic year and following the Board of Examiners meeting, the external examiner is required to submit a written report. The main role of the external examiner is: to provide assurance that assessment processes measure against the intended learning outcomes; ensure the assessment processes are fairly operated and in line with the School's policies and regulations; and to verify, assure and maintain academic standards that are comparable with those in other UK higher education institutions.

- 22** The University of Buckingham appoints external examiners on a four year term. As the majority of its other programmes run for two years. This allows them oversight of two full programmes. Medicine is necessarily different and the normal terms of appointment do not meet the needs of the School's four and a half year medical programme. It would be sensible to extend this term and allow the external examiners to see the course through to the end.

Acknowledgement

- 23** We would like to thank the University of Buckingham Medical School and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.

Appendix 1: Visit Team

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| Team leader | Dr Nick Bishop |
| Visitor | Mr Faisal Alam |
| Visitor | Ms Julie Browne |
| Visitor | Professor Helen Cameron |
| Visitor | Dr Carol Gray |
| Visitor | Dr Bruno Rushforth |
| Visitor | Dr Jessie Sohal-Burnside |
| Regional Coordinator | Professor Alastair McGowan |
| GMC staff | Jennifer Barron Martin Hart Anna Hiscocks |

Appendix 2: Visit action plan

Before the visit and following a review of the documentation provided by Buckingham Medical School, the visiting team produced the following action plan detailing areas to be explored during the visit. The action plan has now been populated with our findings from the visit. The document register (in appendix 3) gives more detail on the documents we reviewed.

| Paragraph in <i>Tomorrow's Doctors (2009)/ The Trainee Doctor</i> | Areas explored during the visit | Documents reviewed | People interviewed | Our findings |
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| Domain 1: Patient safety | | | | |
| 28e Systems and procedures will inform students, and those delivering medical education, of their responsibility to raise concerns if they identify risks to patient safety, and provide ways to do this. | Explore what plans the School has in place to make students aware of their responsibility to raise concerns. | Doc 057 - Whistleblowing policy Doc 125 - UBMS Student guide draft for GMC 1st October 2014 Doc 083 May 14 Updated Code of Practice for Fitness to Practise | Student support team and Milton Keynes team | Students will be made aware of how to raise patient safety concerns, and their responsibility to do so, in induction week and it is also covered in the student handbook. Students will also complete a trust induction before working at Milton Keynes Hospital. In our 2015 visit we will speak to students and those delivering medical education. |
| Domain 2: Quality assurance, review and evaluation | | | | |
| 39 The medical school will have a clear framework or plan for how it organises quality management and | Explore the formal procedures of quality management. | Doc 061 Code of Practice for Quality Management Doc 076 May 14 Updated risk register | Quality management team. Meet the administrative staff and EPU leads. | The plans and system designs for the quality processes are potentially innovative in that they relate explicitly to the General Medical |

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| quality control, including who is responsible for this. | | Doc 097 Code of practice for quality management | | Council's quality improvement framework. We look forward to seeing how they will be implemented. |
| 41 The medical school will have agreements with providers of each clinical or vocational placement, and will have systems to monitor the quality of teaching and facilities on placements. | Explore the quality management systems of local education providers and how much information about these has been disseminated. | Doc 080 May 14 Contracts with GP practices Doc 106 List of General Practices committed to teaching Doc 112 GP Information form Doc 079 May 14 Service Level Agreement for St Andrews Doc 078 May 14 Service Level Agreement for Bedford Hospital Doc 077 May 14 Service Level agreement for Milton Keynes FT | Quality management team. EPU leads. GP Leads. Milton Keynes Executive team. | The School has signed service level agreements with the local education providers involved on their programme. The quality management team has created education provider unit (EPU) leads, to lead on the quality management activity in local education providers. We met the EPUs who were all extremely knowledgeable of the process and what is expected of them. |
| 43a Quality data will include evaluations by students and data from medical school teachers and other education providers about placements, resources and assessment outcomes. 43b Quality data will include feedback from patients. | Explore how evaluation will be collected from students and patients. | Doc 107 Patient & Public Involvement Strategy Doc 097 Code of practice for quality management | Quality management team, EPUs. | The School has clarified the different methods it will use to gather student evaluation but needs to improve its plans to respond immediately to students in the first few weeks of the course. As well as ensuring there is feedback given back to the students throughout, following each evaluation. See open recommendations |

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| <p>52 There must also be systems in place to check the quality and management of educational resources and their capacity, and to ensure that standards are maintained.</p> | <p>Explore partnerships with local education providers.</p> | <p>Doc 097 Code of practice for quality management</p> | <p>Senior management team, quality management team, GPs, Milton Keynes Executive team</p> | <p>The School has regular engagement with Milton Keynes Hospital. There is also ongoing engagement with other potential local education providers. We found that the School could improve its engagement with other medical schools and local education providers over clinical placement capacity.</p> |
| <p>Domain 4: Student selection</p> | | | | |
| <p>74 Selection processes will be valid, reliable and objective.</p> | <p>Discuss how the first admissions process is being evaluated.</p> | <p>Doc 116 Interim Quality report for selection Doc 050 Admissions & Selection meeting - Quality report on first OSSE Doc 069-062 May 14 School Selection Station instructions Station 1-9</p> | <p>Senior management team, Selection team, quality management team.</p> | <p>A quality and evaluation report on the first selection processes has been completed. The School has recognised areas for improvement on the next selection cycle.</p> |
| <p>Domain 5: Design and delivery of the curriculum including assessment</p> | | | | |
| <p>82 A clear curriculum plan will set out how the 'outcomes for graduates' will be met across the programme as a whole. The curriculum will include opportunities for students to exercise choice in areas of interest.</p> | <p>Explore curriculum development and impact of Leicester's curriculum review.</p> | <p>Doc 052 Curriculum meeting progress report on Phase 1 Doc 095 Code of practice of the management of the curriculum Doc 102 Curriculum map</p> | <p>Curriculum team, Senior management team.</p> | <p>The School needs to formalise its engagement with Leicester over the curriculum review and ensure there is a limited impact on contingency arrangements.</p> |

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| <p>97 Student selected components learning outcomes must be mapped to outcomes in Tomorrow's Doctors, and contained within the assessment blueprint for the programme.</p> | <p>Explore what the School has done to meet our previous report recommendation.</p> | <p>Doc 052 Curriculum meeting progress report on Phase 1 Doc 113 Generic Outcomes for SSCs</p> | <p>Curriculum team</p> | <p>The School has made much progress on the recommendation. See improvement 1</p> |
| <p>100 Students must have different teaching and learning opportunities that should balance teaching in large groups with small groups. They must have practical classes and opportunities for self-directed learning.</p> | <p>Explore the plans for self-directed learning and group work.</p> | <p>Doc 052 Curriculum meeting progress report on Phase 1 Doc 095 Code of practice of the management of the curriculum Doc 102 Curriculum map</p> | <p>Biomedical teachers, Junior teaching fellows, curriculum team.</p> | <p>The School is still addressing this standard. Self-directed learning will be prevalent in the narrative medicine course and course workbooks. After lectures the students will participate in group learning run by the junior teaching fellows. In our 2015 visit we will speak to students.</p> |
| <p>102 Medical schools must ensure that students work with and learn from other health and social care professionals and students.</p> | <p>Explore plans for inter-professional learning.</p> | <p>Doc 102 Curriculum map</p> | <p>Curriculum team, Milton Keynes Executive</p> | <p>Plans to develop the inter-professional learning aspects of the curriculum have been further developed since our last visit but it still needs to be monitored. See open requirements</p> |
| <p>88 Examiners and assessors will be appropriately selected, trained, supported and appraised.</p> | <p>Need to ensure staff are trained in undertaking assessments before students</p> | <p>Doc 103 Code of practice for assessment</p> | <p>Assessment team</p> | <p>Training has been provided for those who have been involved in the assessments. There has been enthusiastic engagement with this process.</p> |

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| | begin Year 1. | | | |
| Domain 6 - Support and development of students, teachers and the local faculty | | | | |
| 124 Students will have appropriate support for their academic and general welfare needs and will be given information about these support networks. | Ask for the update on allocated personal tutor time and explore the plans for the first term. | Doc 125 UBMS Student guide draft for GMC 1st October 2014 Doc 054 Student support & FtP meeting - Summary of Student Support processes Doc 073 Document request May 14 Guidance for Personal Tutors Doc 074 Document request May 14 Code of Practice for Personal Tutors | Senior management team Student support team | The personal tutor code of practice has been amended from 15 minutes per student to 'meeting will be of a required length'. Induction week will include time for meeting with their personal tutor and allocations. There will also be a session on the support available for students and how they can access it. |
| 126 Students will be encouraged to look after their own health and given information about their responsibilities in this respect as a trainee doctor. They will feel confident in seeking appropriate advice, support and treatment in a confidential and supportive environment. | Explore what information students have received and the plans for induction week. | Doc 114 Student Pre-Course agreement Doc 072 Document request May 14 Health Screening Questionnaire Doc 125 UBMS Student guide draft for GMC 1st October 2014 | Student support team | The Students are currently going through screenings with occupational health; around two thirds had been completed by our visit. International students will be screened during induction week. The School has produced a pre course agreement for the students which included dress code. It was based on current local education providers codes but initial feedback is that the dress code is too strict, and it will be reviewed. |
| 128 Everyone involved in educating medical students will be | Explore joint working processes for recognition and | | Milton Keynes Executive Team School Management | The School needs to work more with local education providers and Health Education Thames Valley to |

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| appropriately selected, trained, supported and appraised. | approval of trainers. | | Team | meet the GMC's requirements for recognition and approval of trainers, while preventing duplication of effort around those staff with educational responsibilities for more than one education organiser or local education provider. The School deadline for submitting a report on its progress to the GMC is March 2015. |
| Domain 7 - Management of teaching, learning and assessment | | | | |
| 157 The medical school must have agreements with the other education providers who contribute to the delivery of the curriculum. | Explore agreements with other education providers. | Doc 117 - UBMS Commitment from MKHFT to provide consultant PAs August 2014 | Milton Keynes Executive Team School Management Team | The School's senior team meets with the senior team at Milton Keynes Hospital on the Joint Executive Committee at least once a month. This is well run, very frequent and appears to be very beneficial. |
| Domain 8 - Educational resources and capacity | | | | |
| 160 Students will have access to appropriate learning resources and facilities including libraries, computers, lecture theatres, seminar rooms and appropriate environments to develop and improve their knowledge, skills and behaviour. | Appropriate facilities in the newly refurbished Chandos Road Building. | Doc 098 Building and facilities management plan Aug 14 Doc 087 Quality update on the facilities plan June Doc 060 Facilities meeting - letter from Royal Society of Medicine | Tour of the facilities with the chief operating officer. | Progress has been made with the development of facilities and towards achieving readiness of the Chandos Road building before students arrive in January 2015. There are discussions in place for a student prayer room and a room for reflection space that we will explore further on our future visits. |

Appendix 3: Document register

| Document number | Document name | Description | Publication date and version | Source |
|-----------------|--|---|------------------------------|--------|
| Doc 094 | Contextual Information | Requested comments | August 2014 | UBMS |
| Doc 095 | Code of practice of the management of the curriculum | Describes management and governance of the curriculum | August 2014 – version 2 | UBMS |
| Doc 096 | Implementation action plan and risk register | School action plan for meeting GMC standards | August 2014 – version 14-03 | UBMS |
| Doc 097 | Code of practice for quality management | Describes quality management strategy and processes | May 2014 – version 02 | UBMS |
| Doc 098 | Building and facilities management plan | Update on facilities | August 2014 – version 14-03 | UBMS |
| Doc 099 | Code of practice for equality & diversity | Describes Equality & Diversity policies | August 2014 – version 01 | UBMS |
| Doc 100 | Equality & diversity strategy | Strategy for ensuring equality & diversity strategy is met | August 2014 – version 01 | UBMS |
| Doc 101 | Update of staffing plan | Update on actual and planned staff appointments | August 2014 – version 14-03 | UBMS |
| Doc 102 | Curriculum map | Summary diagram of main curriculum elements | August 2014 – version 02 | UBMS |
| Doc 103 | Code of practice for assessment | Describes assessment strategy, processes and whole course blueprint, which includes blueprint for all assessments | August 2014 – version 01 | UBMS |
| Doc 104 | Calendar of Key dates | Lists dates of terms and assessments for 2015 and 2016 | August 2014 – version 01 | UBMS |
| Doc 105 | Contracts with GP providers | Copies of contracts with main GP providers | August 2014 – version 01 | UBMS |
| Doc 106 | List of General Practices committed to teaching | List of Practices who have signed draft contracts to contribute to medical teaching at Buckingham | August 2014 – version 01 | UBMS |

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| Doc 107 | Patient & Public Involvement Strategy | Describes how patients and the public will be involved in the processes of the medical school at Buckingham | August 2014 – version 01 | UBMS |
| Doc 108 | Role description for Biomedical teachers | Describes roles and responsibilities of biomed teachers | August 2014 – version 01 | UBMS |
| Doc 109 | Role description for Phase 2 Lead | Describes the role and responsibility of the Phase 2 Lead | August 2014 – version 01 | UBMS |
| Doc 110 | GP presentation | Presentation given to the visit team on visit to Northend Surgery 3 July 2014 | July 2014 – version 01 | UBMS |
| Doc 111 | GP Guide for clinical teachers | Guide for GP teachers contributing to Phase 1 | August 2014 – version 01 | UBMS |
| Doc 112 | GP Information form | Pro-forma to collect information from interested general practices | August 2014 – version 01 | UBMS |
| Doc 113 | Generic Outcomes for Student selected components | Document linking generic outcomes for SSC to 'Tomorrow's Doctors' outcomes | August 2014 – version 02 | UBMS |
| Doc 114 | Student Pre-Course agreement | Current draft of agreement to be signed by all starting students | August 2014 – version 01 | UBMS |
| Doc 115 | Role of Block Leads | Extract from Code of Practice for management of the curriculum describing roles of Block Leads plus list of current leads. | August 2014 – version 01 | UBMS |
| Doc 116 | Interim Quality report for selection | Interim quality report for selection for entry in January 2015. Selection processes not yet complete, so report necessarily interim | August 2014 – version 01 | UBMS |
| Doc 117 | UBMS Commitment from MKHFT to provide consultant pas August 2014 | Commitment from MKHFT to provide consultant pas August 2014 | August 2014 31.10.14 | UBMS |
| Doc 118 | Educational | A flow diagram for | 31.10.14 | |

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| | Concerns Process | educational concerns process. | | |
| Doc 119 | Quality processes | UBMS Quality processes | 31.10.14 | |
| Doc 120 | Terms of Reference for JEG | Terms of reference for Milton Keynes UBMS Joint Executive Groups | 31.10.14 | |
| Doc 120b | Minutes from the JEG | Minutes of the Medical School Joint Executive Group October 2013 to October 2014 | 31.10.14 | |
| Doc 121 | Narrative medicine guide | UBMS narrative medicine guide version from moodle | 31.10.14 | |
| Doc 122a,b,c | Patient Information leaflet | Patient Information leaflets for general practices describing the Phase 1, and Narrative Medicine courses. And one for Medical Students when they are at Milton Keynes Hospital. | 31.10.14 | |
| Doc 123a,b | Guide for clinical teachers in General Practice and guide for teachers in secondary care. | Guide for Clinical Teachers in Secondary Care – Clinical Skills Foundation Course. Clinical Skills Foundation Course - Guide for Clinical Teachers in General Practice | 31.10.14 | |
| Doc 124 | Accepted student analysis | UBMS Accepted Student Analysis: 2015 intake | 31.10.14 | |
| Doc 125 | Student guide draft for GMC | Draft of the Guide for Students which will be available on moodle. | 01.10.14 | |