

Academic Year 2020-2021

Quality Assurance Report for Kent and Medway Medical School

This visit is part of the new schools quality assurance annual cycle.

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	Kent and Medway Medical School
Sites visited (if applicable)	Virtual visit via MS Teams
Programmes	BM BS
Date of visit	5 & 26 March 2021
Key Findings	<ol style="list-style-type: none"> 1 Kent and Medway Medical School accepted its first cohort of students to the programme in September 2020. At the time of the virtual visit, the 2020 cohort had 107 learners. 2 Due to COVID-19, this year's visit was conducted virtually over two days. Due to the multi-year and continuous nature of our assurance, findings will be investigated fully over future visit cycles. Prior to our visit, we sought additional evidence via a document request. 3 During the virtual meetings, the GMC team met with school senior management, Founding Dean, Deputy Dean, Educators, the Quality Manager, and Year 1 students.

- 4** During the visit cycle, the team noted areas working well. These included the school's digital learning approach; a culture that both seeks and responds to learners; the widening participation programme and measures in place for monitoring students; students' experience of the programme; educators' experience of the induction and probation process; opportunities for educator peer review and the school's curriculum.
- 5** The team also identified areas that could be improved upon. These included opportunities for resits, to consider a no detriment policy and to encourage the school to review their assessment strategy.

Areas that are working well

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

	Theme	Area working well	Report paragraph
1	Theme 1 (R1.5)	The school demonstrates a culture that both seeks and responds to feedback from learners.	5-10
2	Theme 1 (R1.19)	The school's digital learning approach is well supported by the necessary resources and personnel.	25-26
3	Theme 2 (R2.20)	We commend the school's widening participation programme and the measures in place to monitor student performance.	55
4	Theme 2 (R3.1)	The first cohort of learners are positive about their experiences of the medical school.	56
5	Theme 4 (R4.1)	Educators are positive about their experience of the induction and probation process.	78
6	Theme 4 (R4.4)	Educators are positive about the opportunities for peer reviews and peer observations to support learning and ensure a consistent approach to delivery and education.	84
7	Theme 5 (R5.4)	The curriculum is well integrated and monitored for quality assurance, which will allow amendments to be made for future cohorts.	89-93

Requirements

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

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

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

	Theme	Requirements	Report paragraph
1	Theme 5 (R5.6)	<p>The school must review the decision regarding resit opportunities and to consider a no detriment policy for this year in the light of the Covid-19 impact.</p> <p>The school must consider the financial implications, and subsequent support available, to learners required to retake another year who are in receipt of scholarships.</p>	94-97
2	Theme 5 (R5.7)	<p>The school must review their assessment strategy as assessments do not appear as well integrated as the curriculum. We have particular concerns around the very rigid assessment requirements for fundamental tracks. We need to see how assessments can be structured to avoid the risk of learners failing unnecessarily due to shortfalls at a granular level. We understand that this conversation has started at the school and will require a wider conversation with the University of Kent and Canterbury Christ Church University.</p>	94-97

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 <i>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.</i>
S1.2 <i>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.</i>

Raising concerns (R1.1), Dealing with concerns (R1.2)

- 1** The school demonstrates a culture that allows learners and educators to raise concerns about patient safety, and the standard of care and education, openly and safely without fear of adverse consequences. Learners and educators told us that they know how to raise concerns at the school and during placement, and that all staff in the medical school are approachable.
- 2** During our meeting with quality management, the school told us the primary route for raising concerns is via the ALERT form system which can be used by both staff and learners. The system is for all types of concern: academic, educational, well-being, and patient-safety and is managed by the student life and wellbeing team who determines the relevant person to deal with the concern.
- 3** The school told us the ALERT form system has been designed to bring together different types of concerns, for example, fitness to practise and low-level concerns. The school told us that they have received 30-40 ALERT forms since the programme commenced in September 2020. We heard that some concerns have been escalated but that a large proportion of the concerns raised are minor. The school told us that they have updated and adapted the concerns policy since it was first implemented.
- 4** The school told us that they feel confident they will be informed of any concerns as there is good engagement with the ALERT form process. We heard the school has expanded the student life and wellbeing team and now have two experienced student advisors on a fixed-term basis in the team for both in and out of hours student support.

Learning from mistakes (R1.3), Seeking and responding to feedback (R1.5)

- 5** The school demonstrates a culture that both seeks and responds to feedback from learners. Prior to our visit, the school provided examples of learner feedback and the school's response. This included minutes from a Student Staff Liaison Committee, a screenshot of the 'You Said, We Did' page on the school's student portal, and a sample mid-module feedback survey.
- 6** Learners understand the feedback mechanisms available and told us the school is very responsive to feedback. For example, a number of learners contacted the school requesting further clarity for a specific module. The school responded and arranged a Q&A session for the module in question.
- 7** During our meeting with learners, they told us that the Student Staff Liaison Committee contact MedSoc before each committee meeting to provide an opportunity to add items to the agenda. The feedback and concerns raised during the Student Staff Liaison Committee are shared with learners via the meeting minutes which are circulated and discussed with the relevant people.
- 8** We heard feedback is collected from learners at the start, middle, and end of each module. During our meeting with academic teachers, we were told that the learner feedback mechanisms in place for each module allow the school to be responsive and make changes, thereby learning from feedback. Learners told us that they provide feedback weekly when on placement. There are a high number of feedback mechanisms to attain the learner's experience of the programme. We suggest reviewing the number of feedback mechanisms in place to reduce the risk of feedback fatigue for learners and to streamline the process.
- 9** During our meeting with learners on day 1 of the visit, learners told us they had written a letter to the Dean of the medical school giving feedback around the assessment strategy and that the school had replied to the letter. Prior to day 2 of the visit, we requested the letter from learners, and the school's reply, both of which were submitted as part of the GMC document request. The school's response to learners recognises the concerns raised, a proposal for improvement, and invites learners to a forum to discuss the issues raised with members of the school's senior management team, including the Undergraduate Programme Director and Lead for Assessment.
- 10** We share some of the ongoing concerns raised by learners around the assessment strategy in the letter to the Dean of the medical school. Requirements have been set to address these concerns.

Area working well: 1. The school demonstrates a culture that both seeks and responds to feedback from learners.

Educational and clinical governance (R1.6)

11 The school ensures learners understand the local processes for educational and clinical governance. During our meeting with the school's quality management team, we were told that learners are trained on patient safety and reporting concerns during their induction week. Processes were outlined to students in 'preparation for placement' sessions that occurred as part of campus teaching ahead of the first immersion week.

Appropriate capacity for clinical supervision (R1.7)

12 The school ensures that there are enough staff members who are suitably qualified so that learners have appropriate clinical supervision, working patterns, and workload, for patients to receive care that is safe and of a good standard. Prior to our visit, the school provided an update on staffing. The school told us that since the GMC visited in June 2020, they have continued with staff recruitment and now have a team of 61 (43 academic staff and 18 professional services staff) with more staff recruitment planned. The school provided KMMS organisation charts for an overview of progress with staff recruitment across the whole team and the job descriptions for all roles appointed within the school, along with draft job descriptions for planned job posts.

13 During our visit, we met with GP and community-based learning teachers who told us that they received an induction programme prior to learners starting their placements. The induction process was praised for the volume of information provided and the resources, both live and recorded so teachers can complete the sessions in their own time.

14 During the meeting with GP and community-based learning teachers we learned that all GP Practices have a designated lead for KMMS placements and that one lead acts as a senior lead for the primary care network. They told us that the school provides guidance around placements, for example, how many appointments learners should join and as a result, allocated time can be blocked in the diary. As a result of the COVID-19 pandemic, the school told us that Practices had to reorganise learner timetables. We heard that one primary care network could not accommodate learners due to the clinical pressures of the Covid-19 pandemic. The school told us that they managed the situation.

15 During our meeting with clinical supervisors and teachers, we learned that arrangements are ongoing for Year 3 placements, and that the four Acute Trusts plus Community and Mental Health Trust are engaged with discussions around time in job plans.

Appropriate level of clinical supervision (R1.8), Appropriate responsibilities for patient care (R1.9)

- 16** Learners are not expected to work beyond their level of competency. During our visit, we met with clinical supervisors and teachers who outlined the communication sent to learners around competence. The school provides an overview of what learners will learn for the year, so that they are aware of their remit. We also heard that there is a lot of discussion on campus of what is expected of learners and that this is clearly communicated to them. Furthermore, when on placements, learners attend sessions with GPs to discuss their responsibilities for patient care.
- 17** During our meeting with GP and community-based learning teachers, we learned that learners receive wrap-around sessions; one session is held with learners on a Monday to set out the learning outcomes for the week ahead and then a review session on a Friday to review what the learners have learned.
- 18** During our meeting with learners, they explained that some learners were confused about what they can and cannot do in the clinical setting when first attending their placement. They recalled that the initial information provided around competence was not clear. Learners told us that some of their cohort had previous experience in a clinical setting, for example, as Healthcare Assistants, and were unsure if they could use the skills developed in such roles. They believed that the school had not initially made this explicit, but that this has now been made clear. We encourage the school to ensure all learners are made aware of the appropriate responsibilities for patient care at their level of training as a medical student, irrespective of previous background.

Induction (R1.13)

- 19** The school ensures that learners receive a suitable induction in preparation for their programme. The school told us that the induction process covers patient safety and the 'raising concerns' process.
- 20** Learners were positive about the induction they received at the beginning of the programme. They told us that the face-to-face induction introduced the course, outlined the areas taught in Year 1 and the following years, and outlined when placements would occur. We understand that the face-to-face induction was attended by around 100 learners and social distancing measures were in place.

Multiprofessional teamwork and learning (R1.17)

- 21** The school appears to support learners to become effective members of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions. The school told us that they have inter-professional opportunities with Year 2 learners studying pharmacy at the University of Kent. We

understand that the school would like to expand the multiprofessional opportunities to other schools of healthcare.

- 22** During our meeting with the school management team, the school told us that learners have two sessions per placement week relating to the multidisciplinary team and team activities, with at least one session delivered by a member of the non-medical team.
- 23** Learners told us that they would like opportunities to work with learners from the University of Brighton and Sussex and to have mentoring opportunities from other medical students who are in later years of a medical programme. We encourage the school to consider providing the opportunities outlined, particularly opportunities to work with medical students who are in later years.

Capacity, resources and facilities (R1.19)

- 24** The school has demonstrated they have the capacity, resources, and facilities to deliver safe and relevant learning opportunities, clinical supervision, and practical experiences for learners required by the curriculum. We acknowledge and commend the Digital Educational Team for the support that they have provided during the COVID-19 pandemic. Staff told us that they have provided high quality support and training during this time to support teaching.
- 25** The school's digital learning approach is well supported by the necessary resources and personnel. We commend the school for its approach to evaluating and reviewing the delivery of education and assessments during the COVID-19 pandemic. We are particularly encouraged by the social distancing provisions introduced to enable some face-to-face delivery of the curriculum.
- 26** During our meeting with the school management team, the school told us that all lectures were delivered online and that the first term tutorials largely continued on campus. We learned that students provided feedback that the in-person 1-hour tutorial was not beneficial. The school responded to the feedback by timetabling in-person tutorials and other teaching on the same day where possible.

Area working well: 2. The school's digital learning approach is well supported by the necessary resources and personnel.

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

- 27** It appears that learners have access to technology enhanced and simulation-based learning opportunities within the programme. The school management team told us that the school has received funding to provide each learner with an iPad for this year and in future years.

- 28** Learners told us that they have teaching resources to support their learning. For example, the 3D anatomy app. We heard the school provided a list of useful apps and software to use during the programme induction.

Access to educational supervision (R1.21)

- 29** The school encourages learners to meet with their personal academic tutor regularly. Learners are required to attend one group and two individual meetings per academic year.
- 30** During our meeting around student selection and student support, staff told us that there is no upper limit for individual meetings and that the volume of meetings is at the discretion of the tutor in response to learner need. The school has recognised the possible burden this could cause when further cohorts join the programme. We heard that the school is reviewing this process and considering the number of tutees per person to be based on the FTE of the academic. We understand that the school has had discussions with the University of Brighton and Sussex and the University of Kent to understand their process for educational supervision.

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), Accountability for quality (R2.2)

- 31** The school appears to have effective, transparent, and clearly understood educational governance systems and processes to manage and control the quality of medical education. During our meeting with senior management, the school told us that there is a well-developed and well-functioning governance structure in place, including a Joint Quality Committee for the medical school with the University of Kent and Canterbury Christ Church University which has developed a positive partnership between the two universities.
- 32** We heard that the challenges produced by the COVID-19 pandemic have tested the communication and governance structures at the school e.g., the different decisions made by the University of Kent and Canterbury Christ Church around the COVID-19 pandemic. We heard that there were some areas where the two universities were not completely aligned. However, the school told us that they have found solutions that are appropriate for the medical school.
- 33** During our meeting with the school's quality team, the school told us that there are four main bodies that allow oversight of the quality of medical education from both universities. We understand that this includes the school's risk register. The school told us that learners and staff receive information on reporting concerns via the ALERT system during their inductions. All ALERT forms are reviewed and referred to the relevant member of staff for further review.
- 34** During our meeting with senior management, we also heard that the school has a good relationship with their contingency partner, the University of Brighton and Sussex. The school told us that the positive relationship has resulted in continuous learning from their contingency partner.

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

- 35** The school considers the impact on learners of policies, systems, and processes. Prior to our visit, the school provided examples of learner feedback and the school's response. This included minutes from a Student Staff Liaison Committee, a screenshot of the 'You Said, We Did' page on the school's student portal, and a sample mid-module feedback survey. During our meeting with the curriculum team, the school told us that they have an inclusive curriculum strategy which was shared with learners and that their feedback on the strategy was requested.
- 36** Learners understand the feedback mechanisms available and told us that the school is very responsive to feedback on policies, systems, and processes. For example, learners told us that they provided feedback on the opening hours of the medical building and requested that hours were extended. We heard that the school have made changes to the opening hours as a result.
- 37** We are aware that the school has begun a programme of work around the patient and public involvement. We are interested to see how this develops and how this is embedded in future years.

Evaluating and reviewing curricula and assessment (R2.4)

- 38** We commend the school for its approach to evaluating and reviewing the delivery of education and assessments during the COVID-19 pandemic. We are particularly encouraged by the social distancing provisions introduced to enable some face-to-face delivery of the curriculum.
- 39** During our meeting with the school management team, the school told us that lectures were delivered online and that the first term tutorials largely continued on campus. We understand that learners provided feedback on the online learning and changes were made as a result. For example, the school amended the anatomy module to ensure that teaching is no longer than three hours at one time.
- 40** During our visit, we heard learners' concerns around the assessment strategy and specifically, the lack of safety net within the fundamental tracks style assessment. Learners told us that they had provided written feedback to the Dean of the medical school to outline their concerns. Learners told us that some changes were made as a result of the feedback but felt that the school had not recognised the extent of the impact the assessment strategy can have on learners. We share some of the concerns which were raised by learners around the assessment strategy as documented in the letter to the Dean of the medical school. [Requirements](#) have been set to address these concerns.

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

- 41** The school appears to evaluate information about learners' performance, progression, and outcomes by collecting, analysing, and using data on quality and equality and diversity. The school told us that data on quality, equality, and diversity is collected when learners are successfully admitted to the school, and that this information is used to monitor differential attainment and can be used to shape services and events. The school told us that analysis is already in progress to monitor differential attainment between groups.

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

- 42** During our meeting with the quality management team, the school told us how they triangulate with CQC reports and deanery audits when selecting LEPs. We learned that agreements are made with LEPs only if the CQC result is a minimum of *Good*. The school is discussing contingency action plans should an LEP's CQC grade be lowered and fall below *Good*.
- 43** The school told us that they have a Clinical Advisory Group which will include colleagues from Health Education England when secondary placements commence. Secondary placements are required from Year 3 on the programme. The school told us that discussions for Year 3 agreements with LEPs are ongoing around contracts and tariffs.
- 44** The school monitor the quality of teaching, support, and facilities via KMMS module evaluations and PEMS evaluation. We heard that learners are given clear guidance around how to raise concerns via the ALERT form system during their immersion week for GP placements in Year 1. Learners told us that they can also contact their assigned supervisors and leads at their placement if they needed to raise a concern.
- 45** During our visit, we spoke with staff about assessment. The school told us that a learner's progress is monitored via their E-portfolio which is managed by their GP supervisor. For learners who are not progressing, GP supervisors will liaise with the school and particularly the learner's personal academic tutor who will support the individual.

Concerns about quality of education and training (R2.7), Systems and processes to ensure a safe environment and culture (R2.11)

- 46** The school has systems and processes to make sure learners have appropriate supervision. The school's quality management team told us that all learners are assigned a supervisor when on GP placement and that each primary care network has a lead supervisor. Training on raising concerns via the ALERT form system is provided to staff and learners before the start of placements.

47 During our meeting with GP and community-based learning teachers, we heard an example of the raising concerns process. Staff told us that a concern was raised around a learner's well-being via the ALERT form process. The form was reviewed and escalated to the relevant member of staff, and the learner has been offered support.

Educators for medical students (R2.13)

48 During our meeting with GP and community-based learning teachers, we learned that all GP Practices have a designated lead for KMMS placements and that one lead acts as a senior lead for the primary care network. They told us that the school provides guidance around placements, for example, how many patient appointments learners should join and as a result, allocated time can be blocked in the diary.

49 As a result of the COVID-19 pandemic, the school told us that Practices had to reorganise learner timetables. We heard one primary care network could not accommodate learners due to the clinical pressures of the Covid-19 pandemic. The school told us they managed the situation.

Managing concerns about a learner (R2.16), Sharing information of learners between organisations (R2.17)

50 The school has a process for sharing information between relevant organisations when they identify concerns about a learner. The school told us that the wellbeing team is responsible for liaising with an organisation to share information around the learner. The school explained that they would encourage the learner to speak to staff at the LEP directly, where appropriate.

51 The school's ALERT form system is designed to support all concerns and can be used by learners and staff. Each form is reviewed and referred to a relevant staff member.

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

52 The school has mechanisms to ensure recruitment, selection, and appointment of learners and educators are open, fair, and transparent. The school has continued to recruit learners and educators throughout the COVID-19 pandemic.

53 Educators recruited during the COVID-19 pandemic told us that they felt supported during their online induction. We heard live and pre-recorded sessions were made available to staff. Newly appointed educators told us that they felt supported by the school to build relationships with other members of staff via networking events.

54 During our meeting with learners, we heard that the learner admissions process was very positive. One learner told us that the philosophy of the school was to create

well-rounded doctors and that the school's caring approach towards its learners was apparent throughout the admissions process.

- 55** The school told us that the learner admissions process is aligned with a widening participation approach where selection is based on contextualised criteria as well as academic attainment. We understand the school's 2021/22 cohort will include 39% widening participation learners. The school told us that they monitor widening participation learner results and analyse the data based on two groups: widening participation and non-widening participation learners. The analysis found no difference in grades between the two groups. We commend the school's widening participation programme and the measures in place to monitor learner performance.

Area working well: 3. We commend the school's widening participation programme and the measures in place to monitor student performance.

Theme 3: Supporting learners

Standard

S3.1 <i>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.</i>
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Good Medical Practice and ethical concerns (R3.1)

- 56** The first cohort of learners are positive about their experiences of the medical school. This is underpinned by the educational and pastoral support they receive. Learners told us that members of staff from all levels in the medical school are approachable and accessible.
- 57** Learners told us that they are aware of the raising concerns process via the ALERT system. We heard from GP and community-based learning teachers that learners are given instructions on how to raise concerns during their induction process. They told us that all learners are trained on the ALERT system during an immersion week one week before starting GP placements. We heard an example of a concern that was raised by a learner whilst on placement. The ALERT system was used to discuss the concern with the learners and the Practice to gain a better understanding of the situation. The school spoke with both the learner and the Practice to help manage the concern.

Area working well: 4. The first cohort of learners are positive about their experiences of the medical school.

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

- 58** Learners have access to resources to support their health and wellbeing and for educational and pastoral support. Learners told us that they know how to raise concerns with the school via the ALERT form system and via the health and wellbeing services at the University of Kent.
- 59** Learners told us that they have a personal academic tutor whom they meet on three occasions per academic year. Learners seemed satisfied with their personal academic tutor experience and described tutors as responsive.
- 60** During our discussion around student support and student selection, we heard that there is no upper limit for the number of personal academic tutor's meetings, and that this is subject to the tutor's discretion and in response to learner need. We heard that the most common reasons for additional meetings at present are largely due to COVID-19 impact and assessments.

Undermining and bullying (R3.3)

- 61** Students told us that they know how to raise concerns about bullying and undermining behaviours via the ALERT form system. Students told us that they received a lecture at the beginning of their programme which provided an overview of the different services available for raising concerns and seeking support.
- 62** During our visit we heard about one incident relating to students being subjected to behaviour that undermines their professional confidence, performance, or self-esteem, which took place at a GP placement. The GP educator was informed and discussed the matter with the Local Education Provider (LEP) directly. We were told that discussions for staff training are ongoing to mitigate similar behaviour in the future.

Information on reasonable adjustments (R3.4)

- 63** The medical school appears to make reasonable adjustments to help disabled learners meet the standards of competence in line with the Equality Act 2010. During the visit, the school told us that reasonable adjustments are overseen by the University of Kent Student Support and Wellbeing who maintain the primary links with occupational health.
- 64** Learners told us that the school offers a good service for reasonable adjustments and we heard an example from one learner. Overall, learners were positive about the support opportunities available via individualised learning plans and optional dyslexia tests for all students.

Supporting transition (R3.5)

- 65** During our discussion around the school's curriculum, we were told that the needs of learners are communicated to the Primary Care Network by the Module Lead following information being shared with them by the school's Student Life and Wellbeing Service. Learners are also encouraged to speak directly to staff at the LEP to communicate their needs whilst on placement.

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

- 66** Prior to our visit, the school provided us with examples of communication with learners. We received an example of the weekly newsletter and the student portal page outlining changes to Spring Term 2021 delivery.
- 67** During our visit, we heard that learners have completed 4 placement weeks and that virtual placements were provided for shielding learners. Learners told us that they received timely and accurate information about their curriculum, assessment, and clinical placements. Overall, learners told us that communication from the school has been very good.

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

- 68** During our visit, we heard that learners had received feedback from one summative assessment. Learners told us that there was a disparity in the level of detail provided in the assessment feedback. Learners shared this feedback with the school who provided the opportunity to speak with their assessment markers.
- 69** During our meeting with senior managers, the school told us that learners had provided feedback on the summative assessment feedback. Senior managers explained that staff had discussed the situation with learners and further support had been provided. During our meeting around assessment, we heard that the school have introduced a second marking process for assessments.
- 70** During our meeting around curriculum, the school told us that they have recently trialled attendance monitoring software to monitor learner attendance and progress on the programme. The school will be piloting the software for the remainder of the year.

Support for learners in difficulties (R3.14)

- 71** Learners whose progress, performance, health, or conduct gives rise to concerns are supported by the school. Learners told us that they know how to contact the University of Kent Health and Wellbeing team should they require support. Examples of the support available were provided, including a dyslexia test to identify if adjustments are required and individualised learning plans.
- 72** During our visit, the school told us that professionalism is a theme embedded in the programme. Through this theme, the school monitor learners progress, performance, health, and conduct. For example, non-attendance without communication with the school would be raised as an issue of concern and linked to professionalism. The school told us that there is a panel meeting for learners who have health conditions to discuss the support that can be provided.
- 73** During our discussion around student support and student selection, the school provided an example where a learner had chosen to leave the programme. We were told that the school supported the learner to find work experience in the relevant field.

Meeting the required learning outcomes (R3.15)

- 74** During the visit, we met with the school's assessment team and discussed the fundamental tracks system. The school told us that the fundamental tracks system is designed to ensure learners only progress if they have no major deficiencies in their knowledge of large components of the specific module. It directly supports the assessment of the learning objectives of the module.

75 Learners told us that the fundamental tracks system is difficult to navigate and that they are concerned it does not provide opportunities for resits or a safety net for learners. Learners told us that they feel at a disadvantage when compared to other medical schools as they do not have the same opportunities to resit. We have addressed this concern in our [requirements](#).

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)

- 76** Prior to our visit, the school provided us with job descriptions for various roles, including Lead for Mental Health, Medical Education Fellow, and Senior Lecturer in Professionalism and Personal Development. We received a staffing update, including the school's organisational chart which outlined positions with appointed staff, positions awaiting approval, and positions planned for the future. Further information around staff development was provided which included a remote staff induction checklist and information on joint appraisals.
- 77** During our discussion with Academic Teachers, staff told us that they felt supported and had positive induction experiences, both face-to-face and online. Educators discussed the induction checklist used to ensure that staff have access to the relevant resources to carry out their roles.
- 78** Overall, educators are positive about their experience of the induction and probation process. We are encouraged by the involvement of clinical members of staff outside of student placements. We heard that this approach is part of the school's 5-year plan to invest in capacity building for the future.

Area working well: 5. Educators are positive about their experience of the induction and probation process.

Time in job plans (R4.2)

- 79** The school ensures that trainers have time in job plans to meet their educational responsibilities. During our meeting with the quality management team, we were told that time in job plans is featured in trust SLAs and is a requirement for all educators. The school review time in job plans when monitoring a Trust's compliance with the SLA.
- 80** During our discussion with clinical supervisors, we were told that the four Acute Trusts plus Community and Mental Health Trust were engaged with discussions around time in job plans, and that discussions were ongoing for Year 3 provision.

Accessible resources for educators (R4.3)

- 81** The school provides access to appropriate resources for educators to meet the requirements of the curriculum. During our discussion with academic teachers, we were told that educators are supported by the school's digital education team, particularly in moving teaching to an online platform. Educators said that they felt supported at this time.
- 82** Educators told us that they have a lot of support and flexibility from the school, and that a staff portal is being created which will hold specific information about development and access to training resources, lecture recordings and robust referencing mechanisms. We were told that an induction checklist is provided to each educator to ensure that they have all the tools they need to meet the requirements of the curriculum.

Educators' concerns or difficulties (R4.4)

- 83** The school has mechanisms in place to manage educator concerns and difficulties. During our discussion with the Dean and Quality Manager, we were told that the primary route for educators to report concerns and difficulties is via an online ALERT form system. This mechanism is used for any learner or educator concern or difficulty. We also heard that the school had recruited a lead for faculty development who is responsible for training staff on systems and support.
- 84** Educators are positive about the opportunities for peer reviews and peer observations to support learning and to ensure a consistent approach to delivery and education. Educators told us that they feel well supported by the school and have opportunities to feed into quality management systems.

Area working well: 6. Educators are positive about the opportunities for peer reviews and peer observations to support learning and ensure a consistent approach to delivery and education.

Working with other educators (R4.5)

- 85** The school encourages educators to liaise with each other to make sure that they have a consistent approach to education. Working with other educators is promoted via peer reviews. During our meeting with the curriculum team, we were told that all materials are peer-reviewed, and feedback is provided to make improvements, and that teaching is observed to encourage learning from the observer and individual observed.

Theme 5: Developing and implementing curricula and assessments

Standard
S5.1 <i>Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.</i>
S5.2 <i>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.</i>

GMC outcomes for graduates (R5.1)

- 86** During our meeting around curriculum, the school told us that professionalism is embedded in all teaching and throughout the course. For example, attendance and professional behaviour are monitored throughout the programme. We also learned that Years 1 and 2 include a module around professional development, which is mapped to outcomes for graduates.

Informing curricular development (R5.2)

- 87** During our visit, the school told us that learners can provide feedback on every learning event. We learned that changes had been made to the delivery of the curriculum following learner feedback around the length of lectures for the online delivery of the curriculum. Staff told us that they last no longer than three hours in response to learner feedback. We also heard that the feedback collected from learners is informing the design of the future Year 1 and Year 2 programme.
- 88** Learners are positive about the curriculum design and told us that they have provided feedback to the school around learning outcomes. We heard that the school were very responsive to the feedback.

Undergraduate curricular design (R5.3), Undergraduate clinical placements (R5.4)

- 89** Prior to our visit, the school provided an example of a timetable for student placements and an example of a case study used in case-based learning.
- 90** The school's curriculum provides for early contact with patients. During our visit, the school told us that learners had completed four placement weeks in primary care. We heard that provisions had been made to allow the placements to take place during the COVID-19 pandemic, including social-distancing measures and alternative options for learners who were shielding.
- 91** During our meeting with the curriculum team, staff told us that the curriculum is robust and is subject to peer review to ensure continuous improvement. We learned

that the school uses different types of peer reviews e.g., clinical fellows, colleagues from different areas, and that learning has taken place as a result.

- 92** During our meeting with the curriculum team, the school told us that they have an inclusive curriculum strategy that is explored in Years 1 and 2. We learned that the strategy was shared with learners for their feedback. The school told us that the inclusive curriculum strategy is part of a wider school focus which includes liaising with Trusts to help embed this learning throughout the curriculum.
- 93** The medical school provides an educational induction to clinical placements for students to make sure that they understand the curriculum and how their placement fits within the programme. The school told us that an overview of placements is provided during the programme's induction week and during preparation for placement' sessions that occurred as part of campus teaching ahead of the first immersion week.

Areas working well: 7. The curriculum is well integrated and monitored for quality assurance, which will allow amendments to be made for future cohorts. We are particularly encouraged by the technology enhanced learning available for learners.

Fair, reliable and valid assessments (R5.6), Mapping assessments against curricula (R5.7)

- 94** Prior to our visit, the school provided documents around this requirement: report on summative assessments, E-portfolio summary, AKT example items, assessment information provided to learners, and correspondences between learner and staff around the assessment strategy.
- 95** The school told us that their assessment strategy is mapped to a fundamental tracks style curriculum and each track is assessed. During our visit, learners told us they feel disadvantaged by the school's tracks style assessment strategy as they do not feel that there are the same opportunities to resit failed assessments as other medical schools. We heard that this was particularly concerning for learners in receipt of scholarships.
- 96** We explored the learner's concerns with the school's assessment team on day two of our visit. The school told us that the tracks style assessment is designed to support learning by identifying gaps in learner's knowledge and that a safety net is embedded in the strategy. The school told us their vision for the assessment style is to ensure learners are well-rounded and have sufficient knowledge in each area to progress. Staff told us that they had made changes to the assessment methodology scoring and have adapted the tracks system accordingly.
- 97** We spoke to the school about the sequential testing in their assessment strategy. We heard that the sequential testing of Applied Knowledge Tests does not follow the

usual format and rather, learners are still required to sit further assessments if they pass the first assessment. The sequential testing of OSCEs follows the usual format with additional feedback provided to students after sequence 1.

Requirement 1: The school must review the decision regarding resit opportunities and to consider a no detriment policy for this year in the light of the Covid-19 impact. The school must consider the financial implications, and subsequent support available, to learners required to retake another year who are in receipt of scholarships.

Requirement 2: The school must review their assessment strategy as assessments do not appear as well integrated as the curriculum. We have particular concerns around the very rigid assessment requirements for fundamental tracks. We need to see how assessments can be structured to avoid the risk of learners failing unnecessarily due to shortfalls at a granular level. We understand that this conversation has started at the school and will require a wider conversation with the University of Kent and Canterbury Christ Church University.

Examiners and assessors (R5.8)

- 98** The school told us that they have mechanisms in place for formative and summative assessment feedback. We heard that feedback on essays is based on a pass or fail, and that individual scores are not provided. The school told us that they have introduced a second marking process to allow assessors to highlight assessments that are borderline pass or fail. We encourage the school to expand their second marking approach to include a percentage of all assessments that are second marked. This will be particularly useful for the school as more assessments are introduced in future years.
- 99** Learners told us that there was a disparity in the feedback provided for the cohort's first summative assessment. We heard that this feedback was shared with the school and a resolution was introduced where learners could discuss their grade with the markers.

Reasonable adjustments in the assessment and delivery of curricula (R5.12)

- 100** The school makes reasonable adjustments to help disabled learners meet the standards of competence in line with the Equality Act 2010. During the visit, the school told us reasonable adjustments are overseen by the University of Kent Student Support and Wellbeing team who maintain the primary links with occupational health with regard to student appointments.

101 During the student session, students told us that adjustments had been made to placements to account for social distancing and self-isolating. We heard virtual placements were made available for students self-isolating.

Team leader	Anne-Marie Reid
Visitors	Joe Cartwright John Jones Peter McCrorie Lindsey Pope
GMC staff	Jessica Bates Emily Saldanha

06 October 2021

William Henderson
Education Quality Assurance Programme Manager
General Medical Council

**KENT AND
MEDWAY
MEDICAL
SCHOOL**

www.kmms.ac.uk

Dear William,

Response to GMC Quality Assurance Report for Kent and Medway Medical School, Academic Year 2020-2021.

Kent and Medway Medical School is grateful for the opportunity to respond to the Visit Report following your virtual visits of the 5th and 26th March 2021. The outcome of the visit was to give us permission to continue delivering our programme, to note some areas which are working well and to identify some areas upon which we could improve.

We would like to record our thanks for the time and energy that the panel has devoted to KMMS, and we welcome the opportunity to improve our programme and benefit from the panel's expertise. We are pleased that the visit panel took away good impressions of our learning environment and culture, and acknowledged efforts made to seek and respond to feedback from our students. One example of immediate steps we took after your visit is that we have made improvements to our welcome week activities so that our students are made more aware of the appropriate responsibilities for patient care at their level of training as a medical student, irrespective of their previous background (point 18 in your report).

Areas Working Well

- 1. Regarding our culture of feedback.** As we discussed, at the time of your visit we were already responding to feedback from our students concerning aspects of our assessment system and the impact of the pandemic on our students' academic performance. Following your visit, we concluded our consultation with a solution that over 99% of our students supported. Our culture of seeking and promptly responding to feedback from our students allowed us to act on this feedback in time for our end-of-year assessments.
- 2. Regarding our digital first strategy.** This has been a key plank of our plans for delivering our programme since the school's inception. We are glad that it has proved to be resilient enough to actively aid our response to our students' learning needs, especially during the pandemic. Digital first continues to support our programme delivery and our student and staff experiences over the past two years will further improve our resilience for continued innovative approaches to how we deliver our programme in the future.
- 3. Regarding our widening participation (WP) programme.** This continues to be the aspect of our school of which we are most proud, and our widening participation approach continues to bear dividends. This year we have exceeded last year's achievement and over 40% of our students came to us from a WP postcode.
- 4. Regarding the feedback from our first cohort of learners.** We are proud of our pioneer group of students. They have navigated a truly extraordinary year. Despite all the challenges of starting medical school, starting with a new school and the impact of the pandemic on all aspects of their student journey and individual experiences, they have engaged with our programme, and it has been a real pleasure to work with them to make our school the best that it can be. We are pleased to let you know that we have approached Brighton and Sussex Medical School (our contingency school and neighbouring school in the region) to

explore the option of BSMS students providing support and mentorship for KMMS students. BSMS is supportive of this in principle and will be discussing the proposal in their November 2021 student-staff meeting (point 23 in your report).

5. **Regarding the feedback from our faculty.** We know that there are many colleagues across both universities and our clinical partners, as well as other stakeholders, who are looking forward to the impact that KMMS can have on their professional lives and careers. We know that, in the context of not having had the opportunity to work in a medical school before, it can seem daunting to join our faculty, but we have tried to be as welcoming and supportive as possible and to role model the compassionate and humanistic culture we want our faculty to impart to our students. We have also helped our faculty to build networks more broadly across both universities in their subject areas and to explore other opportunities to support their integration into the wider community of both universities.
6. **Regarding the feedback about our peer-review processes.** We have sought to adopt best practice for pedagogic development and innovation. Our peer review processes have helped to maintain the quality of our teaching materials, especially when it was being delivered virtually, and has also helped with the professional development of all our educators, novice and experienced alike.
7. **Regarding the quality assurance of our curriculum.** We are fortunate to be able to base our programme on that of our contingency school, BSMS. The work that we have done to contextualise that programme for Kent and Medway and our two universities has, we feel, been beneficial for our students. We will continue to innovate and monitor the performance of our programme in future years with annual programme reviews and other programmatic review processes.

GMC Requirements

The GMC required us to review the decision regarding resit opportunities and to consider a no detriment policy for this year in the light of the Covid-19 impact. The GMC also required us to consider the financial implications, and subsequent support available, to learners required to retake another year who are in receipt of scholarships.

No detriment policy. I am pleased to let you know that we were in the process of addressing some of these issues during your visit and we were able to resolve some of these requirements to our students' satisfaction before the end of year summative exams last year. In line with the principles of no detriment established across both universities last year, KMMS implemented a position of no detriment for the academic year 2020/21. This was in consideration of the impact of the Covid-19 pandemic across the academic year and was applied at the end of the academic year in relation to end of year results and student progression. Analysis of our assessment data indicates that approximately 9% of the cohort benefited from the no-detriment policy.

Financial implications of repeating the year. Any student who is required to repeat a year is offered several supportive meetings to explore their personal circumstances. These include meetings with the Head of Year/Programme Director, their Personal Academic Tutor and the SLW Team. Both universities have specific support, including financial support, for any student who must repeat a year of their course. If any KMMS student is experiencing financial hardship, there are various support packages available from the two Universities and the Student Unions which the KMMS Student Life and Wellbeing (SLW) Team signposts for students.

We have found that our WP mission is one of the aspects of our new medical school that our friends and benefactors are most keen to support. Our local community in Kent and Medway has continued to support our scholarship programme and we have sufficient funding and donations now to provide up to 25% of all our students with some form of financial support during their time with us. We are grateful to our benefactors for providing numerous scholarship opportunities for KMMS students. As a gift from a benefactor to the school and our students, each of our scholarships has specific

funding arrangements and conditions attached and these are publicised to prospective students in advance of them joining KMMS and applying for a scholarship. The school is not responsible for any limitations on funding set by the benefactor. If a student who is in receipt of a scholarship is required to repeat an academic year, they will be advised to contact the scholarships team at the University of Kent, who manage all scholarships on behalf of the school.

Resit opportunities. We are reviewing this and we are looking forward to updating the GMC on our progress at the time of your next visit. In the development of our assessment strategy, KMMS gathered feedback from students, staff and other stakeholders and shared our strategy with the GMC. We believe that our assessment strategy is evidence-based and bolsters our integrated curriculum to promote excellence and patient safety. Our sequential testing model offers students two opportunities to demonstrate that they have met the threshold required to pass and progress on our programme. We recognise that our students had raised concerns with us prior to your visit in March 2020 and that they subsequently raised these concerns with you directly. We are equally concerned about this feedback on their experience of our assessment system. We have continuously reviewed our assessment data throughout the delivery of our programme, and the completion of an assessment cycle has given us the opportunity to model the impact of any changes to our current system. We are consulting with our two universities on the options available to us and will proactively and prospectively involve our students in this discussion before we make any decisions. We will update the GMC panel on our progress at the time of your next visit before we complete our review and enact any subsequent changes we decide to make in a way that minimises any disruption to current or future students' experience.

The GMC required us to review our assessment strategy as assessments do not appear as well integrated as the curriculum. You had concerns around the very rigid assessment requirements for fundamental tracks. You asked to see how assessments can be structured to avoid the risk of learners failing unnecessarily due to shortfalls at a granular level. This conversation had already started at the school and required a wider conversation with the University of Kent and Canterbury Christ Church University.

Fundamental tracks (FT). Our intention for our FT system is that it supports our students in becoming excellent, well-rounded doctors who will demonstrate the Outcomes for Graduates required by the GMC and practice medicine that is safe, effective and person-centred. It is not intended to fail students unnecessarily due to shortfalls at a granular level and we believe that data from last year's assessment cycle demonstrates that this does not happen. We do recognise that the student experience of our assessments did not allay fears that this was not the case. I am pleased to let the GMC know that, before your visit, we had already begun a process of consultation with our students which allowed us to better communicate and explain the FT system and the rationale and vision behind it to them. After your visit we proposed improvements to the FT system which were strongly supported by our students and we concluded a programme modification process and adopted the changes before the end of the last academic year. The changes were retrospectively applied to all our students' results for the entire academic year and we look forward to discussing them with you during your next visit.

The integrated nature of our assessments. This is also under active review and we are looking forward to updating the GMC on our progress during your next visit. The school's assessment strategy is highly integrated within and across modules and our model of sequential testing and the FT system is one of the key aspects of this. We feel that the changes we made last year following feedback from our students and from the GMC have supported our integrated curriculum and assessment strategy even further while making it less likely that a student will fail because of measuring too granular a deficiency in their performance. As described above, we believe that our first year of complete assessment data supports our position. We again welcome the feedback from our students and the GMC about how our assessments are experienced and we are having more consultations with our two universities on any other options available to us and will proactively and prospectively involve our students in this discussion before we make any decisions. We will update the GMC panel on our progress at your next visit and we will try to complete our review and enact any subsequent changes we decide to make in a way that minimises any disruption to current or future students' experience.

I hope that the summary of the work that that progressed since your visit in March 2021 and of our plans are helpful. Once again, we are grateful for the feedback from the GMC and have endeavoured to respond actively and constructively to your advice.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Chris Holland', written over a light grey rectangular background.

Professor Chris Holland
Founding Dean
Kent & Medway Medical School