

Visit report on Exeter 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

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| Education provider | University of Exeter, Exeter Medical School |
| Programmes | Bachelor of Medicine, Bachelor of Surgery (BMBS) |
| Date of visit | 15 and 16 January 2018 |
| Key Findings | <ol style="list-style-type: none"> 1 The team visited the University of Exeter medical school as part of the 2017/18 visit cycle. This forms the final part of our ongoing quality assurance of the school for its recognition as an awarding body for a primary medical qualification, which is anticipated for 2018. We met with the school's senior management team, academic and clinical educators and year 3, 4 and 5 students. We also met members of the Public Involvement in Medical Education (PIME) steering group, the assessment team and those who manage the curriculum. 2 The school took its first students in 2013 following the disaggregation of Peninsula College of Medicine and Dentistry (PCMD). It is currently in its fifth year of the decoupling process with only year 5 students remaining. 3 We commend the general culture of transparency and the school's openness to seek and respond to feedback. The introduction of iPads has been well |

received, and we note that the medical school are looking to develop their use further.

- 4** There is a good range of opportunities for student involvement in research, and the school places great emphasis on this. Throughout our visit we heard consistently positive feedback from both staff and students regarding recent changes to the programme.
- 5** The year 5 students told us they feel well prepared to enter Foundation year 1 and all the students we spoke to indicated that they are happy with the programme and would recommend it to friends. We also note that the school has managed equivalence of experience well in placements across Truro and Exeter.
- 6** We did note that the school should develop a more formal integration of the educational and clinical governance structures. This will be monitored in future via the Medical School Annual Return.

Update on open requirements and recommendations

| | Open requirements | Update | Status |
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| 1 | The school must develop an explicit strategy, with timeframes, for patient and public involvement in the development and delivery of the programme. They must ensure the views of patients and the public contribute to policies, processes and the development of the curriculum. | <p>The school has made significant progress towards embedding meaningful patient public involvement in medical education. They held an event where there was wide advertisement for opportunities to get involved with patient public involvement. The school recruited to a working steering group as a result of this. It is clear that the School has set up new arrangements.</p> <p>There has been a commitment to make this work and the school has established relationships with patients and the public. They support the group, providing financial support for travel/child</p> | Closed |

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| | | care etc. for those that need it. | |
| 2 | We found that methods in identifying concerns about bullying and undermining were inconsistent across different sites. We will be seeking clarification on how these concerns are identified and triangulated, how they are recorded and followed up and reassurance on the process for dealing with complaints on placements. | The school has evidently made the process for identifying concerns about bullying and undermining clear to students, providing them with detailed information on the process. | Closed |

| | Open recommendations | Update | Status |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1 | The school should clarify how academic support is being developed and specifically how they intend to ensure education and teaching capacity. | <p>SWARM profiles for teachers have been created. These indicate if teachers are overloaded and there is guidance for those that are. In terms of recruitment, there have been joint appointments with some junior doctors at NHS partners for the clinical skills and life sciences teaching. The School is looking to recruit to roles with a 50:50 split between their University role and their NHS role.</p> <p>During our visit in January, we heard positive feedback relating to the use of SWARM profiles to attempt to reduce workload.</p> | Closed |
| 2 | We encourage the school's review of its teaching of basic sciences to ensure improvement for learners. | <p>Changes to the curriculum will be introduced in September 2018-2019 for years 1, 3 and 5 and in 2020 for years 2 and 4. The anatomy team has made several changes following the results of the external review of the School's teaching of basic sciences, surveys and student feedback.</p> <p>During our visit in January we</p> | Closed |

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| | | discovered the school have increased the amount of anatomy and carried out the external review. | |
| 3 | Interprofessional learning as a principle is there but more could be done to embed it. There is a lot of learning and training from other professions but not enough learning with students from other professions. Please provide an update on plans to embed this principle. | The school have made various plans to embed interprofessional learning. They have appointed a new director of interprofessional learning and have plans to create interprofessional learning opportunities with radiographers. We were told the simulation sessions are highly valued and there is a new academy of nursing. | Closed |
| 4 | The process for reporting injuries on placements should be clarified for students. While year 1 students reported being clear about the process, those in more senior years were less so. The school should ensure students in all years are clear about the process for reporting injuries on placements. | The students we talked to during our visit in January were all aware of how to report injuries whilst on placements. | Closed |
| 5 | We heard that the assessment administration team and wellness support team have a demanding workload. We would welcome an update on any actions being taken to address this. | The assessment administration team and wellness support team feel more supported. There was a University wide professional services restructure and this has resulted in a new team with new offices and facilities. | Closed |
| 6 | We heard that positive on-the-spot judgements are perceived as not carrying equal weighting with negative judgements, and we would welcome an update on plans to address this perception. | The team are confident this has been addressed. On-the-spot feedback can be given by anyone and those who receive positive feedback get rapid praise and congratulations from staff members. | Closed |

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.

| Number | Theme | Areas that are working well |
|--------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Theme 1 (R1.5) | We commend the general culture of transparency, and the school's openness to seek and respond to feedback. For example, the response to concerns raised by students regarding collusion in the Applied Medical Knowledge was thoroughly investigated and students report that they were well informed of the outcome. |
| 2 | Theme 1 (R1.20) | The introduction of iPads has been well received, and we note that you are looking to develop their use further. |
| 3 | Theme 1 (R1.22) | We commend the range of opportunities for student involvement in research, and the emphasis the school places on this. |
| 4 | Theme 3 (R3.2) | We heard consistently positive feedback from both staff and students regarding recent changes to the programme. For example, we have had very good feedback regarding the changes to academic support. |
| 5 | Theme 3 (R3.5) | Year 5 students told us they feel well prepared to enter Foundation year 1. |
| 6 | Theme 5 (R5.4) | All students we spoke to indicated that they are happy with the programme and would recommend it to friends. We also note that the school has managed equivalence of experience well in placements across Truro and Exeter. |

Requirements

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

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

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

| Number | Theme | Requirement |
|--------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Theme 2 (S2.2) | The school should develop a more formal integration of the educational and clinical governance structures. This will be monitored in future via the Medical School Annual Return. |

Findings

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

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

Theme 1: Learning environment and culture

Standards

S1.1 *The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.*

S1.2 *The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Raising concerns (R1.1)

- 1** The students we talked to at Exeter medical school confirmed they know who to contact and where to go if there is a concern they wish to raise. The school have a raising concerns policy that has been highlighted many times to the students. The students feel the school are very supportive.
- 2** There are professionalism groups, who meet every fortnight, where concerns can be raised and discussed. If there were any issues relating to bullying and undermining, the school and students are both confident they would emerge in this forum. The groups are small and very well supported.
- 3** The school has introduced an anonymised raising concerns survey which acts as another forum for students to raise concerns without the fear of adverse consequences. Students told us that during electives there is an emergency helpline available which is also very supportive.
- 4** The year 3 and 4 students we met reiterated the fact that they are fully aware of the raising concerns policy. They had received details of the anonymised survey. The students are aware there are other people in the pastoral service team they can go to if they have concerns.
- 5** The school has demonstrated a culture that allows both learners and educators to raise concerns about patient safety and the standard of care and training.

Dealing with concerns (R1.2)

- 6** Both learners and educators in Exeter and Truro confirmed that if a concern was raised, it would be listened to and dealt with. In each locality there is a designated raising concerns lead and this is emphasised to the students at the start of the year.
- 7** The school are clear that they do not have jurisdiction in the clinical environment and their job is to act as an intermediary for any concerns that are raised. They then feed these back to the hospital. This can involve taking the complaint back to the clinical lead and, depending on the manner of the complaint, potentially the associate medical director.
- 8** Concerns that are raised regarding service delivery are taken back to the service lead. If this is something that the service lead cannot action anymore, this can be taken straight to the medical director.
- 9** If the medical school receive a patient safety concern, they call the medical director directly. Such issues are taken with very seriously.
- 10** The school have a central mechanism in which concerns are reported. There is a team briefing meeting once a week and therefore educators know on a week by week basis whether any concerns have been raised.
- 11** Throughout our visit it became clear that Exeter medical school investigates and takes appropriate action locally to make sure concerns are properly dealt with. Any concerns affecting the safety of patients or learners are addressed immediately and effectively.

Seeking and responding to feedback (R1.5)

- 12** The medical school has received both formal and informal feedback from the year 5 students who have just completed their first term. The school confirmed that they will also be seeking feedback after the second term.
- 13** Years 3 and 4 medical students told us that the school are very good at taking on and responding to feedback. The Student Support Liaison Committee (SSLC) was involved with the curriculum changes and students were given the chance to voice their opinion. The school made changes as a result of their feedback and we were told by the students that they saw these changes in action for the years below.
- 14** Students had previously raised concerns regarding collusion in the Applied Medical Knowledge (AMK) assessments. The school demonstrated its openness to respond to feedback by thoroughly investigating the claims. Students told us that they were well informed of the outcome of this investigation.

15 Throughout our visit, Exeter medical school demonstrated a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.

Area working well one: we commend the general culture of transparency, and the school's openness to seek and respond to feedback. For example, the response to concerns raised by students regarding collusion in the AMK was thoroughly investigated and students report that they were well informed of the outcome.

Educational and clinical governance (R1.6)

16 Exeter medical school reiterated to us that their educational governance system has patient safety at the top of its structure. The University's policy is to put the student's wellbeing first however the medical school has to put the patient's first.

17 Across the community and acute Trusts there is equal measure in terms of educational and clinical governance. There is currently a gap at Royal Cornwall Trust; however they have already approached the medical school and asked for an academic representative.

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

18 We were told by students that there is a high profile of senior staff on the wards. This enables an appropriate level of clinical supervision at all times by an experienced and competent supervisor. This is a theme that has run throughout our visits to the medical school. We were told last year that the medical staff are positive and supportive when supervising the students.

19 Students confirmed that they have never been asked to do anything beyond their competence. The badges they wear indicate their level of training to those they are working with. This ensures the level of supervision fits the learner's competence, confidence and experience.

Appropriate responsibilities for patient care (R1.9)

20 As mentioned previously, the educational governance system has patient safety at the top of its structure. The school are continuously stressing the importance of patient safety to learners.

21 During recent visits to Exeter medical school we have been told how there are various sources of information published online regarding patient safety. Patient safety is regularly discussed in professional practice groups and students know who to contact if they need to discuss patient safety.

Induction (R1.13)

- 22** The school were very keen to stress to us that the first meeting in year 3 and 4 is a 'meet and greet' induction. The importance of attending this is emphasised to the students. This is a meeting which enables learners to meet their team and the other health and social care professionals they will be working with.
- 23** All the students receive a hospital induction with NHS members of staff, regardless of where or when they start their placement. Year 5 students engage in an induction week and this involves a session on assessments.
- 24** Some year 5 students commented that there could be a better hospital induction for those who start in GP for example. However, the students commented that everyone is supportive and the foundation doctors are very approachable. The school's management team told us that they encourage the students to be more pro-active.
- 25** Overall, we were reassured that Exeter medical school ensures learners have an induction in preparation for each placement.

Multiprofessional teamwork and learning (R1.17)

- 26** Prior to our visit, Exeter medical school provided us with a copy of their interprofessional learning strategy and minutes from their interprofessional learning committee meeting in November. The school, through its identification of an interprofessional learning lead and establishment of the interprofessional learning committee, is committed to fostering an environment in which interprofessional learning is integrated into their respective curricula.
- 27** Students in years 1-4 have special study units with a wide range of options available to them. They engage in clinical placements with non-clinicians, including midwives, radiographers, dietitians and practice nurses. Students are involved in a lot of teaching within the imaging suite where they interact with radiographers.
- 28** To encourage students to work within multiprofessional teams, over the past five years the school has introduced the concept of students staying at a practice for a significant period of time. This gives them time to get to know GPs, receptionists and the administrative staff. As a result of this the students naturally form strong working relationships.
- 29** Through our discussions with the students and school's management team, it is clear the medical school supports every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.

Adequate time and resources for assessment (R1.18)

- 30** The learners and educators we talked to throughout the visit confirmed that both students and teachers are given adequate time and resources to complete the assessments required by the curriculum.
- 31** Students told us about the introduction of iPads and the positive impact they have had in assessments. This enables all the year 5 students to present their assessments in the same format, a factor that provides consistency and means students get real time feedback. The medical school has an ambition to give year 3 and 4 students iPads as well due to the success of their introduction.
- 32** The assessor submits their email address whilst doing the assessment and they receive confirmation once they have completed an assessment. The clinical educators told us the feedback they provide on the iPads is very user friendly and easy to use. We witnessed a demonstration of the iPads during our visit and they appeared user-friendly and efficient. They provide the assessors with a good forum for having a conversation with the student.
- 33** Students told us that they could be given more information on assessments and what is expected of them. This issue mainly related to the DOPs as we were told they can be based on what the learner and assessor interprets them to be. The school acknowledged this and indicated they would look to include more information in future.
- 34** In future it would be beneficial if more readily accessible guidance was available for both students and assessors on both the expectations and standards for all work place based assessments. However, the students did tell us that on the assessment page there is information, including timelines of the key dates.

Capacity, resources and facilities (R1.19)

- 35** Exeter medical school have the capacity, resources and facilities to deliver safe and relevant learning opportunities to learners. During our visit to the medical school last year, the facilities and improvements the school were making were seen as an area that was working well. During this visit, the students confirmed that the facilities across both sites continue to be excellent.
- 36** Wi-Fi has been introduced across the hospital and it covers all of the medical school. Fifth year medical students confirmed that they all have access to hospital computers and log-ins. The library is also viewed as excellent by learners.

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

- 37** Throughout our visit we heard how learners have access to technology enhanced and simulation-based learning opportunities.

- 38** We were told that year 5 students had all had experience of technology enhanced simulation sessions. The students commented that the simulation sessions are very good and provide a useful learning opportunity.
- 39** As mentioned previously, the introduction of the iPads has been well received. These are currently used very effectively for assessments, both for the learners and educators.
- 40** Every year 5 student has been issued an iPad and they are used for education and assessment support. The school have an ambition to give year 3 and 4 students iPads due to the success of their introduction.

Area working well two: the introduction of iPads has been well received, and we note that you are looking to develop their use further.

Access to educational supervision (R1.21)

- 41** Exeter medical students meet with their educational supervisor regularly. They told us that they provide good support.
- 42** With regards to the changes to the academic tutor system, all the students claim it is working well and enables them to get to know their tutors better. There is an overall positive feel towards the changes that have been made.

Supporting improvement (R1.22)

- 43** Exeter medical school supports learners and educators in undertaking activity that drives improvement in education and training, such as research. Research is introduced to students early and there is the funded Inspire programme.
- 44** Students are provided with the opportunity to attend events that give them an idea of what further research would involve. The skills required for research are embedded throughout the programme at Exeter. Students are taught by active researchers through lectures and PBL. The medical school confirmed to us that over the past 12 months there have been a number of presentations and publications by students of peer reviewed research.
- 45** Students are also provided with the opportunity to intercalate. This prepares them for research opportunities in the future. The school feel they have provided adequate opportunities for intercalation at the University of Exeter and students do not have to attend other Universities to do this.

Area working well three: we commend the range of opportunities for student involvement in research, and the emphasis the school places on this.

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)

- 46** During our visit we were told by the medical school that there can be challenges in integrating the educational and clinical governance as there is devolution of responsibility. There is a need for a more formal integration of educational and clinical governance structures. The focus needs to be on where and how information is shared and triangulated between the different groups.
- 47** Educational governance at the University is very robust though the medical school have no responsibility for the clinical governance. This is because clinical governance is within the Trusts and they use their own system.
- 48** The medical school told us that they do receive information via the NHS channels. There is currently a gap at board level in the Royal Cornwall Trust but they have approached the school and asked for an academic representative to be appointed.
- 49** We intend to monitor this requirement in the future through the Medical School Annual Return.

Requirement one: there is a need for a more formal integration of educational and clinical governance structures. We intend to monitor this requirement through the Medical School Annual Return.

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

- 50** Prior to our visit, the school provided us with the biographies of those involved in the Public Involvement in Medical Education (PIME) steering group. They also confirmed that additional representatives of patients and the public will be joining from Truro in the New Year.
- 51** The PIME group are looking at ways they can sustain the group and develop a rolling programme of recruitment. They wish to integrate a wider public involvement and be explicit in what they want from people in terms of time commitments and skills.

- 52** Expanding the diversity of those who contribute to the medical school is another aim of the group. However, this can be challenging due to the timing of meetings and the fact Exeter itself is not a diverse area. They do have contact with other groups and these experiences are then brought back into the group.
- 53** Through the patient public involvement group, the medical school is considering the impact and taking account of the views of patients and the public.

Evaluating and reviewing curricula and assessment (R2.4)

- 54** Exeter medical school regularly evaluates and reviews their curricula and assessment frameworks, as demonstrated by the recent curriculum reviews. This makes sure the standards are being met and improves the quality of education and training.
- 55** The SSL committee was involved with the recent changes to the curriculum. They got the opportunity to voice their opinions over what could be changed and they see these changes in action in the years below. The students who have re-joined the curriculum commented that it was better organised.
- 56** The clinical teachers told us that they have been given plenty of opportunities to affect changes to the curriculum over the past three or four years. Their feedback has been listened to and they are made aware of the changes.
- 57** The school also evaluated and reviewed the collusion concern raised by students regarding the AMK assessments. The school conducted a thorough investigation and shared their findings with the students.

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

- 58** During our visit we asked for an update regarding the concerns that were raised previously in Gastroenterology, Paediatrics, Emergency Medicine, Oncology, Cardiology, Histopathology, Surgery and GP placements. The school reported that there are no ongoing concerns in the aforementioned areas. Capacity, quality of placements and quality of supervision remains in line with their expectations.

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

- 59** Prior to our visit we asked for the minutes from sub-dean and college meetings on quality management and the minutes from education, quality and standards groups.
- 60** The school told us the Education Quality and Standards Group (EQSG) remains the primary means by which educational provision within the medical school is monitored. The committee, chaired by the Vice-Dean, is attended by cross-college directors, programme directors, professional services leaders, student and lay representatives.

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

- 61** Prior to our visit we requested the minutes from the Workload Assessment Group (WAG) meeting in November, which the school provided. The group oversees the application of the SWARM work-load planning module. It ensures the school has adequate education and teaching capacity. The group have now identified a plan to address those who are 'over' or 'under' allocated time.
- 62** We were told by senior management at the school that the educator's line manager will discuss with the programme director if a member of their staff's SWARM profile indicates they are being overloaded. Their profiles are reviewed annually.

Managing concerns about a learner (R2.16), Requirements for provisional/full registration with the GMC (R2.18)

- 63** The school have appropriate systems and processes to identify, support and manage learners when concerns arise. The role of the student's tutor is to receive both positive and negative judgements and meet with the student to discuss these further. All the assessment data is reviewed by the school termly. If a tutor has concerns over a student, they must decide if the information they have received is significant enough to trigger a fitness to practise process.
- 64** Many of the concerns and negative judgements are low level pastoral issues, such as attendance or sickness. The students who meet a threshold for undergoing fitness to practise processes go through a screening at the end of the year. The school have created designated leads for fitness to practise. The school confirmed to us that students have been held back and undergone fitness to practise processes before.

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

- 65** Prior to our visit, the medical school provided us with a document titled 'BMBS Graduate Entry Medicine Programme Specification'. This includes information on how they will recruit both learners and educators to the programme. It reflects the school's commitment to widening access to medicine.
- 66** The clinical teachers at Exeter medical school told us that recruitment to their role was a mixture of a formal application process, heritage based on experience and those roles that would suit them best. There are a number of different approaches, on a variety of different settings, depending on the size of the role.
- 67** Exeter medical school has an open, fair and transparent method for recruitment, selection and appointment of learners and educators.

Theme 3: Supporting learners

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

- 68** Students told us there is excellent pastoral support at both sites. They feel comfortable approaching all the members of staff over any issues they may have. The students were confident that any problems they encounter will be resolved efficiently by the medical school.
- 69** The year 5 students we talked to did comment that the pastoral support is better for those students based in Truro. This is due to the fact that everyone knows each other and there is a large dedicated administration team on site. In comparison, there is only one designated contact available for pastoral support in Exeter and they are not always available. The students did recognise however that the contact at Exeter is doing an excellent job.
- 70** In terms of academic support, there is an overall positive feel towards the changes that have been made. All the students claim it is working well and enables them to get to know their tutors better.
- 71** Exeter medical school has a student mentoring system in place which helps students feel more comfortable. It was apparent during our visit that learners have access to resources to support their health and well-being, along with educational and pastoral support.

Area working well four: we heard consistently positive feedback from both staff and students regarding recent changes to the programme. For example, we have had very good feedback regarding the changes to academic support.

Undermining and bullying (R3.3)

- 72** The students we talked to confirmed they know what to do if they witness bullying or undermining. The majority of the students told us they would approach their professional practice group tutor and they feel comfortable with the process they would follow.
- 73** The medical school introduced an anonymised raising concerns survey however this has not been utilised by the students. The professionalism groups are used as a forum to discuss such issues and the school are confident that if any issues do arise, they will be exposed in these groups.

74 Students meet with staff every week and there are several pastoral support staff they can speak to. The school encourage students to be honest and discuss any issues relating to bullying and undermining. If students highlight bullying or undermining behaviour by colleagues, these issues are quickly addressed by the school.

Information on reasonable adjustments (R3.4)

- 75** Throughout our visits to Exeter medical school, it has become clear that they make reasonable adjustments for those that need them. They make sure learners have access to information about these adjustments and are provided with named contacts.
- 76** If a request for a reasonable adjustment is turned down for academic reasons, the school have a dialogue with the student to explain the specifics of their decision. The school always attempt to reach a compromise. They do not want the students to be disadvantaged and the school are very conscious of this. The student welfare officer often discusses with the students over what is appropriate and what is reasonable in the clinical environment.

Supporting transition (R3.5)

- 77** Students in year 5 told us that they receive good preparation to become foundation doctors. Several expressed the belief that this preparation is better at Exeter than other medical schools.
- 78** The students are encouraged to start acting like foundation doctors whilst at Exeter. They get to see how other hospitals are run and spend time with various different consultants. The foundation doctors were described as very approachable.
- 79** The clinical teachers we met told us that the students are very well prepared when they arrive for the foundation years. This makes the transition easy for everyone involved.
- 80** The students told us they feel as prepared as they could be to become a foundation doctor. They receive adequate information and support to help them move between different stages of education and training.

Area working well five: year 5 students told us they feel well prepared to enter Foundation year 1.

Student assistantships and shadowing (R3.6)

- 81** The assistantships for year 5 students are highly valued by the students we met. They allow the students to become part of a team and be given more responsibility. These assistantships encourage the students to become more confident regarding the transfer to foundation years and give the students great belief for the future.

82 There is a 'buddy system' in place to prepare students for foundation years, led by a junior doctor. A lot of the foundation years are previous graduates so the school use the strong links that exist between themselves and the graduate leads.

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

83 Students told us that the curriculum is clearly laid out via the various online resources. There are descriptions on what they are expected to learn and the students feel prepared as a result.

84 The SSLC committee was involved with the changes to the curriculum; however some year 4 students felt that they were not told about the changes in specific detail. We were told by the school that lectures were put on for all students during the 2016/17 academic year to hear about the planned changes.

85 Students told us that under the assessment page online there is enough information available, if you look deep enough. This includes timelines on key dates and information on the individual assessments. However, some students did note that they could be given further information on the assessments. Some of the assessments, noticeably the DOPs, just have a name of the skill to be assessed and it is down to interpretation from the students and assessor as to what is required.

86 All the students have been made aware of the changes to the professionalism theme. They were also told about the investigation into the issues raised regarding the AMKs.

87 Students feel the placements are well organised, although to what extent depends on the specialty. They are encouraged to bring up any issues that may arise in the Front of House meetings before lectures.

88 Throughout our visit it became apparent that learners receive timely and accurate information about their curriculum, assessment and clinical placements.

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

89 The medical school has an 8-week elective period as part of the student selected component of the core curriculum. There is an Electives Lead, with overall oversight, and 2 Electives Advisors, one for each locality.

90 Students in year 5 told us there is an emergency elective helpline available for them whilst they are on placement. This is seen as very supportive and beneficial to those students who may need assistance whilst out of programme.

Support on returning to a training programme (R3.11)

91 Students who have returned to the training programme after time out, such as Peninsula students re-joining the curriculum, feel Exeter is far more organised upon

re-joining. The online system is better than the one in Peninsula and the students told us they have been well supported upon their re-admission.

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

- 92** In previous visits we have explored the levels and variety of feedback learners receive. It has proven to be beneficial, structured feedback delivered in a timely manner.
- 93** As mentioned previously, the introduction of the iPads has been greatly received by both learners and educators. The iPads enable students to receive real time feedback and provide consistency for assessors when providing the feedback.
- 94** Students receive periodic feedback and encounter on-the-spot judgements throughout the programme at Exeter. Learners encounter regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course.

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)

- 95** The clinical educators told us the school provide learning sessions for each of the educational roles. The training that the educators require is built into their job plans and this enables them to make time to attend these support sessions.
- 96** There appears to be significant appraisal of the educators at both the Exeter and Truro sites. At Truro, feedback from the students is taken into consideration and then the educators go through the process of a standard appraisal. This is similar in Exeter, where educators go through the formal annual appraisal process and are given adequate provision to do so. The evidence used includes feedback from students and peer reviews.
- 97** Clinical educators informed us that they feel well prepared for the changes to the curriculum and have been made aware of these changes. They know each other well which results in strong communication between peers.

Time in job plans (R4.2)

- 98** During our previous visit to Exeter medical school, we commended the progress the school had made to create more explicit workload models that are being used to support academic staff manage workloads. These include the use of SWARM profiles, which have been discussed previously (R2.10). These are reviewed annually by the programme director.
- 99** The trainers we met in January confirmed to us that they have enough time in their job plans to meet their educational responsibilities. If a member of staff is under pressure to deliver education, the strong communication network that exists between colleagues enables them to reach a solution. We were told that teaching is never cancelled. The trainers find a way to deliver it and they demonstrate a strong commitment to do so.

Accessible resources for educators (R4.3)

- 100** We heard that in Exeter there is sufficient space to deliver the programme. However, we were told by clinical educators in Truro that there can be a lack of teaching space due to the fact some tutorial rooms have been converted into clinical space.

- 101** As recommended in the 2017 visit, the school have made improvements to the support available to the assessment administration and wellness support teams. These are now well established within the school. We were told that the difficulties last year were due to staff changes and the use of dual systems as they moved to the new electronic system. The changes process is coming to an end and the results show significant improvements.
- 102** The assessment staff are now confident of the ability and commitment of the team. There was a University wide professional services restructure and this has resulted in a new team with new offices and facilities. This has left the assessment administration team feeling far more supported.

Theme 5: Developing and implementing curricula and assessments

Standard

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

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

GMC outcomes for graduates (R5.1)

103 During our last visit we found that the school provided core themes for its medical students. These are areas that the students need to cover to achieve the learning outcomes of the curriculum. The school continue to do this and the curriculum is planned in a way that shows how students can meet the outcomes for graduates across the whole programme.

Informing curricular development (R5.2)

104 The school has engaged in a variety of tasks to engage external stakeholders in designing and delivering the curriculum. These include consultation sessions, update sessions and getting feedback on the curriculum review. The curriculum review group host an away day looking at clinical skills. There is a large element of public contribution to this, as well as student and graduate involvement.

105 As mentioned previously, the SSLC committee was involved with the changes to the curriculum. Students were given a chance to voice their opinion and contribute to the changes. The clinical teachers told us that they have also been given the opportunity to affect changes in the curriculum.

106 The development of the curriculum has been informed by medical students and educators. Members of the PIME group have various backgrounds relevant to medical education which will allow them to directly contribute to the curriculum development in the future. They have expressed a desire to become more involved in curriculum development as this is of great interest to them.

Undergraduate curricular design (R5.3)

107 Students told us that the curriculum at Exeter is very varied and they get to explore various disciplines. Special study units provide the opportunity to engage in radiography for example. Students feel well prepared after following the curriculum.

108 The medical school curriculum gives students the chance to work with other professions. Interprofessional learning is integrated into their respective curricula. Students told us about the simulation session they had in surgical blocks where they

work through situations provided by the consultant. It was viewed as very positive and enjoyable, providing a very good learning experience. Students in Truro had an interactive session with pharmacy students prior to 5th year.

109 As mentioned previously (R3.6), student assistantships are viewed very positively and they allow students to become integrated into team. This makes the transfer to F1 far easier.

110 Due to the geography of Exeter, it is difficult locally to have a wide diversity and therefore this can be a difficult challenge. The school recognise this and members of the steering group have contact with a wider diversity of individuals and groups. They then bring these experiences back to the medical school.

111 In our previous visit we heard about the proposed changes to anatomy teaching. During our visit in January we discovered the school have increased the amount of anatomy and carried out the external review, as they informed us they would. We were satisfied to close this recommendation.

Undergraduate clinical placements (R5.4)

112 Students engage in clinical placements with non-clinicians, including midwives, radiographers, dietitians and practice nurses. They are also involved in a lot of teaching within the imaging suite where they interact with radiographers.

113 The clinical placements in year 1 involve students going out every week to a multitude of healthcare providers. The school encourage students to appreciate the fact that healthcare is delivered in a huge variety of circumstances.

114 Students in year 5 told us that they are made to feel part of a team when they participate in the 6 week placements rather than changing every week.

115 The students are given the chance to state a preference for where their placements are. If a student makes a request to stay somewhere due to health reasons, the occupational health department will make a decision on this. As mentioned previously, the school tries to ensure it makes any reasonable adjustments they can.

116 All the students at Exeter medical school receive a hospital induction with NHS staff, regardless of where and when they start their placement. The first meeting in year 3 and 4 is a 'meet and greet' induction. This is a key element of their induction and is emphasised by the school.

Area working well six: all students we spoke to indicated that they are happy with the programme and would recommend it to friends. We also note that the school has managed equivalence of experience well in placements across Truro and Exeter.

Assessing GMC outcomes for graduates (R5.5)

- 117** The AMK test is an online longitudinal assessment that is delivered four times a year to test the growth of student's medical knowledge. We were told during our visit that this will remain the main examination. A campaign has been started by the medical school to provide even more information on the assessments.
- 118** As mentioned previously, students were given the details on the investigation into the reports of collusion in the AMK and the sharing of questions. Exeter medical school made it very clear that there would be severe penalties for anyone found doing this.
- 119** During the induction week in year 5, students attend a designated session on assessments and what they will involve. The assessment handbook describes the assessments and how to pass them.
- 120** In year 5, the student's educational supervisors go through their assessments with them individually and this gives them a good idea of their level. Students therefore receive information on assessments in person, online and in their induction.
- 121** The assessment team recognise that they could potentially include more detailed information on specific assessments for both students and assessors. However, the students do get several attempts at the assessments. The majority of the practical procedures have already been done in clinical skills so they should know what to expect.
- 122** The assessments are covered in staff training and they are very similar to those staff have experienced before. There is also a staff development page online that contains further information. The staff who carry out the assessments are very experienced.
- 123** Exeter medical school assesses medical students against the learning outcomes required for graduates at appropriate points. They ensure that students meet these outcomes before graduating.

Fair, reliable and valid assessments (R5.6)

- 124** During our last visit to the medical school, we expressed a desire to see improvements over the weighting of on-the-spot judgements. This has now been addressed by the medical school. We also praised the development in the assessment of professionalism in taking a longitudinal view across all years
- 125** Students encounter periodic feedback and the on-the-spot judgements. On-the-spot feedback can be delivered by anyone at any time. The year 5 end of pathway judgement is a combination of contributions from everybody who has come into contact with the student in the workplace. This is a fair and reliable way of assessing a student's capabilities.

- 126** The students do a range of assessments, both academic and professional, that mirror the assessments in foundation year. The medical school make professionalism judgements and emphasise to the students that this is how it will be in the working environment. The school attempt to mirror this environment as much as possible.
- 127** Standards such as respect and punctuality are standards the school expect students to meet. However those who receive positive on-the-spot feedback for behaviours above routine expectations get rapid praise and congratulations from staff members.
- 128** Exeter medical school sets fair, reliable and valid assessments that allow the school to decide whether the students have achieved the learning outcomes required for graduates.

Mapping assessments against curricula (R5.7)

- 129** Prior to our visit we asked the medical school for the minutes from the board of studies meeting and the clinical practice ILG meetings that have taken place in the past 12 months. The school provided these, along with the rolling actions from the meetings.

Examiners and assessors (R5.8)

- 130** Clinical teachers told us that the feedback they provide on the iPads is very user friendly and easy to use. It provides a good opportunity to have a conversation with the student.
- 131** The method for assessing learners is covered in staff training and is very similar to how they have assessed students previously. There is also a staff development page online which covers this.
- 132** Assessments at Exeter medical school are carried out by those who have been appropriately selected, supported and appraised. They are aware that they are responsible for honestly and effectively assessing the medical student's performance and being able to justify their decision.

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| Team leader | Dr Lindsey Pope |
| Visitors | Mr Daron Aslanyan, Dr John Jones, Dr Jean McKendree and Mr Geoff Wykurz |
| GMC staff | Emily Saldanha (Education Quality Assurance Manager), William Henderson (Education Quality Analyst) and Courtney Whitford (Education Quality Analyst) |
| Evidence base | <ul style="list-style-type: none"> ▪ Statement by RCHT Interim Director ▪ Statement from Director of College Operations ▪ Interprofessional Learning Committee Minutes (17/11/02) ▪ UEMS Interprofessional Learning Strategy ▪ Board of Studies Meeting Minutes ▪ Steering Group Members Biographies ▪ BMBS Expansion and GEM Risk Register ▪ ASER Programme Level BMBS form (Nov 2017) ▪ Education Quality and Standards Group Minutes ▪ Exemplar Departmental QA Form for Annual SLA Visit ▪ UEMS Community Group Minutes (06/12/17) ▪ UEMS Workload Assessment Group Minutes (14/11/17) ▪ BMBS Graduate Entry Medicine Programme Specification ▪ Elective Poster Presentation Assessment Form ▪ UEMS Elective Provisional Proposal Form ▪ UEMS Post Elective Questionnaire ▪ Clinical Practice ILG Minutes |