

Visit Report on Plymouth University Peninsula Schools of Medicine and Dentistry

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

Medical School	Plymouth University Peninsula Schools of Medicine and Dentistry
Date of visit	28-29 November 2017
Key Findings	<ol style="list-style-type: none"> 1 Peninsula College of Medicine and Dentistry (PCMD) was established as a joint venture between Plymouth and Exeter universities and ran an undergraduate course in medicine. In 2012, the two universities separated with the aim of developing their own medical schools. Since the decision to decouple, we have been quality assuring Plymouth University Peninsula Schools of Medicine and Dentistry (PU PSMD) through a multi-year quality assurance review which has followed the first cohort of students through to graduation in order to decide if PU PSMD can be granted the ability to award a UK primary medical qualification. 2 The 2017/18 cycle of visits involved a two day visit to the medical school in order to meet with several groups of staff and students to question the school's progress with meeting the standards outlined in <i>Promoting Excellence</i>. We found that the on-going delivery of the student assistantships is going well, academic and pastoral support is outstanding and we are impressed with the services of the professional

support team.

- 3** We commend the progress the school has made with the recommendations that are open from previous quality assurance visits. We found that the school has adequate systems in place for monitoring the educational capacity of education providers and no concerns were reported by students in relation to overcrowding. The school has suitable plans in place to ensure better consistency in examiner performance during the ISCEs and has worked to ensure that students understand the marking process for the SSUs.
- 4** Following our visit we set two requirements and two recommendations for the school to address, which are outlined in more detail in the body of the report. We are confident that the school will address these areas in the same way they have addressed previous issues we have identified.

Areas of good practice

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

Number	Theme	Good practice
1	Theme 3 (R3.2)	The school's academic support is outstanding including the technology enhanced learning support for students, the approach to remediation and the continuous academic support.
2	Theme 3 (R3.2)	We found pastoral support to be universally commended by all of those we met. The school's multi-faceted approach to pastoral support is both robust and operational in supporting the health and wellbeing of PU PSMD students.
3	Theme 3 (R3.2)	We are impressed with the wide range of services the professional support team provide. We found they are problem solving, solution

		seeking and they are the corner stone of the school's success.
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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 5 (R5.2)	The schools approach to curriculum development is evidence based, innovative and appropriately responsive to student feedback.

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	Requirements
1	Theme 2 (R2.6)	We require the school to communicate with Plymouth Hospitals NHS Trust that undergraduate education must be consistently represented at board level through being a standing item on the agenda.
2	Theme 2 (R2.8)	We require that the school ensures that patient safety should be a standing item on the agenda of the liaison boards with key LEPs.
3	Theme 5 (R5.3)	We require that out of hours experience in secondary care be made mandatory in year five.

Recommendations

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

Number	Theme	Recommendations
1	Theme 2 (R2.8)	We recommend that the school extends the liaison board structure to all LEPs that provide education for PU PSMD students.

Update on open recommendations

	Open recommendations	Update	Status
1	The School should review its systems for monitoring the educational capacity of their providers to ensure effectiveness if new threats to clinical placements emerge.	<p>During the last cycle of visits the status of this recommendation was changed to partially met in order to reflect the work the school had completed to address this item.</p> <p>It's evident that the school closely monitor and review placement capacity as they have completed a detailed clinical capacity exercise to examine what education providers can safely deliver. Quality visits and frequent meetings with education providers are mechanisms which the school uses to monitor capacity.</p> <p>Moreover, during our visit none of the students or staff we met reported capacity, overcrowding or competition for learning issues. Therefore, we are satisfied this issue can be closed.</p> <p>Theme 2 (R2.6)</p>	Closed
2	The School should explore how it addresses student concerns about the progress tests, which were raised by students in the early years of the programme.	The school continue to monitor and respond to student concerns about the progress test. Since our last visit the school has started to release 20 questions each year with commentary to aid student personal development and highlight best practice when responding to questions in the progress test.	Closed

		<p>Additionally, following a progress test, student performance is examined and observations are fed into the curriculum aiming to improve performance in the progress test. The results of the student perception questionnaire also show improved satisfaction with the tests.</p> <p>We are satisfied the school has done what they can to address students concerns over the progress test. During our visit the school told us they are continuing to explore student anxieties in order to inform interventions and innovations to enhance student experience of the progress test. As the school has made many attempts to address this, and is continuing work to address this matter, this item can be closed.</p> <p>Theme 5 (R5.7)</p>	
3	<p>The school should explore students' understanding of the marking process for the special study units.</p>	<p>When asked how this has been addressed, senior management told us that a benchmarking exercise in the formative SSU in year one was introduced two years ago and is working well. We were also told that a session was delivered to all year one students to address understanding of the marking process, and that an FAQ section in the digital learning environment has been developed on the topic. Additionally, we were told that students are educated about benchmarking and how assessors are trained.</p> <p>As the school has already implemented several changes and plans to continue to work to</p>	Closed

		<p>educate students on the validity of the benchmarking process we are satisfied this item can closed.</p> <p>Theme 5 (R5.6)</p>	
	<p>The school should explore inconsistencies in examiner performance during the ISCEs.</p>	<p>In response to this recommendation, the school are planning to enhance examiner training in order to improve the standardisation of the assessment. This will also include addressing any discrepancies in the interpretation of the role of an examiner and what the role entails. The school are planning to develop videos to demonstrate expected interaction and questioning techniques and the standard required. As the school has well-developed plans in place to address this recommendation we are satisfied that this item can be closed.</p> <p>Theme 5 (R5.6)</p>	<p>Closed</p>

Findings

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

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

Theme 1: Learning environment and culture

Standards

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

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

Raising concerns (R1.1); Dealing with concerns (R1.2); Learning from mistakes (R1.3)

- 1 The previous two GMC reports on PU PSMD identified the school's culture around raising concerns, dealing with and learning from mistakes as areas of good practice. Over the years we have found that raising concern processes are embedded throughout the course and there are robust procedures therefore allowing students to raise concerns without fear of adverse consequences. The school has a comprehensive raising concerns policy outlining their approach and many of the different teams we met with over the course of the two days referenced the policy. Moreover, nearly all of the year five students that we met with told us they know how to raise concerns and feel confident to do so.
- 2 The supervisors that we met with from Plymouth Hospitals NHS Trust (Derriford) and Torbay and South Devon NHS Foundation Trust (Torbay) confirmed there are channels of communication between placement providers and the school for dealing with concerns raised by PU PSMD students. The school corroborated that they receive details of concerns raised by PU PSMD students and the subsequent investigation which took place at the sites involved.

Seeking and responding to feedback (R1.5)

- 3 Previous visits have identified the school's responsiveness to feedback from learners and educators as areas of good practice. This year's quality assurance activity found similar findings in that the school continues to value feedback. Senior management at the school told us they feel the school's receptiveness to feedback is an area of strength for the school.

- 4 Seeking feedback is a central component in both the school's quality management framework and also to drive improvement in the PU PSMD programme. During our visit we heard several examples of how the school seeks student feedback, such as through the student perception questionnaire, providing feedback at the end of primary and secondary care placements and through the student staff liaison committee. We heard there is a lead at the school with specific responsibility for collating student feedback.
- 5 Most of the year five students that we met again confirmed the school is reactive to their feedback, they are encouraged to give feedback and that they feel listened to by the school.

Appropriate level of clinical supervision (R1.8)

- 6 No concerns were raised with regards to levels of clinical supervision during primary and secondary care placements. Year five students told us that they are assigned a supervisor at the start of a placement and as they are supernumerary to the team, there are ample learning opportunities and appropriate supervision. They added there are adequate levels of supervision when carrying out tasks such as prescribing.
- 7 Derriford supervisors told us they are able to provide appropriate levels of supervision for PU PSMD students. They told us they are reminded that supervision of PU PSMD students is part of their role and confirmed that students are supervised when prescribing. GP supervisors told us they are able to provide the levels of supervision that are conducive to patient safety and education and training.

Appropriate responsibilities for patient care (R1.9)

- 8 Year five students told us that their responsibilities for patient care are appropriate for their stage of learning. We heard that year five students have clinical sessions in which they are taught procedures. They are then expected to observe a particular procedure several times before they carry it out by themselves under supervision. They added they get the support they need when on placement and the culture is such that students are enabled to seek help when needed.
- 9 Students told us that on the whole their clinical supervisors are aware of their level of competence and that supervisors always check students are comfortable with what they are being asked to complete when working with patients.

Induction (R1.13)

- 10 Year five students have an induction week at the start of the year which acts as an induction to their clinical placements and makes them aware of what's expected. The induction covers key topics including, who to contact in the event of any concern, raising concerns and assessment information. They also have an induction by their supervisor at the beginning of each block. Students told us that at the start of each

block they complete a learning agreement with their supervisors which also acts as an induction to the block and highlights the learning opportunities available to students.

Multiprofessional teamwork and learning (R1.17)

- 11** The PU PSMD curriculum provides several opportunities for students to learn from professionals in a range of specialties as well as professions allied to medicine; and the school's strategy for embedding inter-professional learning clearly outlines the different opportunities available to students.
- 12** Those involved in the delivery of assistantships told us that students are encouraged to attend multidisciplinary team meetings to discuss the treatment of patients with professionals from a range of disciplines. Several year five students confirmed this and told us they have attended multidisciplinary team meetings. Other opportunities we heard about from both students and staff include simulation sessions with nurses and special study units that focus on students learning about the roles of colleagues in professions allied to medicine. Additionally, students confirmed they have had the opportunity to work with midwives, physiotherapists, physician associates, occupational therapists, osteopaths and health care assistants.

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

- 13** The school's year five simulation programme is based on that of PCMD's in which 22 clinical presentations are run under seven topics, all of which mimic the presentation of sick patients. Students have the opportunity to work with a multiprofessional team during some of these sessions. As the different scenarios have been running for some time, the school plan to make changes to the scenarios in order to improve student learning. Year five students confirmed they have access to simulation based learning and told us they have completed simulation sessions with nurses. Some added that the session helped them further understand the role of nurse in the clinical environment.

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)

14 We've confirmed in previous visits that the school has adequate and functional processes in place to manage and control the quality of education and training. Several teams work together to continuously improve the quality of education and training and these feed into the wider Plymouth University quality governance structure. Numerous meetings take place between the school and their placement providers to share information about quality control to identify risk and good practice and improve quality. The school demonstrates accountability for educational governance within the school and they recognise the importance of education being represented at board level in their providers.

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

15 The school takes into account and values the opinions of learners, educators, the public and employers. During our visit we heard examples of how lay representatives contribute to programme development. We were told the school invited laypersons with a variety of backgrounds from HEE SW's pool of laypersons to take part in several of the school's work streams, including quality visits. The school also involves real and simulated patients with assessment and teaching activities and student representatives are involved in working groups such as the assessment working group.

16 Additionally, as noted in R1.5, seeking feedback is a central component in both the school's quality management framework and also to drive improvement in the PU PSMD programme. Therefore, the school promotes a culture for learners and educators to submit their feedback and values their opinions.

Evaluating and reviewing curricula and assessment (R2.4)

17 The school has effective processes in place for regularly reviewing and evaluating their curriculum and assessment frameworks, education and training programmes

and placements which the visit team have explored in detail in previous visits. As outlined in previous visit reports there are several committees and working groups that consider the quality of the programme in relation to the standards outlined in *Promoting Excellence*.

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

- 18** Senior management told us that the school has established a number of new placements with providers in the region and these include innovative placements in the private healthcare sector. To date the school works with and has service level agreements (SLAs) which outline the level of service expected for PU PSMD medical students with the placement providers noted below:
- Derriford
 - Livewell South West
 - Nuffield Health Plymouth Hospital
 - Devon Partnership NHS Trust
 - Peninsula Treatment Centre
 - Torbay
- 19** During the visit we were told that representatives from the school's senior management team meet with representatives from each of the above sites on a regular basis to discuss and review the SLAs. Senior management added that the SLAs in place with each of the providers act as a quality management tool.
- 20** The SLAs specifically outline that trust board meetings are to include education as a standing item on the agenda. Senior management at the school told us that they have been assured that education is a standing item on the trust board agenda and education matters are appropriately sighted at Derriford. Additionally, we were told that the Dean attends Derriford's trust board meetings as an observer. However, we reviewed the minutes and agendas from board meetings at Derriford and the subject of education did not appear to be a specific standing agenda item and did not feature regularly in these meetings.
- 21** The 2016 Regional Review of the South West set a requirement for Derriford to clearly demonstrate accountability for educational governance at board level. However, we remain concerned there is still scope for improvement in how undergraduate education is considered at board level in Derriford and we have set a requirement for the school to work with the trust to address.

Requirement 1: We require the school to communicate with Plymouth Hospitals NHS Trust that undergraduate education must be consistently represented at board level through being a standing item on the agenda.

- 22** Since the presence of physician associates (PAs) in the NHS has been increasing, and the findings of the South West Regional Review, which highlighted the impact of wider workforce solutions on educational capacity, we have been exploring how the school ensures there is adequate capacity for their students in the providers they work with. During our 2016 visit we set a recommendation that the school should review its systems for monitoring the educational capacity of their providers to ensure effectiveness if new threats to clinical placements emerge.
- 23** Senior management told us that they closely monitor and review placement capacity and they have completed a detailed clinical capacity exercise to examine what education providers can safely deliver. Quality visits and frequent meetings with education providers are mechanisms which the school uses to monitor capacity. During our visit none of the students or staff we met reported issues with capacity, overcrowding or competition for learning. Therefore, we are satisfied this issue can be resolved as the school has developed adequate systems to ensure capacity in the providers they work with is closely monitored.

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

- 24** There are several committees and formal meetings in place to share information about the quality of education and training between the school and their placement providers. The school's senior management holds a joint liaison meeting with key representatives from Derriford in order to oversee the quality of teaching in the clinical environment. During our visit many of those that we met with spoke highly of the liaison board structure, noting that it is proactive in identifying potential issues and good practice. However, the liaison board structure is not in place for all of the education providers that the school works with. As this structure is a welcomed development by the visiting team, we have set a recommendation for the school to consider and address.

Recommendation 1: We recommend that the school extends the liaison board structure to all LEPs that provide education for PU PSMD students.

- 25** Senior management at the school told us about the liaison board meetings with key LEPs. Liaison board meetings are a forum for senior staff from the medical school and trust to address high level issues relating to placement provision by the trust, including patient safety concerns, curriculum delivery and service delivery changes. When we questioned the school's senior management about these meetings they confirmed that patient safety is not a standing item on the agendas of the liaison board meetings between the school and key LEPs. We therefore encourage the school to ensure that patient safety is a standing item on the agendas of these meetings in order to identify risk and improve quality.

Requirement 2: We require that the school ensures that patient safety should be a standing item on the agenda of the liaison boards with key LEPs.

Monitoring how resources are allocated and used (R2.10)

26 As discussed in more detail in R2.6, the school has SLAs in place which outline learning opportunities for students in addition to providers' expected responsibilities. Areas detailed in these contracts include funding, delivery of teaching and assessment and staff training. The school's quality visits explicitly examine providers' compliance with the SLAs to assure that educational resources are allocated appropriately in the placement providers they work with. We were also told that the school receives a financial plan from placement providers to monitor whether funding is allocated to educational resources.

Educators for medical students (R2.13)

27 We've identified in previous visits that students have academic tutors at the school to support their developments and progressions. When on placement students also have a clinical supervisor to support them with their learning and workload.

Managing concerns about a learner (R2.16)

28 As found in previous visits the school has systems in place to manage concerns about learners and seeks to identify concerns about learners at an early stage in order to implement the relevant support required. During our visit we heard that the school has improved their remediation processes by ensuring a further level of support. The academic review group meets regularly to consider performance and progress of all students. Students who staff have concerns about are referred to the remediation team. The remediation team to whom students are referred is comprised of academic staff who are also clinicians. There's also the learning support team who provide tailored support for moderately complex cases.

Sharing information of learners between organisations (R2.17)

29 The school has systems and processes in place for sharing information when year five students progress into foundation training. We were told that year five students will complete a form outlining medical conditions, need for additional support or conduct issues, which will be co-signed by the school before being sent to the relevant foundation school.

30 With regards to sharing information with education providers during the five years of the programme, students are encouraged to share information themselves with providers. Students with disabilities are assessed by disability services who share information with academic tutors, whilst occupational health and the conduct group oversee the process. Students are then issued with a student support document which outlines adjustments needed in the workplace which should be shared with

providers. Students are adequately supported to manage their condition in the workplace as they have regular meeting with their clinical skills tutor to ensure that practical measures are in place and that they are managing their condition well.

- 31** As students progress through the programme, information is shared between academic tutors. Every academic tutor completes an academic tutor handover form for the next academic tutor to indicate if students have had any issues during the year and if the student has made every effort to remediate.

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

- 32** Our previous two visits have highlighted areas of good practice pertaining to academic and pastoral support. This year's QA cycle identified similar findings in that the support provided to students from the professional support team is excellent and the school's academic and pastoral support is outstanding.
- 33** The school hosts a structured system of continuous academic support which is responsive to both academic and pastoral concerns. Academic tutors support the educational development of the students they work with by discussing academic progress, results from professional judgements and they provide first level remediation when needed. The learning support team is comprised of more experienced academic tutors that step in when full remediation team intervention is not required. The remediation team provide specialist levels of enhanced remediation to students, such as motivational interviewing, cognitive behavioural therapy and coaching. The academic review group considers in depth the students where there may be concerns over progression.
- 34** The student support team told us that feedback from the student perception questionnaire about the school's academic and pastoral support is closely monitored and has been overwhelmingly positive. In addition, the school also has a number of software platforms to support the academic development of their students. (For further information on the technology enhanced support available to students please see R3.13).
- 35** We've heard repeatedly over the years from students that they value the academic, pastoral and personal support that the school provides. During our visit year five students told us the medical school has a strong culture of caring for their students and the community feel was praised. The international students we met told us they feel supported and all of the students we met would recommend their medical school. We've therefore identified the school's multifaceted approach to academic and pastoral support as areas of good practice.

Good practice 1: The school's academic support is outstanding including the technology enhanced learning support for students, the approach to remediation and the continuous academic support.

Good practice 2: We found pastoral support to be universally commended by all of those we met. The school's multi-faceted approach to pastoral support is both robust and operational in supporting the health and wellbeing of PU PSMD students.

- 36** The school is continuing their arrangement with HEE SW to provide career guidance for students. This includes: career guidance interviews, specialty careers events, careers fair, career planning sessions and CV workshops. Additionally, the school also offers a range of careers advice, both medical and non-medical which students can access. The careers team told us that careers support is available across the five years of the course and confirmed the number of students that utilised the PSU during the last academic year.
- 37** We were also impressed with the wide range of services the professional support team provides to effectively coordinate and administer the course. Students and staff praised the team for being approachable, responsive and sorting out problems in a timely manner. When students told us about coordination and administrative glitches, it was followed by how quickly they were responded to and resolved by the team. Additionally, students told us they value the community feel and many noted how they are known by name to the professional support team. We have therefore identified this as an area that is working well.

Good Practice 3: We are impressed with the wide range of services the professional support team provide. We found they are problem solving, solution seeking and they are the corner stone of the school's success.

Undermining and bullying (R3.3)

- 38** We've found in previous visits that the school has a bullying and harassment policy which outlines formalised procedures for reporting concerns as well as the support available to those that have experienced undermining or bullying. The majority of the year five students that we met with did not have any concerns about bullying or undermining behaviours and students told us that such untoward behaviours can be raised or discussed in small group sessions.

Information on reasonable adjustments (R3.4)

- 39** We've confirmed in previous visits that the school has adequate processes in place for considering and making reasonable adjustments for students that require them. Over the course of our quality assurance activity, we've heard several examples from both students and staff of reasonable adjustments made for students in either the workplace or for assessment purposes.
- 40** The quality management team told us that several teams work together to ensure students have access to reasonable adjustments. The school's network of academic tutors are able to ensure that students have appropriate access to information on

reasonable adjustments and the health and conduct team meet to review and oversee the educational and pastoral support for students that require them.

Supporting transition (R3.5)

- 41** Over the years there have been a number of students that have changed from the PCMD's curriculum to the PU PSMD curriculum through needing to repeat a year. Our quality assurance activity has explored if the school has adequate support mechanisms in place to support students through curriculum transitions and integrating into the curriculum after intercalating.
- 42** During our visit the school told us that there is a support package available for PCMD students repeating a year in the PU PSMD curriculum. Students that have intercalated or changed from the PCMD curriculum into the PU PSMD curriculum told us that their transition was seamless and they were fully supported throughout the transition.

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

- 43** We've confirmed in previous visits that students receive timely and accurate information about their curriculum, assessments and clinical placements. During our recent visit, students told us that they continue to receive adequate information and added that they have an induction at the start of the year that outlines the assessments they will undertake during the academic year. Students told us they are given a handbook outlining all of the work based placed assessments that they need to get signed off.

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

- 44** We've found that the school has appropriate support mechanisms in place for students when studying outside of the medical school. We were told that the elective programme is overseen by the Elective Lead. Students plan their own elective and submit a proposal which includes a risk assessment. The student support team added that the risk assessment is comprehensive as students complete a personalised risk response which incorporates several factors such as potential geographical and social risks. Elective advisors support students individually with planning and are available for advice and support when students are on their electives. The school told us that an emergency phone is manned around the clock and students are advised to call if they have an emergency, and students that have completed their electives corroborated this.

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

- 45** Previous visits have explored the feedback students receive on their performance and have found that students receive enough feedback to support their development. During our recent visit, year five students told us they receive regular feedback on

their performance and development, and added they also receive frequent informal feedback.

- 46** We also observed a demonstration of the software that the school uses to record and deliver student assessment and progression data. ATLAS software holds a complete record of all students' academic performance on the AMK progress tests. We were shown how the exam topics are broken down in the software, meaning that students can search for topics to see if there is scope for development in a particular area. The school uses Pebble Pad software for bi-annual portfolio assessments which also allows students to create a learning space to take control of their own development such as setting and reviewing their own objectives. Finally, the school also utilises a bespoke assessment database (ADB), which holds all assessment data except the AMK, extenuating circumstances and authorised absences. Both students and academic tutors have access to this software and users are able to filter student exam results as necessary.
- 47** During our visit we were told that while the school currently utilises a number of different software platforms (ATLAS, Pebblepad and ADB), they are looking into integrating the software platforms in order to streamline student information into a single interactive platform. Overall, the visiting team were impressed with the comprehensive and easily accessible recording of assessment data which is outlined in Good Practice 1 (R3.2).

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)

- 48** It's evident that the school encourages the professional development of their educators. Academic staff members have completed a postgraduate certificate in academic practice as required by the university. A number of staff members hold a variety of qualifications recognised by the Higher Education Academy and a number of clinical tutors have completed a postgraduate certificate in clinical education.
- 49** As highlighted in a previous report, academic staff undergo semi-annual performance development reviews. The school also utilises a joint appraisal for senior clinical teachers with the NHS and the school. Supervisors that we met from Derriford confirmed the system of joint appraisal with the NHS and the school.
- 50** As year five students will be in Torbay from 2018 and years three & four from 2020, we were told that a recruitment of educators is underway and that adequate training for educators has been considered and factored in.

Time in job plans (R4.2)

- 51** Those involved in the delivery of placements at Torbay told us that the trust are in the progress of completing a job planning review to ensure that educators have adequate time in their job plans for clinical duties. Clinical supervisors at Derriford told us that ensuring job plans reflect educational responsibilities is a work in progress across the trust, but those we met with added they feel their job plans are reflective of their commitments and workload.

Working with other educators (R4.5)

- 52** We heard from GP educators that they liaise with other GP educators in the region from different practices to share best practice and ensure a consistent approach to education and training. We heard that the GP training days at the school and the clinical teacher days are the perfect forum for sharing best practice to ensure consistency in education delivery.

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)

53 Over the course of our quality assurance activity we have explored the school's curriculum and if it will enable students to meet the GMC outcomes for graduates. The school has mapped their curriculum to the outcomes for graduates and submitted extensive documentation to support this. Therefore the visit team are assured that PU PSMD students will meet the GMC required outcomes required for graduates.

Informing curricular development (R5.2)

54 The school successfully involves a range of stakeholders from students through to lay representatives to enhance and develop the programme and the curriculum. The BMBS Programme Committee is responsible for the quality enhancement of teaching, learning and assessment. The committee does this through activities such as: addressing matters raised by students, working with students to enhance the programme and working with external examiners to improve assessment practice.

55 Additionally, senior management told us they work with both providers and service users to input into aspects of curriculum development and delivery. The curriculum team told us that there is a constant process of evolution when it comes to the curriculum and noted several examples of changes to the curriculum as a result of feedback. We have therefore identified this as an area that is working well within the school.

Area working well 1: The school's approach to curriculum development is evidence based, innovative and appropriately responsive to student feedback.

Undergraduate curricular design (R5.3)

56 Throughout our quality assurance activity we've explored in detail if the school's curriculum meets the requirements outlined in *Promoting Excellence*, and concluded that the curriculum exposes students to a wide range of clinical and academic experiences. All of the year five students that we met told us that they would recommend their school to a friend and that the course has prepared them for life as a foundation doctor.

- 57** During the visit we explored the delivery of the year five assistantships in detail. Year five is organised into five clinical blocks and each block is six weeks in length. The sixth week of each block is the student assistantship week and during this week students act up to the role of a foundation doctor. Students closely shadow the foundation doctor(s) in the clinical area and gradually increase their duties so that by the final week of the block they are taking on the role of the foundation doctor. We were told that the finer details of the graded progression outlined above are discussed during the learning planning agreement meeting at the start of the block and students told us they find the learning planning agreement meetings useful.
- 58** Year five students told us that during their assistantship week they have adequate learning opportunities with responsibilities appropriate for stage of learning and opportunities to work as part of a multi-professional team when taking on more responsibility. Overall, we found that the assistantships are well planned, organised and administered.
- 59** The school's senior management team told us that students undertake a variety of placements outside of the assistantships that provide opportunities to gain out of hours experience, and added that students are encouraged to complete out of hours activity during their assistantships but it's not mandatory. Several of the year five students that we met told us they have completed out of hours activity and others noted that they would complete it in subsequent rotations. All were aware that it's available and the routes to take to volunteer for out of hours work. Students were in favour of making out of hours shifts mandatory and added that this would prompt them to complete out of hours work. Therefore, in keeping with *Promoting Excellence* we have set a requirement for the school makes out of hours experience in secondary care mandatory in year five.

Requirement 3: We require that out of hours experience in secondary care be made mandatory in year five.

Undergraduate programmes and clinical placements (R5.4)

- 60** The BMBS programme and clinical placements ensures that the GMC learning outcomes required for graduates are met, students are appropriately inducted to the curriculum and clinical placements, students have access to simulated learning activities as well as opportunities to work as part of a multi-professional team.
- 61** During our visit year five students told us that they enjoy the wide exposure to clinical experiences that the course offers and the early exposure to clinical skills. They told us that simulation opportunities are embedded throughout the course and that they enjoy the longer blocks/placements in year five as it enables them to feel part of the multi-professional team. The curriculum team added to this and detailed the wide range of clinical placements available to PU PSMD students.

Fair, reliable and valid assessments (R5.6)

- 62** The school had two open recommendations in relation to this *Promoting Excellence* standard. During our June 2017 virtual visit we recommended that the school should explore students' understanding of the marking process for the special study units (SSUs). When asked how this has been addressed, senior management told us that a benchmarking exercise in the formative SSU in year one was introduced two years ago and is working well. We were also told by the assessment team that a session was delivered to all year one students to address understanding of the marking process, and that an FAQ section on the Digital learning Environment has been developed on the topic. Additionally, we were told that students are educated about how assessors are trained and undertake a benchmarking exercise themselves.
- 63** The school added that the latest student perception questionnaire results show that the majority of students that responded to the questionnaire are satisfied with the SSU assessment process. However, the school told us that they will continue to work with students to educate them about the marking process for the SSUs. As the school has implemented several changes to and will continue to work to educate students on the validity of the benchmarking process we are satisfied this item can be closed.
- 64** Our June 2017 ISCE observation recommended that the school should explore inconsistencies in examiner performance during the ISCEs. In response to this, the school told us that they are planning to enhance examiner training in order to improve the standardisation of the assessment. This will also include addressing any discrepancies in the interpretation of the role of an examiner and what the role entails. The assessment team also told us that the school are planning to develop videos to demonstrate example techniques for interaction and questioning during the stations and to benchmark the standard required by students. As the school has well developed plans in place to address this recommendation we are satisfied that this item can be closed.
- 65** We've concluded that the school takes adequate steps to ensure assessments are fair, reliable and valid and we have explored this in great detail over the course of our quality assurance activity. During our visit we explored the school's use of external examiners in ISCEs and the school told us that external examiner reports form a central part of the school's quality management of assessments. However, we would encourage the school to ensure that all clinical assessments are observed by external examiners for at least one of the days in each year.
- 66** The team explored the complexities of the standard setting process used for the final AMK progress test examination to ensure that the results are fit for purpose. Two separate procedures for setting a pass mark had been used. The school was concerned that the initial method of having FY1s sit the exam did not have enough data to be confident in the result. The Angoff data was therefore also used to generate a pass mark, as well as comparing the results to historical PCMD data. The visiting team are satisfied that the final pass mark set is justified and reasonable. The

school confirmed they are continuing to explore the possibility of simplifying the method of standard setting while ensuring the exam is fit for purpose.

Mapping assessments against curricula (R5.7)

- 67** Our 2016 visit to the school set a recommendation that the school should explore how it addresses student concerns about the progress tests which were raised by students in the early years of the programme course.
- 68** Senior management told us that since our last visit they are continuing to monitor and respond to student concerns about the progress test. We heard in our previous visit a number of improvements that had been implemented in 2017, such as: enhanced introduction sessions to year one students to outline what the progress test is, frequent questions and answer sessions, meetings after the progress test to address concerns and the school has worked with the student reps to obtain student feedback and consider improvements. In addition, the assessment team told us that the school releases 20 questions each year with a commentary to aid student personal development and highlight best practice when responding to questions in the progress test.
- 69** The curriculum team told us that following a progress test student performance is examined and observations are fed into the curriculum aiming to improve performance in the progress test. Senior management told us that the results of the student perception questionnaire show improved satisfaction with the tests.
- 70** The year five students that we met told us that the progress tests fall into place and begin to make more sense with progression through the course. We accept that there will always be a certain level of anxiety around any assessment and we are satisfied the school has done what they can to address students concerns over the progress test. During our visit the school told us they are continuing to explore student anxieties in order to inform interventions and innovations to enhance student experience of the progress test. As the school has made many attempts to address this, and is continuing work to address this matter, this item can be closed.

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16th April 2018

Dear Emily

Visit Report on Plymouth University Peninsula Schools of Medicine and Dentistry 2017/18

Thank you once again for such a positive and complimentary report. We are delighted that the GMC has now approved the programme, and we are looking forward to graduating our first cohort of new doctors in the summer.

The process of developing and enhancing the programme will continue over the years ahead as we adapt to the changing healthcare environment and to increased student numbers.

Requirements

1. We have met with Plymouth Hospitals NHS Trust (PHNT) to discuss the requirement to include undergraduate education as a standing item on their board agenda, and there has been an agreement that this will now be discussed on a consistent basis by the Trust board.
2. Patient safety has been added as a standing item on the agenda of the existing PHNT/Peninsula Medical School joint board, and will be included on the joint boards with our new providers in due course.
3. Existing students undertake a variety of placements that provide opportunities to gain out of hours experience. However, the School agrees that it would be beneficial to ensure that all final year students undertake mandatory out of hours secondary care placements, and are putting the appropriate arrangements in place. PHNT has agreed that final year students will have out of hours on call experience in the trust, and the School and Trust will work collaboratively to ensure students have adequate supervision during the experience.

Recommendation

1. The School has developed close working relationships and regular liaison with all existing providers, and this will be extended to all new partners. We have planned

with South Devon Healthcare Trust to start regular liaison boards from 2018, and the same structure will be in place for new providers in due course.

Finally, we would like to extend our sincere thanks to yourself and the entire visit team for your encouragement, the very constructive support and the individual expertise over the period of the inspection process. This has been an exceedingly valuable process, which has helped us to develop an outstanding programme, in which you have identified many examples of good practice.

With very best wishes

A handwritten signature in cursive script that reads "Robert Sneyd". The ink is dark and the signature is centered on the page.

Professor J Robert Sneyd
Dean