

## Visit Report on St. Andrews School of Medicine

This visit is part of our national review of undergraduate and postgraduate medical education and training in Scotland.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#). This visit is part of a national review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>

<b>Education provider</b>	St. Andrews School of Medicine.
<b>Sites visited</b>	The University of St. Andrews.
<b>Programmes</b>	BSc (Hons) Medicine.
<b>Date of visit</b>	7 November 2017.
<b>Were any serious concerns identified?</b>	No serious concerns were identified on this visit.

### 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	1, 5 (R1.17, 5.4)	The opportunities for multiprofessional and interprofessional learning.
2	1 (R1.19)	GALEN is valued by the students as an interactive educational tool.

3	1, 5 (R1.20, 5.4)	The opportunities for technology enhanced and simulation based learning, and the medical demonstrator role.
4	2 (R2.3)	Student involvement in the governance of the programme, and in quality improvement.
5	3 (R3.1)	Students and staff reported a very supportive, approachable and accessible organisation and culture.

## 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	2 (R2.5)	The school must review their collection and use of equality and diversity data to cover all protected characteristics.

## 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	1 (R1.1)	The school should ensure that students are aware of the reporting concerns process during clinical placements.
2	2 (R2.3)	The school should enhance the opportunities for patient and public involvement in the

		programme.
3	2 (R2.6)	The school should continue to monitor the capacity available for students and the amount of patient contact on clinical placements at LEPs.

## 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
<p><b>S1.1</b> <i>The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</i></p>
<p><b>S1.2</b> <i>The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.</i></p>

#### *Raising concerns (R1.1)*

#### **Recommendation 1: The school should make sure that students are aware of the reporting concerns process during clinical placements.**

- 1 We heard from students at our visit of the various ways that they're able to raise concerns at the school. Students are able to raise concerns anonymously through a post box located within the school, via their tutor. Some would approach the Pro Dean, who has responsibility for a range of teaching and learning matters, directly if they felt the issue was a significant concern.
- 2 If a learner has a concern in a clinical environment, they are advised to contact their clinical tutor or the nurse in charge immediately, and also to report this to the clinical programme lead as soon as possible. In a clinical environment, the concern would then be followed up using NHS Fife's raising concerns policy, which would include a significant adverse event review.
- 3 We received mixed responses from students when we asked if they knew how to raise a concern on placement. Students were generally aware that there was a

section in their handbooks on raising concerns, but they hadn't had a discussion about it. Students are sent an email to provide feedback following each placement, which is another platform to raise a concern.

#### *Dealing with concerns (R1.2)*

- 4** We heard from both students and staff on our visit of examples where the school has investigated and taken appropriate action locally to make sure any concerns raised are properly dealt with. This was supported by evidence submitted before our visit, including the school's annual return to the GMC, which describes a new series of fortnightly meetings with the student president designed to allow the school to find out about concerns as soon as possible.

#### *Duty of candour (R1.4)*

- 5** The duty of candour is built into teaching across the three years of the programme. Students are signposted to GMC guidance on the topic, have a guided study on making mistakes and have to complete reflection on a significant event. These guided tutorials involve considering adverse events and anonymised incidents that have been reported in Fife. Each scenario is talked through with the students, demonstrating how it's changed practice within the area.

#### *Seeking and responding to feedback (R1.5)*

- 6** The school demonstrates a culture that both seeks and responds to feedback from learners and educators. We heard, for example, of the school introducing multiprofessional education at one site based on feedback from students requesting more experience with a broad range of professionals.
- 7** The students we spoke with on our visit told us of the multiple ways they are able to provide feedback about their education to the school. These include an anonymous feedback box, through their course representative, via an online clinical feedback form or by emailing a lecturer. This supported the results of our pre-visit survey where most medical students agreed that the school is good at responding to feedback. The comments we received in the survey were overwhelmingly positive and included tangible examples of how the school had improved their delivery and content of education, in a timely manner, based on student feedback.

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

- 8** Students attend a number of one day clinical placements throughout their three years. Placements are selected and will only be approved if they adhere to strict student to supervisor ratios. In years one and two, four students will be supervised by one clinical supervisor. In year three, this increases to eight students. These are one day placements, and the supervisor can be from within the school.

- 9 We heard from students that they always have a member of staff with them from the school whilst on placement, as well as a clinical supervisor. Students told us that they feel the supervisors on placement are aware of the learning outcomes, and we heard no concerns around being asked to work beyond their competence. Students told us they would have liked to do more whilst on placement, and wanted for more clinical exposure.
- 10 There is evidence that students are never asked to carry out a clinical procedure on placement without appropriate instruction or supervision, as supported by the students we spoke to on our visit, the pre-visit survey, and in the student and tutor placement handbook documentation.

#### *Identifying learners at different stages (R1.10)*

- 11 Students are expected to wear their school name badge, which clearly states their name and which year they are in whilst on placement. This enables staff on placement to identify learners at different stages of their education and training, so that learners are not expected to work beyond their competence.

#### *Induction (R1.13)*

- 12 Students receive induction lectures from the school at the beginning of each year, and they receive student handbooks via the online system Galen with detailed information on the programme and curriculum for the academic year.
- 13 Before attending placement, students confirmed that the school provides documentation which outlines the learning outcomes, key contacts, how to prepare and how to behave and speak to patients. The students are usually given a presentation when they first arrive on placement.

#### *Multiprofessional teamwork and learning (R1.17)*

### **Area working well 1: The opportunities for multiprofessional and inter-professional learning.**

- 14 The school provides opportunities for multiprofessional and inter-professional learning. All medical students have the opportunity to work together with the pharmacy students and nursing students as a team in a ward simulation practice. There is a specific inter-professional learning placement available for third year students on the renal ward at the Victoria Hospital in Fife, although it was noted that as this was only available for those students allocated this placement, not everyone has the chance to complete it. Our pre-visit student survey noted that 70% of students that responded rated the provision of opportunities to work and learn with other health and social care professionals and students as 'good' or 'very good'.

*Capacity, resources and facilities (R1.19)*

**Area working well 2: GALEN which is valued by the students as an interactive educational tool.**

- 15 The school uses a bespoke IT platform, Galen, and this was valued by those we met with on our visit. Galen supports the spiral curriculum, allowing for each lecture to be linked to the relevant learning outcome, and each module to be linked to the relevant strand of the curriculum.
- 16 Students particularly liked the feature that allows them to add their own data to a lecture pages, and the video echo facility. We also heard that students retain access to Galen after they have graduated from St. Andrews and move to partner medical schools, allowing students to revisit information as required. In our pre-visit survey almost all respondents rated the school's IT systems as 'very good' or 'good'.
- 17 Students also valued the opportunity to work on cadavers and perform a full body dissection across their three years at school. Students did suggest they would benefit from more space to study, particularly in the medical school library, and with access to clinical skills rooms around exam time.

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

**Area working well 3: The opportunities for technology enhanced and simulation based learning, and the medical demonstrator role.**

- 18 The school offers technology enhanced and simulation based learning opportunities to medical students. The academic educators we met with were very positive about the facilities available for staff and students, for example the clinical skills suite which is equipped with video capture, the science lab, and the interview rooms used for clinical communication teaching which can be observed by video.
- 19 The students we met with appreciate the lectures, videos and resources available online. The observed structured clinical exams (OSCEs) take place in the clinical skills suite, and are video recorded, allowing for the recorded video to be used as both a learning tool for students and in their assessment feedback.
- 20 We also heard from those we met with the value of the medical demonstrator role. The medical demonstrators assist in the teaching of anatomy and clinical skills, and students nearly always have access to a demonstrator.

## 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.*

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

### **Area working well 4: Student involvement in the governance of the programme, and in quality improvement.**

- 21** On our visit, we heard examples of student involvement in local process, helping to ensure that the student voice is heard. Students elect class representatives, who are responsible for representing the medical students within a year group on academic matters such as the curriculum, learning resources, and assessment and feedback. Students also elect a student president, who is responsible for representing all students on academic issues within the school. These representatives sit on the staff student consultative committees. Students told us that this system is a useful way to feedback on issues across the school.
- 22** The school utilises students in quality improvement activity and lead on projects. Projects have included diversifying the simulated patient bank, developing materials to help students transition to University, a review of formative assessments, and a review of lecture capture techniques and how students use them.

### **Recommendation 2: The school should enhance the opportunities for patient and public involvement in the programme.**

- 23** The school has a volunteer bank of patients that are used to give feedback to students, but does not currently have a system for patient and public involvement in the programme. We would like to see the school identify and utilise a diverse range of patients to feed into the current curriculum review process.

*Evaluating and reviewing curricula and assessment (R2.4)*

- 24** The programme is currently undergoing a complete review, which is expected to take a year.
- 25** St. Andrews graduates move to one of five partner schools, and we heard that the School works with partner schools to align with the curricula taught at each of these

schools so as to support transition. The school holds standing liaison meetings with partner schools, in which they review any changes made to their respective curricula to align their curricula, with a formal reporting process implemented recently. As part of this process, the partner schools have been granted access to a condensed version of Galen to review the content of teaching. There is also a more ad hoc arrangement with schools where students have an intense week of catch up of gaps that have been highlighted when they begin at their partner school.

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

**Requirement 1: The school must review their collection and use of equality and diversity data to cover all protected characteristics**

- 26** The school currently analyses results according to gender, which is reported to the school management group and the teaching committee as part of the university review. We heard that the school is beginning to look at the results according to other characteristics and we encourage them to continue with this.

*Systems and processes to monitor quality on placements (R2.6); Appropriate capacity for clinical supervision (R1.7)*

**Recommendation 3: The school should continue to monitor the capacity available for students and the amount of patient contact on clinical placements at LEPs.**

- 27** In our pre-visit student survey, satisfaction with the range and quantity of clinical placements did not rate so highly with the respondents.
- 28** The school holds an annual review of clinical placements with each LEP, during which they review the student numbers on each placement and review feedback from students. However, we heard in from students of some experiences of little to no patient contact, or of little work to undertake whilst on placement.
- 29** Students told us that in the year two, they go to GP practices and community hospitals. We were told that community hospitals can be very quiet in the afternoons and therefore they did not feel they were also gaining as much patient contact as they would like from a placement.

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

- 30** The school shares and reports information about quality management and quality control of education and training with other bodies that have educational governance responsibilities.

- 31** The school also collects information about the quality of all ACT funded placements. This feedback is then submitted to the deanery, who produce a status report from information collated on all placements across Scotland from the five medical schools.

*Collecting, managing and sharing data with the GMC (R2.9)*

- 32** As part of the GMC quality assurance process, St. Andrews, along with all UK medical schools provide us with an annual return. This fed into our action planning, along with extensive documentation submitted before our visit to the school. The school have collected, managed and shared all necessary data and reports to GMC requirements.

*Managing concerns about a learner (R2.16)*

- 33** The school has systems in place to identify, support and manage concerns about a learner. We heard of a yellow card system for monitoring professionalism, where students have to meet a number of expectations such as being on time, dressed appropriately, and participating in sessions. If these expectations are not met, students are awarded a yellow card which is recorded in Galen. Yellow cards can be given by staff or a clinical skills technician, and an email is sent to the student's personal tutor. If a student receives three yellow cards in a semester, an interview is arranged with the student; there is a low threshold for referral in order to enable early identification of students in potential difficulty.
- 34** Other concerns about learners are identified in a variety of ways including: attendance, poor academic attainment and concerns raised by staff. Students identified as having a low level health, welfare, professionalism or academic concern will receive advice and additional support. These concerns may be referred to the academic misconduct officer, the academic progress committee or the professionalism and welfare committee. Any significant concerns are investigated, if appropriate, and referred to either the faculty fitness to practice committee or the cross-faculty executive committee which can result in a number of outcomes, including further support for the student or withdrawal from the course.

*Sharing information of learners between organisations (R2.17)*

- 35** The school has a working process for sharing information between relevant organisations, in particular the partner medical schools, whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training. The school has a structured series of meetings with the Scottish medical schools, where information is shared on a variety of topics including flow of students, student support and any fitness to practice information.
- 36** The school also has individual relationships with the Scottish partner schools, and the transfer of data is followed up with a phone call. The school has a separate long-

standing agreement with the University of Manchester, and a more recent written arrangement with Queen Mary University of London. Both include set times of the year for the schools to meet with each other. The school also receives information about their graduates once they have transitioned to the partner schools, and have found that there is minimal academic impact on the graduates in their new schools.

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

- 37** The school's process for the recruitment, selection and appointment of learners is open and transparent. To reach interview stage, students must meet the academic, work experience and UKCAT requirements of the school. The school will then interview approximately 400 students each year using the multiple mini interview technique. Students are interviewed by a broad range of staff from different backgrounds, including current and honorary medical staff, nursing staff and GPs. Actors are used as simulated patients for approximately a third of the stations. The school told us that they do not consider equality and diversity data when scoring applications in order to remain blind, and therefore unbiased.
- 38** The school must adhere to a target set by the Scottish government to recruit a number of students from a widening participation background. To recruit these students, the university is able to adjust the admission score required for the UKCAT only.
- 39** Educators are recruited in various ways, through a fair and transparent process.

### Theme 3: Supporting learners

Standard
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<b>S3.1</b> <i>Learners receive educational and pastoral support to be able to demonstrate what is expected in Good Medical Practice and achieve the learning outcomes required by their curriculum.</i>
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*Good Medical Practice and ethical concerns (R3.1)*

#### **Area working well 5: Students and staff reported a very supportive, approachable and accessible organisation and culture.**

- 40** The students and staff we spoke to at our visit reported a very supportive, approachable and accessible organisation and culture; respondents to our pre-visit survey rated the relationship between staff and students, and the level of staff engagement with students, highly.
- 41** St. Andrews is not a primary medical qualification (PMQ) issuing body; instead students graduate with a BSc Honours degree in Medicine. This degree counts towards two years of a PMQ, allowing for St. Andrews' graduates to then transfer into year three at one of six partner schools; The Universities of Aberdeen; Dundee; Glasgow; Edinburgh; Manchester; and Queen Mary University of London.
- 42** Students then complete a further three clinical years to achieve a UK primary medical qualification. We asked St. Andrews graduates studying in these partner schools to complete a survey before our visit, and we met with them on our visits to partner schools in Scotland. Graduates were overwhelmingly positive when reflecting on their time at St. Andrews. They cited the approachability of staff and the small size of the school as contributing to feeling valued as a St. Andrews student.

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

- 43** Responses from students across all years regarding educational and pastoral support were mixed in our pre-visit student survey. Each student at the school is assigned a personal tutor, though the students we met with reported a variance in the accessibility of tutors, level of support and number of meetings offered. The seven medical demonstrators, qualified doctors that are often at the beginning of their training, are also given personal tutor training as they are viewed as near peers to the students.
- 44** Documentation submitted prior to our visit provided evidence of support structures available to students, within both the school and the central university. Students have access to a number of staff members with a health, welfare and professionalism role within the school, and also have a peer assisted learning scheme (PALS) where students are joined up with mentor/mentee within the school. Students reported that they felt the school matched them together well, after completing a survey to help

with this. Mentors are trained, and together they review the mentee's OSCE session and anatomy clinical skills.

- 45** In our pre-visit student survey, we received requests from students for more information about career pathways within the school and within the central university's career centre.

#### *Undermining and bullying (R3.3)*

- 46** Both at our visit and in reviewing pre-visit documentation, we saw evidence of a supportive learning environment. The students we spoke to were not aware of a formal process for reporting bullying and undermining, but all students felt like they could approach a member of staff they felt comfortable with, in person or via email if they experienced this behaviour on placement. In our student support meeting, we heard that personal tutors are trained once per semester. Part of this training focuses on scenario-based content, with bullying and harassment led jointly by the ProDean and student services team.
- 47** We heard of an example where a learner had been subjected to behaviour that undermined their professional confidence, performance or self-esteem. The student felt able to raise this within their clinical placement, which was then followed up through the appropriate routes. We heard how the school and the placement had employed robust support mechanisms for the learner.

#### *Information on reasonable adjustments (R3.4)*

- 48** The school has a policy on reasonable adjustments in the workplace and has made reasonable adjustments for specific learning disabilities, such as providing funding for stethoscopes for hearing impairments, and also for mobility impairments. Reasonable adjustments are managed by the central university's disability team. When students transfer to their partner school, the student must agree to their information being shared with the respective disability team, but the adjustment doesn't need to be renegotiated.

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

- 49** Learners receive timely and accurate information about their curriculum, assessment and clinical placements. In our pre-visit student survey, 95% of respondents rated the organisation and administration of the school as 'good' or 'very good'. Students with experience of placements in Victoria Hospital told us that they attend placement three times per semester, group transportation is arranged for placements that are located further away from the school, and are greeted on arrival. Placement information is posted on Galen, the school's IT system. Students are given a list of placement dates and also a placement handbook at the start of each semester with information on each hospital, what to expect and how to prepare. The handbook

includes the related learning outcomes, and students told us they feel it prepares them well for placement.

- 50** The majority of students across all years also agreed or strongly agreed that they receive accurate guidance in good time about the format of their assessments in our pre-visit student survey.

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

- 51** In our pre-visit student survey, the subject of feedback did not rate so highly with respondents, particularly when we asked about receiving constructive feedback on assessments. Students with experience of placements at Victoria Hospital stated that the feedback they receive from placement is on a presentation they deliver on a case study, not on a clinical skill or history taking, for example. Our interview with students across all years told us that whilst the feedback on Galen tells them how well they perform on each strand of the curriculum, they found this less useful as the results are not proportional to the amount of questions in the assessment. Students did say that there is general feedback on lectures post assessment, when students are able to see the questions where students generally performed well on and those that were deemed to be the lower scoring questions.
- 52** We heard that there are currently systems and processes for feedback from educators and placement tutors, and would encourage the school to look at the ways in which students can receive feedback from other health and social care professionals and, where possible, patients, families and carers.

*Support for learners in difficulties (R3.14), Meeting the required learning outcomes (R3.15)*

- 53** The school acknowledges that in many cases health, welfare, professionalism and academic progress are linked or overlap. The school has a robust system to make sure that learners do not progress if they fail to meet the required learning outcomes, but also has systems that will allow those students identified as having a low level health, welfare, professionalism or academic concerns to receive advice and additional support.

## 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)*

- 54** Educators are recruited through a standardised formal recruitment process. The academic educators we spoke to on our visit were positive about the thorough inductions they received at the beginning of their jobs. As all lectures are video captured, this is used as a tool for newer staff to review teachings of experienced lecturers.
- 55** Educators have access to professional development and training for their role and are part of the university's review and development scheme. All staff at the University must complete an annual review to identify and discuss progress against set objectives, and agree any training or development needs. At our visit, educators confirmed they can take up any of the in-house training offered in areas such as effective lecturing, clinical and communication skills training, or utilise a training fund from the school to take up external opportunities.

#### *Accessible resources for educators (R4.3)*

- 56** Educators currently have access to the appropriately funded resources they need to meet the requirements of the training programme or curriculum. Educators we spoke to were overwhelmingly positive about the resources, facilities and the technology available to use at the school.

#### *Educators' concerns or difficulties (R4.4)*

- 57** The educators we spoke to on our visit felt supported by the school, and able to raise concerns about any difficulties they face. Educators are able to access school policies via Galen, accessible via computers and smart phones, which link to GMC guidance. Educators were very positive about their experience at the school, and the ability for development.

## 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)*

- 58** St. Andrews is not approved to award a UK primary medical qualification, instead graduates of St. Andrews transfer to a partner medical school to complete their primary medical qualification, which is awarded by the partner school.
- 59** St. Andrews has planned the curriculum to show how students can meet the outcomes for graduates across the whole programme. Students and staff told us on our visit that the IT system, Galen, links each lecture and module to the relevant GMC standard.

### *Undergraduate curricular design (R5.3)*

- 60** The school acknowledge that, demographically, it can be challenging to give medical students exposure to patients from diverse social, cultural and ethnic backgrounds, with a range of illnesses or conditions and with protected characteristics. The school are working to improve this, and have recently introduced a placement in an NHS Fife addiction clinic to diversify experience, and also recently employed two student interns over the summer break that were tasked with diversifying the patient bank.
- 61** In the pre-visit student survey, the school's learning opportunities that integrate basic and clinical science, and the opportunity to choose areas they are interested in studying didn't rate as positively, with the range and quantity of clinical placements, the range of research opportunities and the student's ability to explore areas of interest performing less well. There are over 50 different supervisors for dissertations in year three, providing a wide choice of subjects. Students are matched with their supervisor based on student choice combined with their academic ranking.
- 62** The learning opportunities for students to develop generic professional capabilities – was rated very highly in our pre-visit student survey, with 97% of responders stating that learning about professional standards is 'good' or 'very good'. Professionalism is taught throughout the three years with guided studies, lectures and workshops. There is also a focus on professionalism in the placement induction and student placement guides. Students sign a professionalism contract each year, and are assessed through various ways including the yellow card system, through a reflective log whilst out on placement, and with a semi structured mini interview portfolio review.

#### *Undergraduate clinical placements (R5.4)*

**63** In our pre-visit student survey, we asked students what, if anything, could be done to improve the course coverage and content. In our responses, we received many requests for more clinical and practical content, although students did acknowledge that shorter placements are the nature of the Honours degree course, and for better links between the theory and practical elements. Students attend day long placements, often in groups, which does have limitations in offering students the opportunity to become members of the multidisciplinary team. At our visit, students told us that they appreciated early contact with patients, and enjoyed the newly introduced year one placements which look at the broader provision of healthcare, including addiction rehab.

#### *Fair, reliable and valid assessments (R5.6)*

**64** The school assesses students each semester in the form of multiple choice questions, short written answer questions, anatomy practical exams, and OSCEs. Formative assessment is embedded into each module. Year one students have a formative test each week online. In years two and three the frequency of these tests decreases and students write their own questions for each other. In year three students must complete a dissertation alongside their clinical skills in semester two in order to progress.

**65** The process for writing and reviewing exam questions that sets out to make the assessments as fair, reliable and valid as possible. A review of mean performance, scrutiny of poorer performing questions, external examiners comments and student feedback will inform each cycle of assessment. We heard that any change in format of exam would be discussed at the assessment team level, supported by documentation received before our visit.

#### *Mapping assessments against curricula (R5.7)*

**66** The school's assessments are mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway. Students generally agreed that the topics covered in their assessments reflected what was covered in the course.

<b>Team leader</b>	Professor Jacky Hayden
<b>Visitors</b>	Dr Simon Plint Daron Aslanyan Dr Steve Jones Julie Browne
<b>GMC staff</b>	Robin Benstead, Principal Education QA Programme Manager Kate Bowden, Education Quality Analyst Lindsay Bradley, Education Quality Analyst
<b>Evidence base</b>	<ol style="list-style-type: none"> <li>1. Progression Policy</li> <li>2. School Progress Committee Agendas</li> <li>3. Student record proforma</li> <li>4. Students Support H W and P policy</li> <li>5. Academic progress policy</li> <li>6. Progression Policy</li> <li>7. Community Teaching Review Meeting</li> <li>8. Exam results data processing</li> <li>9. School and uni inclusion policy and adjustments</li> <li>10. Inclusion statement</li> <li>11. Developing professionalism</li> <li>12. Learning Log Student Formulary</li> <li>13. Patient safety</li> <li>14. Professionalism agreement</li> <li>15. Professionalism and standards</li> <li>16. Professionalism lectures</li> <li>17. Student ID badge plus</li> <li>18. students professionalism NHS-Dress-code</li> <li>19. year 1 placement, log, portfolio</li> <li>20. Student ID badge plus</li> <li>21. Professionalism agreement</li> <li>22. Students professionalism</li> <li>23. Student Placements Guide</li> <li>24. Tutor Placement Guides</li> <li>25. Student Placements Guide</li> <li>26. Tutor Placement Guides</li> <li>27. Student Placements Guides</li> <li>28. End of year community teaching review</li> <li>29. DR code of practice</li> <li>30. Safety cttee</li> <li>31. sharps-policy</li> <li>32. Infrastructure safety patient-safety(1)</li> <li>33. Regional Act Agendas</li> <li>34. Regional Act Agendas</li> <li>35. Clinical medicine timetable semester 1 &amp; 2</li> <li>36. Assessment policies</li> </ol>

37. Module Blueprint MD4001
38. Undergraduate Teaching Steering Gp notes
39. Undergraduate Steering group agendas
40. Assessment Management Group Notes
41. Mgt Group minute
42. School TLAC Agenda 151216
43. Primary Care evaluation report
44. Secondary care PMF
45. Performance Management Framework Summary Reports 2016-17
46. Agenda - St Andrews - Fife Working Group 16-5-2017
47. MSAR
48. Manchester St Andrews Agreement legal services version dated 18 09 10
49. Manchester - St Andrews Liaison Terms of Ref Oct 2015
50. FtP Policy and Process Pack
51. Equality Mainstreaming Report April 2017
52. HR disability discrimination act
53. Personal Tutor Scheme
54. Personal tutors 2017 Jan version
55. Personal tutors August 2016
56. Tutor policy
57. School Recruitment policy
58. Student Admissions Policy
59. Recruitment map and tools
60. Personal Tutor Scheme
61. Liaison mtgs NHS Fife
62. Online-Recruitment-5Aug2015-8May2017-Medicine
63. Online-Staff-Diversity-2010-8May2017-Medicine
64. Online-Student-Diversity-Sep2015-8May2017-Medicine
65. Online-Unconscious-Bias-4Apr2016-8May2017-Medicine
66. School of Medicine teaching guide for new and external staff Nov 2 2016
67. Induction
68. MD2000 15 16 Module Post Mortem
69. MD3001 Post Mortem 2016-17
70. MD4001 post mortem 2015-16
71. Clinical Skills teaching meetings
72. Management Grp Agenda (Standing)
73. TLSC Agenda Minutes
74. Making Mistakes lecture
75. Demonstrators Induction Course Calendar
76. Demonstrators Induction
77. Review and Development Form
78. Teaching Activity Survey
79. Teaching Activity Data Jan 17
80. Occupational health process
81. ASC
82. Career Transfers 3May17
83. Manchester St Andrews Transfer and Terms of ref

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84. UG teaching BSc honours medicine md4000 Student Placements Guide 2016-17
  85. GP Placement Review Form
  86. Practice certificate
  87. Programme tutor training evening
  88. Year 2 placements
  89. CEP event
  90. Athena Swan Submission
  91. First Year Placement Briefing Slides
  92. Internal Review of Medicine
  93. Teaching Clinic Review Form
  94. GMC lecture

## Acknowledgement

We would like to thank St. Andrews School of Medicine and all those we met with during the visits for their cooperation and willingness to share their learning and experiences.

## 2017 National Review of Scotland Action plan for St Andrews School of Medicine

General  
Medical  
Council

Report	QA Code	Type	Description	Due Date	Action taken by organisation since the visit (if applicable)	Further action planned by organisation	Lead by
St Andrews School of Medicine	QA10423	Area Working Well 1	The opportunities for multiprofessional and interprofessional learning.				
St Andrews School of Medicine	QA10424	Area Working Well 2	GALEN is valued by the students as an interactive educational tool.				
St Andrews School of Medicine	QA10425	Area Working Well 3	The opportunities for technology enhanced and simulation based learning, and the medical demonstrator role.				
St Andrews School of Medicine	QA10426	Area Working Well 4	Student involvement in the governance of the programme, and in quality improvement.				
St Andrews School of Medicine	QA10427	Area Working Well 5	Students and staff reported a very supportive, approachable and accessible organisation				

			and culture.				
St Andrews School of Medicine	QA10428	Requirement 1	The school must review their collection and use of equality and diversity data to cover all protected characteristics.		<ul style="list-style-type: none"> <li>• University Proctor, E&amp;D officer and Principal have been contacted, as E&amp;D data is collected by the University, not the School.</li> <li>• The University is now dealing with this issue, and we hope to have resolution within the coming months.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued liaison with University Senior Management.</li> </ul>	Deputy Head of School, Mrs Julie Struthers.

St Andrews School of Medicine	QA10429	Recommendation 1	The school should ensure that students are aware of the reporting concerns process during clinical placements.		<ul style="list-style-type: none"> <li>• We have developed an online platform for raising concerns and leaving additional feedback by the Quality lead</li> </ul>	<ul style="list-style-type: none"> <li>• Personal tutors will highlight the link to the patient safety policy, within the existing School of Medicine agreement (“patient safety on clinical attachments”)</li> <li>• We will strengthen placement and module introductory lectures, including interactive relevant case examples / vignettes, ensuring students are clear on the need to act on a patient safety concern and encourage them to raise any other concerns regarding their learning experience. We will be explicit about the available pathways / processes</li> <li>• We will introduce a statement within Learning Log (placement record) about when and how to raise a concern; introduce same (synopsis) on digital signage, as part of information loop</li> <li>• We will ensure “essential</li> </ul>	Dr Rebecca Walmsley, Clinical Lead
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						<p>reading" about reporting concerns (GMC guidance) and introduce relevant questions within the exam bank i.e. assessable content</p> <ul style="list-style-type: none"><li>• We will introduce training on reporting concerns to clinical (placement) tutors, within the annual review meetings. Within this training, we will emphasise the requirement that reporting concerns needs to be included within the brief of each placement day (and debrief where necessary)</li></ul>	
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St Andrews School of Medicine	QA10430	Recommendation 2	The school should enhance the opportunities for patient and public involvement in the programme.		<ul style="list-style-type: none"> <li>• Since the GMC visit Dr Laidlaw has received funding from the GMC/ASME Excellent Medical Education Award to use empathy maps to investigate patient/doctor relationships at the undergraduate level. This will facilitate increased patient and public involvement in the communications aspect of our current course.</li> </ul>	<ul style="list-style-type: none"> <li>• We will include service user representative within end of year modular reviews</li> <li>• We will develop a plenary on the patient journey and voice, inviting “volunteer” patients and service users to contribute to individual lectures.</li> <li>• We will introduce a “Patient Participation Group”, focusing initially on developing ideas for patient and public involvement, moving on to implementation and feedback</li> </ul>	Dr Anita Laidlaw, Head of Education Division, School of Medicine
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St Andrews School of Medicine	QA10431	Recommendation 3	The school should continue to monitor the capacity available for students and the amount of patient contact on clinical placements at LEPs.		<ul style="list-style-type: none"> <li>• We have had a recruitment drive amongst GP practices in Fife / Tayside, to increase the awareness of opportunities for community teaching. This has occurred in parallel with our new ScotGEM graduate entry course, which has enabled recruitment of several new GPs to Fife.</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity survey to be sent to all GP Surgeries (across Scotland), through the "Increasing education in Primary Care" working group (includes a St Andrews representative)</li> <li>• We will increase patient contact on Community Hospital placements, by changing the nature of the afternoon sessions to allow more time on the wards, focusing more on practical clinical experience and less on pre-arranged volunteer patients (where practical)</li> <li>• We will develop additional placement opportunities, incorporating the wider health care environment, for example, through dental services and the befriending service</li> <li>• We will introduce outpatient clinic experience within year two, to add to the existing GP and Community Hospital placement capacity</li> </ul>	Dr Rebecca Walmsley, Clinical Lead
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