General Medical Council

Regulating doctors
Ensuring good medical practice

Undergraduate Quality Assurance Visit

Report on Keele University,

School of Medicine

2011/12

Contents

Executive summary

1. In 2004 Keele University applied to award an independent primary medical qualification (PMQ) and to introduce its own (Keele) curriculum from 2007/08. We have been monitoring the development and implementation of this curriculum since 2006 and the GMC approved Keele to award its own PMQ in December 2011. The first cohort will graduate in 2012.

2. Throughout the process, the School has taken on board our suggestions for improvement and we are confident that Keele Medical School is meeting our standards. We will meet graduates once they begin foundation training to consider their preparedness.

3. We found that the School's quality management procedures are robust and have driven improvement in all aspects of programme delivery. In particular, the School's quality management of clinical placements and assistantships is extensive and each Local Education Provider (LEP) is visited at least once every three years.

4. LEPs reported that the quality management process is open and supportive and that when issues are identified, the School reacts in a timely and measured manner.

5. The Year 5 student assistantship is working well and students are getting a vast exposure to community medicine as they spend 15 weeks in General Practice (GP). As a result of this, students' history taking and diagnostic skills are strong. Some students feel that more focus on critical care would prepare them for F1 (Foundation Year 1). Overall, students feel well supported during the student assistantship and consider that it will prepare them well for the foundation programme.

6. The Assessment team display a high level of organisational skill and professionalism and the Objective Structured Clinical Exam (OSCE) stations we observed were mapped against *Tomorrow's Doctors*, appropriately blueprinted to the curriculum and appropriate for the task.

7. The Year 5 exam board is performing its function to ensure that only students who are fit to practise are able to graduate with a Keele degree. We suggested that student names are excluded from documentation presented to the board and that the School seeks advice from the University about cut off points for the award of MBChB with Distinction.

8. It is encouraging that 39% of the first cohort graduating with a Keele PMQ is expected to take up foundation posts in the local area. Previously only 20% of those that graduated from Keele with a Manchester degree remained in the local area.

9. Support and development for teaching staff is a strength of the school. There is a high prevalence of educational qualifications amongst outlying teaching staff and most have obtained their qualifications at Keele University. This will help to add expertise to the local medical education community, while increasing the potential to deliver a high standard of teaching.

Good practice

10. We recognise the effective development of the programme, and have identified good practice in previous reports although we have not singled out any specific good practice during this visit cycle we note again the considerable efforts made by the School.

Requirements

11. No requirements have been identified in this visit cycle

Monitoring the School's progress

12. As Keele has been added to the list of awarding bodies we plan to meet with F1 graduates from Keele in the autumn and, following this, the school will move into our established school visit process.

Mid Staffordshire NHS Foundation Trust

13. During the visit, a full public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust is currently underway. The inquiry is chaired by Robert Francis QC who will make recommendations to the Secretary of State for Health. It will build on the work of his earlier independent inquiry into the care provided by Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009. The report of the inquiry is due to be published in October 2012.

14. We did not find any adverse impact on the education of students as a result of activities at Mid Staffordshire Foundation NHS Trust or the running of the enquiry. The presence of students is an ongoing commitment for the School. It is seen as part of the Trusts continuing recovery. Steps have been taken to ensure no students are disadvantaged by going there.

Summary of key findings

Recommendations

	***Tomorrow's Doctor* paragraph**	**Recommendation**	**Report paragraph**
1	58	The School should ensure that LEPs are informed about students who require reasonable adjustments within clinical placements	42
2	84	The School should consider issuing clinical skills logbooks to students in Year 4 to allow them more time to get competencies signed off.	72
3	84	The School should examine concerns of some students related to length and timing of the critical care module.	*86*
4	117	Students names should be removed from documentation presented to the Year 5 exam board (Currently names only appear in the Year 5 board, all other years are anonymised).	143
5	117	The School should ensure that information to students about the award of distinctions and how the criteria might be varied fully reflects the university regulations.	147-150
6	125	The School should review access to, and improve awareness of careers advice. Particularly help with foundation programme applications.	156-158

15. We have not identified any requirements in the 2011/12 cycle of visits.

16. The School will provide an action plan outlining how they will address these recommendations and update on progress in its 2012 MSAR.

Visit overview

School	Keele University School of Medicine
Dates of visit/s	1 December 2011, 29 February – 1 March 2012, 4 April 2012, 22 June 2012
Programmes investigated	Bachelor of Medicine, Bachelor of Surgery (MBBCh)
Areas for exploration	Quality of educational experience and facilities available during clinical placements and assistantships, Local Education Provider relationship with the Medical School, progress of Year 5 assistantships, preparation for the transition of students to F1, deanery links with the medical school, relationship with trust, shadowing and preparation for F1, Service Level Agreements, inter-professional learning, student selection, student satisfaction, quality management, assessment, curriculum, student support transfer of information, preparedness for practice and clinical skills, students undertaking tasks within their competence, reasonable adjustments, student assistantship, staff development.

Concerns raised during the visit

17. We have a policy which sets out the process for responding to serious patient safety or educational concerns that may be raised during a scheduled quality assurance visit. Concerns raised via this process will require immediate action and if necessary will then be referred to our response to concerns process: http://www.gmc-uk.org/education/process.asp

Were any Patient Safety concerns identified during the visit?	
Yes ☐ *(include paragraph reference/s)*	No ☒
Were any significant educational concerns identified?	
Yes ☐ *(include paragraph reference/s)*	No ☒
Has further regulatory action been requested via the responses to concerns element of the QIF?	
Yes ☐	No ☒

The Report

Domain 1: Patient safety

26. The safety of patients and their care must not be put at risk by students' duties, access to patients and supervision on placements or by the performance, health or conduct of any individual student.

27. To ensure the future safety and care of patients, students who do not meet the outcomes set out in Tomorrow's Doctors *or are otherwise not fit to practise must not be allowed to graduate with a medical degree.*

Raising concerns

18. The School has had a recent example of a student reported concern regarding abuse of social media by a student. Formal proceedings were followed and the student was referred to the School's Health and Conduct Committee procedures were put in place that resulted in further action.

19. The School reported the start of a cultural change in the student body towards whistle blowing as students across the programme know about this incident and are now more aware of their responsibility to raise concerns.

20. The students we met from the Year 5 cohort were aware of procedures for raising concerns and knew to whom to report any issues. They cited the School's formal raising concerns pathway which provides students with case studies and encourages discussion about when to raise concerns.

21. The Dean of Mid Staffordshire NHS Foundation Trust (MSNFT) was aware of the School's committee structure for dealing with student concerns. Any concerns about a student identified at the site would be fed back to the Hospital Dean by clinical teachers and she would meet with the student involved. This was confirmed by clinical teachers we met, who also reported that they would be informed by the Hospital Dean of any students who were experiencing difficulties such as ill health.

22. The Hospital Dean stated that the School provides guidance on the thresholds for referring students to the committees and that the processes to follow are clear. She felt comfortable contacting the Keele team (particularly the Director of Student Support) to discuss any issues and found them particularly helpful when concerns about students were first identified.

23. Students at Mid Staffordshire NHS Foundation Trust said that they would approach the undergraduate office, their tutors or the Hospital Dean if they experienced difficulties whilst completing a placement at the site. If they witnessed a patient safety issue on the ward students thought that they would approach the central student support services at the School.

Domain 2: Quality assurance, review and evaluation

38. The quality of medical education programmes will be monitored, reviewed and evaluated in a systematic way.

Quality management of placements

24. The School's quality management of clinical placements and student assistantships encompasses:

a. Evaluation by deanery, students, staff and patients.

b. Visits to LEPs.

c. External reports from National Student Survey, GMC and other regulatory bodies.

d. Central University and School collected data.

e. Committee meetings and minutes.

f. School staff development guidelines.

25. The School invests a great deal in staff development at LEPs and provides clinical teachers with frequent briefings and guidelines to keep them up to date and ensure they understand the requirements of the course and the curriculum. Clinical teachers we met commented that they appreciate these regular updates as it helps them to deliver the appropriate level of teaching to students.

26. The School currently commissions education from; six Secondary Care trusts, 101 general practices and 95 third sector local education providers (LEPs, not for profit organisations providing healthcare) across an economically diverse area. This gives students the opportunity to work in a wide variety of locations, however the School reported that the large number of LEPS can be difficult to quality manage. The School aims to visit LEPs at least once every three years, but some LEPs are visited every year as they have students from different year groups on placements. Visits include a tour of the facilities, observation of a teaching session and meetings with students and LEP representatives.

27. We feel that the School's plans for quality management of LEPS are robust, and the number of visits to LEPs in 2010/11 represents a huge effort by the quality management team. These plans are highly resource intensive and may be difficult to sustain. The Quality Assurance and Enhancement Manager advised that the quality management process is constantly evolving and that they would consider streamlining the visit process.

28. Before a visit, the quality management team analyse the annual self assessment form which each LEP submits to the School. The form reports against 11 domains,

including feedback on action points from previous visits, adverse incidents involving students and good practice. From this, the quality management team decide which areas to focus on during the visit.

29. Following the visit a short report is produced which highlights areas of commendation and requirements and recommendations which are then put into an action plan, to be followed up in the next reporting year. These visits are a driver for change and a supportive process that empower LEPs to understand their areas of strength and weakness. The LEP provides a response to the visit report detailing the measures they will take to meet requirements and recommendations.

30. In 2010/11 the School undertook:

    a. 104 primary care visits (99% of all practices to prepare for Year 5).

    b. Three secondary care visits (50% of all trusts).

    c. 82 third sector visits (86% of all community providers).

31. Most of these visits were planned but some were triggered visits prompted by the five week survey in the student assistantship, student evaluations, data analysis or issues that the LEPs raised themselves.

32. The Postgraduate Dean from the West Midlands Deanery has invited senior representatives from the three medical schools in the region to participate in the quality review visits of foundation schools. The Keele Head of School has participated in the reviews of Hereford and Worcester foundation schools. Some of the senior quality managers from the deanery have participated in the undergraduate visits that the School undertakes and they are in the process of signing a partnership agreement around quality management. We support this approach, which will allow the School and the deanery to collaborate on reviews and share data and concerns. Currently there is little correlation in the way they report on quality management as the School's visits have different emphasis than the deanery's approach to review in clusters.

33. GPs found that the School's quality management process was an open and supportive way to ensure that the assistantship works for both the student and the practice. GPs and teaching staff in secondary care recognised the balance required between informal reporting and formal reporting and that an overly formal approach might discourage discussion of minor concerns. It was thought that the School had largely got this right.

34. The formal monitoring of Service Level Agreements between LEPs and the School is done through the yearly Service Increment for Teaching (SIFT) QA report which the site completes. A Strategic Health Authority (SHA) document which goes to the School and details how teaching is delivered at the site, any training issues and how they are being addressed. The site then produces an action plan for the School based on this report. We were satisfied with this approach.

Evaluations about placements, resources and assessment outcomes

35. The Hospital Dean at Stafford Hospital receives feedback on teaching from the School from every group of students placed there and reported that issues identified are addressed quickly. Teachers reported that they receive feedback on their teaching. Students we met confirmed that the School is responsive to their feedback. There were a few minor problems with the new Year 5 clinical placements and things were put in place quickly to resolve them, which improved student experience between blocks.

36. The School stated that students have always provided good feedback on the teaching and educational experience at Stafford Hospital and do not appear to have been affected by the Inquiry into patient care at the site.

37. We heard examples of the Hospital Dean meeting representatives from the other sites to share experiences and challenges at the cross site management meetings. This was considered helpful to make sure that they are delivering a consistent experience for students across the sites.

Feedback from employers about the preparedness of graduates

38. The West Midlands deanery provides the School with information about their graduates which includes a validation score on timekeeping, professionalism and audit which gives comparative data on Keele graduates and graduates of other medical schools.

39. The School intends to write to all the deaneries with a list of Keele graduates, asking how they are performing and various other broad questions that could help with curricular development. The School identified challenges getting responses from all deaneries; however we support this initiative and any data they receive will help gauge the preparedness and progress of Keele graduates.

40. Representatives of LEPs told us that Keele graduates perform slightly better than F1 doctors from other universities and they were not aware that any had been referred to the doctors in difficulty panel.

Domain 3: Equality, diversity and opportunity

56. Undergraduate medical education must be fair and based on principles of equality.

Training on equality and diversity

41. All the teaching staff and staff involved in student selection that we met had received equality and diversity training. All clinical teachers that we met had completed an online equality and diversity training module through the NHS. This training is also monitored by the School and we have no concerns in this area.

42. Students stated that the School has an efficient process to support those with dyslexia and make appropriate adjustments for them. Overall, students felt well supported by the School, although considered transfer of information to LEPs when undertaking clinical placements could be improved.

Domain 4: Student Selection

71. Processes for student selection will be open, objective and fair.

Published information on selection processes

43. The number of applicants for 2011 entry was exceptionally high: the School received 3292 applications for 139 places. This may have been because of the planned increases to university fees for 2012 entry and that the School's entry requirements were slightly lower than the majority of medical schools. Applicants could be accepted with A' level results of AAB rather than AAA and there is no UK Clinical Aptitude Test (UKCAT) threshold.

44. For the 2012 entry the School has increased its A level grade requirements to AAA or A*AB and no longer accepts applicants who have taken more than two years to complete their A levels. This is broadly in line with other medical schools. These measures may have contributed to the 31% reduction in the number of applications (2268) compared with 2011(3292).

Applying selection guidelines consistently

45. The School will be charging an annual fee of £9000 in line with other medical schools and therefore it is looking at a number of incentives to encourage widening participation. These include offering guaranteed interviews to candidates who have previously been in the care of a local authority, or candidates living in an area with low levels of youths going on to higher education, providing they meet the minimum entry criteria.

46. The university has two widening participation programmes - Access to Keele and Access to the Professions. A Deputy Director of Admissions for widening participation has been recently been appointed to take these initiatives forward.

47. Access to Keele encourages visits from local sixth formers and offers master classes relevant to potential areas of study and a 'learn' module on infection control. Pupils who attend these sessions are awarded bonus points on their UCAS score which will allow them to enter the School with a two grade deficit compared to the standard entry requirements.

48. Access to the Professions is aimed at sixth formers who are considering reading Medicine, Law or Journalism and offers them access to careers advice and professional mentoring. Pupils who participate in this scheme will also be eligible for UCAS bonus points.

49. The School is currently in negotiation with Keele University and Manchester Fastbleep programme which involves medical student volunteers mentoring school pupils by doing workshops on medical skills and offering career guidance. This would be particularly useful in the local area as it has proved difficult to engage with local schools, and applications from local schools remain low. The proposed programme where Keele students would visit local schools and support pupils may help to generate more interest.

50. The West Midlands Postgraduate Dean is keen for Keele to engage the local population as it is an under doctored area with relatively poor health outcomes due to complex factors including its industrial heritage and high levels of alcohol consumption. She advised us that there is a Health Innovation and Education Cluster (HIEC) for the West Midlands and this should help to encourage widening participation to help the region meet its full potential

51. Some of the GP teachers that we met advised us that the GP assistantship was also a good tool for the promotion of widening participation as having students in practices exposes younger patients to the idea of becoming a doctor. There is an opportunity for GP practices to be involved in widening participation, which hasn't been exploited by the School yet. We bought this to the attention of the executive team who will explore this possibility in greater detail.

Policies and procedures on selection processes

52. The School has planned a review of its selection process and criteria in 2013 in response to some issues with consistency in student selection decision making and ensuring interviewers stay up to date with process developments.

53. The School is currently piloting multiple mini interviews (MMI) which allows for increased contact time with applicants and assesses a range of characteristics. In an MMI, applicants will complete a circuit of 5 minute mini-interview stations. At each station, candidates will be presented with a scenario and they then have to answer a series of questions before proceeding to the next stations. This involves both lay and student interviewers and so far more than 50 applicants have volunteered for the pilot after having the conventional interview. Subject to a successful pilot, MMIs will be implemented as the standard interview method from 2013.

54. The Graduate Entry Scheme was reviewed in 2011 and a decision was made to withdraw it from 2013 due to the relatively high costs and logistical difficulties for a small number of students. The School reported that those graduates who are already on the programme are doing well, are integrated into the student cohort and are getting equivalent experience to those who entered the programme through the usual route.

55. The School's approach to reasonable adjustments is in line with the majority of other medical schools. If disability or illness are declared or picked up there is an occupational health assessment to establish if any adjustments are required.

Risks associated with an applicant's fitness to practise in relation to their health or conduct should be separated from other processes of selection

56. Students with criminal records are assessed in a separate fitness to practise interview. The School would hope that such issues are declared at the point of application, however this is not always the case and on occasion the School finds out about criminal records once the student is enrolled on the course.

Domain 5: Design and delivery of the curriculum, including assessment

81. The curriculum must be designed, delivered and assessed to ensure that graduates demonstrate all the 'outcomes for graduates' specified in Tomorrow's Doctors.

Curriculum design and structure

57. The School has expanded the remit of the Curriculum Committee which meets quarterly and reviews evaluations and reports from each year and theme leads concerning the curriculum. The Committee also discusses gaps and deficiencies in the curriculum and how to address them. It is also a forum for discussing curriculum developments.

58. Following analysis of evaluation by students and teaching staff, the School has made some significant changes to the delivery of Years 1 and 2 of the programme. Notably, problem based learning (PBL) now consists of two 90-minute tutor-led sessions to open and close the case of the week with an optional student-led mid week session.

59. The PBL tutor is also the student's personal tutor which means that they will have a lot of interaction in addition to meeting formally at least once a semester. Conversations between the personal tutor and the student tend to be more work based while the academic tutor handles pastoral issues.

60. The School has increased teaching on child protection and safeguarding vulnerable adults. It has introduced plenary lectures on the subjects and teaching on manual handling has moved to Year 3 to make room for this.

61. Representatives from LEPs that we met told us that the School had encouraged them to be involved in curriculum planning and delivery. This demonstrates a healthy level of engagement between the School and the local healthy economy.

62. Clinical teachers considered that the Keele curriculum encourages knowledge and skills in students. They described the Year 5 students as very good in history taking, examination and communication skills with no major gaps in their knowledge or skills. They thought that the students are slightly weak in anatomy but that this is a national issue and not specific to Keele students.

63. Students stated that they like the spiral structure of the curriculum which repeats topics in greater depth and complexity, building their knowledge base.

64. In Years 1 and 2, students are appraised through a series of personal development activities and workshops on subjects such as 360 degree feedback/ Multi Source Feedback (MSF); portfolios; and reflective writing.

65. MSF currently involves academic staff, peers from PBL group and a third party chosen by the School. These activities help develop students' sense of feedback as a part of appraisal and how to get the best out of it by the time it becomes more formal in Year 3.

Student placements and assistantships

66. Year 4 placements consist of eight weeks in neurology/medicine, musculoskeletal/medicine, women's health and surgery and four weeks in paediatrics and mental health. Year 4 students liked the eight-week placements as they felt part of the clinical team. Tutors also thought that this structure worked well.

67. In Year 5 students undertake:

a. 15 week GP assistantship

b. 5 week surgical assistantship

c. 5 week medical assistantship

d. 5 week critical care module which is a taught course rotation of accident and emergency, intensive care unit, medical assessment unit and surgical admissions

68. The student assistantships allow students to put the knowledge and skills that they have acquired over the first four years of the course into direct clinical practice.

69. During hospital placements, students work alongside the foundation doctor which gives them the opportunity to deliver care to patients in a supervised and supportive manner alongside the wider clinical team.

70. Students on placements at MSNFT reported that they are taught well and that they receive good feedback as they work so closely with consultants. There are only six students on each rotation so there are lots of people on the wards who can supervise them if they need to practise a skill.

71. Years 4 and 5 students we spoke to were positive about their experience at the sites and praised the quality of teaching. They felt very welcome on the wards and stated that they were given many opportunities to learn by doctors and by other healthcare professionals.

72. Some students we met said that they would be happy to return to the sites for their foundation Year 1 post and would recommend the course.

73. Teachers and students thought that it would have been advantageous for students to receive their clinical skills logbooks in Year 4 as this would have permitted more time to get all the competencies signed off.

74. Students and some teachers felt that the Schools sign in policy was being implemented in some centres very rigidly and didn't support student developing their own professional role. This was fed back to the School and will be addressed through their own internal quality monitoring processes.

75. During the GP assistantship, students hold consultations with patients in collaboration with a GP. This gives students extensive exposure to primary care patients over 15 weeks. The GP teachers we met spoke with great enthusiasm about having students in their surgeries and were impressed with students' diagnostic and history taking skills.

76. Students were pleased with the vast exposure to patients that they got on the GP assistantship and some of them reported that they got to see over 500 patients during the fifteen weeks. The students told us that their consultation and patient management skills improved greatly over the course of the assistantship and that by the end of the 15 weeks they were able to perform consultations with confidence and considerably quicker than at the beginning of the assistantship.

77. The assistantships are monitored through the School's in house evaluation strategy which involves visits, five week student surveys, online student evaluations at the end of each semester, informal feedback via site leads and locality lecturers and educational supervisors' feedback on student performance.

78. The School is using all the monitoring data it collects to make alterations to certain placements within assistantships if necessary, however, it prefers to wait until the completion of Year 5 to allow time for investigation and reflection before making any significant changes to the structure of the assistantship.

79. The educational supervisor reviews progress towards preparedness for practice using workplace based assessments, personal development plans and the clinical skills passport. This is then discussed with the student. The clinical skills passport is also used by Birmingham and Warwick medical schools and is used by students to keep a record of clinical competencies to ensure all outcomes are covered.

80. The School is also able to monitor progress through reflective summaries, MSF, patient satisfaction data, GeCos (Generic consultation skills assessment tool), skills passport, formative and summative OSCEs.

81. So far in Year 5, the evaluation data on clinical exposure has demonstrated that students are getting broad experience during the GP assistantship with a minimum of 370 consultations. In secondary care the numbers of consultations are

considerably less and 54% of students are doing less than ten a week, this however is due to the different nature of the placements and the quick turn around of patients in a GP surgery.

82. Students advised us that they were made to feel integral to the clinical team which confirms the evaluation data collected by the School, which reported that 78.4% of student assistants considered they were becoming a useful member of the team. This was also the first occasion when students got real practical experience of working with other healthcare professionals which they thought was very useful.

83. Year 5 students said that most clinical teachers understand the purpose of the student assistantship and what they should achieve on the placement. The students had fed back to the administrative staff at the site about issues with some consultants, which had been resolved quickly.

84. The clinical teachers thought that the assistantship model works well as students become an integrated part of the clinical team and are keen to participate. They said that the placement is a useful time to shadow an F1 and to complete the sort of tasks they will be doing as an F1 under close supervision.

85. Students said that they receive teaching from a variety of members of the clinical team in which they are placed, from the consultant to registrars, nurses, or F1s. Teachers stated that teaching is often delivered by F1s and nurses. F1s are supported in this role.

86. F1s at MSNFT have approached the Hospital Dean about providing students with an additional teaching session in the evening. This has been supported by the site through a programme of formal teacher training sessions starting in January 2012, to ensure that the F1s are providing appropriate teaching and feedback.

87. Students felt that 15 weeks in a GP placement and only one week in accident and emergency (A&E) in the final year may not be good preparation for the foundation programme, particularly care of the critically ill. They considered that this could be scaled down to ten weeks to allow a longer module in critical care which would prepare them better for F1. Students considered the programme very primary care focused in the final year. However they did acknowledge that they will not know how well Year 5 has prepared them for F1 until they have completed the year and entered into practice.

88. The critical care block was not considered as helpful by students at Stafford Hospital because the A&E department is not very busy. They thought that students placed at the other trusts would get better experience in acute care.

89. The students that we met generally had positive experiences during their GP assistantships, however our impression was that students placed in large practices expressed higher levels of satisfaction than those in small practices. Students in large practices got to see a greater variety of patients and diagnoses, and when issues were raised with their mentors they were resolved quickly. Students based at

small practices had fewer GPs and other practice staff to work with, fewer consulting styles to compare and were more likely to be reluctant to raise any issues as they felt uncomfortable complaining. Students agreed that the School was quick to respond to any complaints they had raised about assistantships.

90. Students were happy with the amount of feedback they received on the GP assistantship and the way it was delivered to them, often one to one.

91. The students had the opportunity to see patients with chronic illness more than once during their GP assistantships, which gave them the opportunity to see how the patient's condition develops. Patients were supportive of seeing students and appreciated the longer consultation time. For example, GPs from Ludlow told us that the results of a practice survey revealed that 98% of patients thought that having medical students improved the service they received.

92. The Academic GP team at the Medical School led the development of the GP assistantship. GP placement providers did not have a major role in the planning phases of the assistantship however they did receive training regarding course content, supervisor roles and assessment. They also receive ongoing support from the School and are encouraged to give evaluation which is taken on board and promptly acted upon.

93. GPs have found that students are quite open about recording their educational and pastoral needs which is helpful and allows their educational supervisors to manage the assistantship appropriately. The GeCos had mixed reviews regarding its user-friendliness, as GPs initially found it quite difficult and time consuming to operate, however all the GPs we met felt that it was a good vehicle for recording observations on communication skills. They advised us that it could be more useful to them if previous GeCos reports were at their disposal as this could assist with planning.

94. Some GPs reported that they found the prospect of having a student assistant for 15 weeks daunting, however the length of the assistantship allows the student to develop an extended relationship with the wider practice team and patients. The students are able to assist the GPs in their special interest clinics and out of hours care which adds to the variety of experiences they get during the assistantship.

95. While students felt confident in their diagnostic skills following the 15 week GP assistantship, they felt less prepared to care for the critically ill patient as the taught module in critical care was for only five weeks, which they think is too short. Students felt that as F1s they would not feel confident responding to a crash call, although this is not a standard F1 task, and that the critical care assistantship should be doubled in length to combat this problem.

96. Students advised of variability in the surgical assistantship. In some units a student would spend all their time with F1s and had little contact with consultants, whereas in others there was more of a balance across the grades. This was fed back to the School and they are considering the distribution of surgical assistantships.

97. Occasionally, the School has been aware of issues with a student but has chosen not to warn the practice where they are based in order not to colour their judgement of the student. Some GPs thought that they should have been pre-warned about challenging student assistants as they could have made appropriate adjustments to make the assistantship more successful. While others agreed with the School that in some circumstances students should be given the chance to perform without supervisors being aware of prior issues that may have been resolved. We agreed with the School's approach as this prevents a build up of prejudice against the student involved.

98. Some students were of the opinion that doing the GP placement in the second session just before the final OSCE put them at risk of de-skilling, as clinical skills such as cannulation and catheterisation could deteriorate between performing them on patients and having to do them in the OSCE. The GPs we met believe that this contributes to a difference in attitude between the two attachments as students in the second attachment could be slightly distracted by the prospect of their final OSCEs. Some GPs have tried to counter this by running mock OSCEs for their student assistants and the school has introduced four extra clinical skills sessions per student in the second GP assistantship.

99. From our meetings with Year 5 students it was obvious that they embraced the opportunity to put their skills and knowledge into practice in a hospital setting. Students anticipated the hospital based assistantships would help to make the transition between being a Year 5 medical student and an F1 doctor much smoother. Students reported to us that by the end of the assistantship they were less anxious about being an F1 Doctor than they were about taking the final OSCEs.

100. The majority of students we met reported that they had developed strong working relationships with the F1 doctors they were assisting and that they felt like secondary F1 doctors as they were able to help the F1s in every area to keep the ward running smoothly. There were some students who thought that F1 doctors had not had sufficient guidance on the role of the assistant and we heard an example of an F1 who gave her assistant lots of paperwork to do whilst she went for an extended coffee break.

101. The extent to which students were made to feel like part of the team was highlighted by accounts from some students where the F1 doctor on the ward was ill and the student assistants were left to perform the tasks of the F1 under supervision. The LEP representatives that we met said that they did not object to this practice providing the student is not asked to perform tasks beyond their level of competence.

102. The clinical teachers felt that they were adequately prepared for the assistantships and had attended the pre-implementation courses delivered by the School, however they mirrored the view of some students that a number of F1s did not know how to make best use of their assistants and some adjustments were required to ensure consistency across assistantships.

103. All the teachers we met felt that they were sufficiently involved in the development of the assistantships. Hospital based teachers were equally as enthusiastic as the GPs about the student assistants and reported that Keele students often outperform the foundation doctors they are assisting in terms of clinical and patient management skills. The F1s are benefitting from the arrival of the student assistants as they help reduce the burden of their workload and being involved in teaching assistants compounds the F1's learning. F1s are not involved in WPBAs on clinical assistants as these are done by Specialty trainees or consultants. Clinical teachers would like to use the F1s more to provide feedback and supervision to the assistants from the next academic year.

104. A Hospital Dean that we met is also an educational supervisor and he believes that the Keele graduates will make excellent foundation doctors as they have confidence, empathy and good communication skills. He attributes this in part to the small cohort numbers as strong students get excellent development opportunities while weaker students are given extra support.

105. The LEPs hold regular junior doctors forums where matters such as assistantships are discussed and so far the F1s have spoken positively about their experiences with the assistants.

106. The LEP representatives advised that assistants are attached to teams rather than individual F1s as there are more F1s than assistants. The assistant is often shared by a number of F1 doctors. The assistantship is supervised by the consultants to ensure that both parties are meeting their outcomes.

Assessments will be fit for purpose

107. We reviewed a sample of the Year 5 final OSCE stations and found that the stations were mapped against *Tomorrow's Doctors* and appropriately blueprinted to the curriculum. The stations were equivalent in difficulty from one station to the next and were mapped against LCAT (Leicester Clinical procedure Assessment Tool) and GeCos consultation domains with five or six elements for each station. In OSCEs that are run twice, some stations are changed to ensure that there is no advantage to those who take the OSCE first or last.

108. The formative OSCE consists of four stations run on two parallel sites and feedback is given verbally but also recorded and available online. General feedback is given to the entire cohort and poor performers are given targeted feedback.

109. The summative OSCE consists of 14 stations. The stations are blueprinted to *Tomorrows Doctors* and based on real life scenarios. This OSCE has been piloted by clinical staff and adjustments have been made to ensure it runs as smoothly as possible.

110. We observed the Year 5 OSCE at the University Hospital of North Staffordshire and considered the range of assessment techniques to be suitable and all stations were of a good quality. The OSCE was set up with two parallel cycles of seven

stations. There are 14 stations in total each of 11 minutes, with students swapping over half way through. Students had one minute to read instructions outside of the station, 30 seconds to move between stations, and 9 minutes 30 seconds to execute the task.

111. The Year 5 OSCE was being held at two sites with the students who undertake their Year 5 clinical placements at the University Hospital of North Staffordshire sitting their OSCE at Stafford Hospital and vice versa.

112. We observed an isolated case of noise pollution where a simulated patient was speaking loudly therefore could give clues to the diagnosis within the next station. Although this was minimal, the School should consider introducing guidance into the simulated patients briefing document to ease further incidences.

113. The simulated patients in use were consistent across the circuits, and were provided with very detailed documentation in regards to their condition, questions they could ask and information they could offer. Of the 14 stations, two assessed mental health issues (depression) and lifestyle advice (diabetes).

114. We thought the standardisation between examiners and simulated patients was commendable. The simulated patients were used appropriately to assess the communication skills of the students and to aid the examiners' judgement by providing feedback on student performance.

115. We reviewed the examiners' mark sheets and found that they were clear and provided adequate guidance to make judgements of students' competence.

116. Examiners assessed the students against criteria and also give a global rating to each student. The station cut scores are calculated using the borderline regression method and, an overall pass mark calculated.

117. We also reviewed a sample of Year 5 student portfolios which contain reflections, achievements and learning needs. We were given three anonymised portfolios to review; one from a high achieving student, another from a good student and one from an average student. The standard of the portfolios was high and appropriate for final year medical students.

118. At the end of each placement the educational supervisor and relevant year leads look through all student logbooks to make sure that all assessments and skills have been completed appropriately within the placement.

119. The concerns that the GP teachers and students had expressed about the functionality of the GeCos were mirrored by the clinical teachers and they reported that they had lost time learning how to use it. They felt that the LCAT was a more appropriate way to assess the assistants' progress than the more convoluted GeCos.

120. Students said that the content of the summative core paper was clear. Some students initially felt that some of the in-term assessments were of little relevance

but that on reflection they understood that the skills would be useful in future practice, such as attendance monitoring and professionalism.

121. Students said that the Year 4 OSCAR (Objective Structured Case Analysis and Reflection) was subjective and depended on the clinician involved. They felt that at Stafford the cases were more likely to be routine/common.

122. All clinical teachers we met had attended an OSCE training session held at the site.

Administration of Assessment

123. We observed the student and examiner briefing before the Year 5 OSCE, this was delivered electronically via a presentation and recorded message which ensured consistency throughout the process.

Training of assessors

124. We observed that examiners were suitably briefed prior to the Year 5 OSCE. The School engages external examiners alongside in house staff to ensure standards are appropriate. The external examiner was visiting the Shrewsbury site at the time of our visit, therefore was not present in our observations.

Standard setting and achievement of curricular outcomes

125. We considered that the Year 5 OSCE was set at the standard of a new graduate, most students observed performed well but the borderline students were identified. We felt that they were marked appropriately.

126. We noted that students behaved in a professional and appropriate way during the Year 5 OSCE. Each practical station within the OSCE required that the student wash their hands, introduce themselves to the simulated patient, identify the patient and explain the procedure, their diagnosis and management plan. Some of the stations required additional questions to be answered by the student about their diagnosis decision.

Inter-professional Education

127. Student evaluation of IPE is mixed, as some students feel that hands on experience on the ward or GP practice is the best way to learn, however, on the whole it is improving and the School is adjusting the delivery of IPE to ensure that it becomes embedded into clinical and professional practice.

128. The intended learning outcomes (ILOs) for IPE are grouped into five categories:

a. Professional role and self management.

b. Problem solving.

c. Collaboration and team working.

d. Communication.

e. Reflection.

f. Governance and ethics.

129. These ILOs map directly to *Tomorrow's Doctors 2009* outcomes which is helpful as students can see the clinical relevance of their learning.

130. IPE is divided into 3 modules:

a. IPE 1 assigns students the task of tracing a patient's care pathway in an inter-professional group setting which includes students from other professional courses. This is delivered through a variety of learning experiences including lectures, small group tutorial activity, independent study and group poster preparation and presentation. The School is currently involved in a major review of IPE 1 and it has been decided that students will discuss their own professional codes of conduct through case studies of ethical dilemmas.

b. IPE 2 focuses on patient safety and aims to increase students' understanding of the importance of good communication and teamwork. Multidisciplinary groups of students consider a scenario in which there has been a care delivery problem, which has compromised patient safety, resulting in a "*critical event*". Students learn how to carry out an investigation using 'root cause analysis'. The outcome is a group report and portfolio development.

c. IPE 3 is introduced to students at the start of Year 3 and continues until the student completes their course. Learning objectives are achieved during clinical placements. The emphasis at this level is on planning as to how the IPE 3 learning outcomes will be achieved. The evidence is gathered and recorded in the Core Professional Development Portfolio (CPD), during the placement, with a clinical or educational supervisor or mentor. This is then is checked by the student's personal tutor.

131. In Year 4, students are expected to include IPE in their OSCAR which is a 1000 word report on the care pathway of a real patient. This helps to embed IPE into the clinical years and contributes to the Intended Learning Outcomes on reflection and team working.

132. In Year 4 students spend less time in formal sessions with other healthcare professionals and said that they had to seek out opportunities themselves. After

attending a midwives study day students spoke positively of the midwives in Obstetrics and Gynaecology who very helpful.

133. Year 5 students at Stafford Hospital praised a number of other healthcare professionals at the site including the diabetic nurse, mental health nurses and dieticians. Students had found the nurses at Stafford more welcoming than at other sites and said that they find things for them to do all the time.

134. Students found the nurses on the critical care outreach team extremely helpful as they encouraged the students to review patients under supervision and provided them with detailed feedback. Students placed on the surgical assessment unit (SAU) as part of surgical block said that the staff nurses had been very helpful.

135. Students said that some of their clinical skills are supervised by other healthcare professionals.

136. Following a successful pilot project, there is now a care planning day in Year 5. This involves the students of medicine, nursing and midwifery. Other healthcare professions will be added in 2012/13. This is a joint initiative involving academic and clinical input from all schools involved. This is now embedded in the GP assistantship in Year 5 and students see a patient discharged from hospital and then submit a formative reflective summary which is discussed with their GP educational supervisor.

137. Evaluation collected during the care planning day is very supportive and suggests that all involved gained a greater sense of working in multi disciplinary teams.

138. In order to completely integrate IPE in to the assessment of Year 5 there is now an OSCE station that deals with IPE where a student has a discussion with a patient's relative and has to formulate a management plan to present to a multi disciplinary team.

Shadowing

139. Shadowing is a period of time when the Year 5 student goes to the site where they will be working as an F1 doctor and assists the F1 whom they will replace when they start employment. This period should ideally take place as near to the date that they will start their F1 position as possible.

140. From July 2012, incoming F1s in England and Wales will undertake an obligatory four day period of shadowing, which will be paid at the basic F1 salary rate and will be contracted through an extended contract with the employing LEP.

141. At Keele, students have traditionally done a two week shadowing period before they start their F1 post which has included advanced life support, death certification and interviews with their supervisors. It is also an opportunity for those students

who do the GP assistantship in the second block to up-skill for the hospital environment.

142. Now that the Departments of Health have introduced a compulsory four day period of shadowing, some students may have to do two periods of shadowing in different locations, particularly if they are moving outside of the local region for the foundation programme. Many students are confused by this arrangement and feel aggrieved that one period of shadowing is paid and the other is not.

143. The School is maintaining this arrangement for 2011/12 as it is not yet clear what will be covered in the paid four day shadowing period. The School believes that the student has a lot to gain through a longer and more thorough shadowing period to help them integrate in the hospital where they will be based for the foundation programme, even if 61% of students leave the region after graduation.

Setting standards in assessments

144. The documentation presented to the exam board included final year OSCE mark, number of stations passed, position in cohort and student names. We are content that the School is only allowing those who are fit to practise to graduate. It would be good practice, in future, for the exam board to be presented with anonymised data.

145. In order to pass the final year students need to have a good rate of attendance, pass 10/14 of final OSCE stations and pass the Year 4 SSC.

146. This year, five students re-sat the final OSCE and only one student failed again and will not graduate with the rest of the cohort.

147. For the award of the degree of MBChB with Distinction, the published standard is that five Distinction Points are required from the course and one of these points must be obtained in the examinations in either Years 4 or 5.

148. Seven students automatically graduated with distinctions having achieved five points or more. A number of students who intercalated in Year 5 also had sufficient points to achieve a distinction if they had graduated with the rest of their cohort. This has lowered the number of students passing with distinction in 2012 and was felt to reflect adversely on the Medical School who might be seen by peers to have failed to get the norm of 10% of students achieving distinctions.

149. For this reason, the exam board also allowed four students with four distinction points to graduate with distinction. It was not clear whether the five point threshold once lowered to four would remain at four in future years or revert to five points.

150. It was noted too that Manchester students need to achieve just seven out of 17 (41%) of points available in order to get a distinction, whereas Keele's figure was five out of eight points (62.5%) or when lowered to four points was four out of eight

(50%), both higher than Manchester, so the School felt lowering the criterion from five to four points was appropriate.

151. We would like the School to ensure that consistent and appropriate judgements are made during exam boards which adhere to university regulations and the published information available to students.

Domain 6: Support and development of students, teachers and local faculty

122. Students must receive both academic and general guidance and support, including when they are not progressing well or otherwise causing concern. Everyone teaching or supporting students must themselves be supported, trained and appraised.

Academic and Pastoral Support

152. The Head of School has prioritised the establishment of an academic advisor programme as part of the School's commitment to students' personal and professional development.

153. Students are paired at random with academic advisors drawn from a mixture of Keele based academic staff and clinicians from throughout the local health economy. The School intends both parties to develop a relationship that will last from the beginning of their studies until graduation.

154. The relationship between advisor and student should allow students to take control of their learning and give them a space to think and reflect with academic support. Meetings take place at least twice a year in a mutually convenient location and advisors may need to travel if students are on placements. Discussions between meetings do not always need to take place face to face as other means of communication are also encouraged if convenient for both parties.

155. A pilot scheme is currently ongoing with students in Years 1 and 3. Within the next 18 months all students will have a single academic advisor for the full course. So far evaluation is very encouraging and students are viewing this as a useful and supportive process.

156. In our report for the last academic year we recommended that the School ensure equity and effectiveness of student support at the Stafford Hospital site. In response the School has appointed a new Student Support Officer at Stafford Hospital who we met during the visit; she had already seen four students in the first few months of appointment and was considered an asset to the team. Students value the support she provides stating that she gives good advice and asks after them, they would all approach her if they experienced any difficulties.

Careers advice

157. Although the majority of the Year 5 students we spoke with were happy with the level of careers advice offered by the School some were less satisfied. They reported that they were given very little support when they were selecting foundation schools and what happens after the foundation programme.

158. Some students reported that in Years 3 and 4 of the programme, career choices were part of the SSC (Student Selected Component), students had to choose a specialty and write a reflective piece about how to get in and how to progress up the career ladder. Some students do not yet know which specialty they want to train in and found this to be of little value. They would have preferred careers advice tailored to their individual needs.

159. Most students want specific careers advice to help them inform their choice of specialty and would welcome the input of consultants from different specialties to tell them more about what is involved on a day to day basis. There was a careers event that provided this in a speed dating format where students got to spend five minutes with a number of different specialists and this was well received, however some students would have liked to have had the opportunity to spend more time with each specialist.

Staff training

160. Most of the GP teachers and hospital based teachers we met had a teaching diploma or were studying for one and many of them were doing this at Keele which demonstrates Keele's commitment to the local health economy.

The following relates to processes at MSNFT:

161. The Dean at MSNFT stated that there were training sessions and a tutor handbook provided to prepare the clinical teachers for the delivery of the Keele Curriculum.

162. Clinical teachers are encouraged to keep up to date with medicine and to improve their teaching skills. Teachers felt well supported and stated that the School offers a programme of educational events which they are encouraged to attend, such as a 'Training the trainers' course. Some had attended educational events at the School. However they cannot always find time to attend due to their heavy work schedule.

163. All clinical teachers have half a session of protected time for undergraduate teaching written into their job plans. They have defined roles and responsibilities and it is made clear through timetables when the teachers are completing their undergraduate activity.

164. We are pleased to note that a teaching and training component is included as part of their general NHS appraisal, which the Hospital Dean attends when possible or provides relevant information to the appraiser.

165. There are tutor meetings once a month at the MSNFT, which have a good attendance rate. Here they discuss feedback from the School or from the student forum (such as the Staff Student Liaison Committee) on their teaching. Tutors also share their views with the School at these monthly sessions as sometimes the Director of Undergraduate Programmes at Keele Medical School attends.

166. Teachers stated that any changes to the curriculum would be communicated to them though a training session held at Stafford. For example they had all recently completed a GeCos training session.

Policies on disclosure of information and evidence

167. Prior to graduation, students must complete a transfer of information (TOI) form for the foundation school as part of the national process. Before these are issued to students, the School identifies the students who repeated years or required extra support to ensure that they have included this on the form. This will assist the foundation school in the management of the student when they are in a post.

168. The Postgraduate Dean from the West Midlands Deanery advised that she has encouraged the School to write to deaneries where students were going, particularly if any patient safety issues had come to light during their time at the medical school. Foundation doctors training in the West Midlands who had fitness to practise issues during their time at medical school are put under close supervision orders and need to do two supplementary multisource feedback sessions during the foundation period.

169. It is expected that 39% of Keele graduates will take up foundation posts in the local area and 75% of University Hospital of North Staffordshire F1 places will be filled by Keele graduates. This is encouraging as previously only 20% of those that graduated from Keele with a Manchester degree tended to stay in the local area. The School is eager to increase levels of local graduate retention as this will help drive improvement in healthcare in an area of social deprivation.

170. Many Year 5 students that we met reported that they had applied for places on the local foundation programme on the recommendation of the F1 doctors they met on assistantships and because of the new University Hospital of North Staffordshire. Some students advised that they preferred to return to their home towns to do the foundation programme.

Domain 7: Management of teaching, learning and assessment

150. Education must be planned and managed using processes which show who is responsible for each process or stage.

Teachers and other education providers will be closely involved in curriculum management

171. We found a close working relationship between the School and the Trusts through the role of Hospital Dean who is responsible for undergraduate education at the site. A Deputy Hospital Dean role has been created to strengthen the relationship with School and to help to reduce the burden on the Hospital Dean.

172. There are regular curriculum development meetings which the Hospital Dean attends with Keele staff, which have been a good way for the Hospital Dean to get to know the core management team at Keele and the academic and clinical staff. There are cross site meetings for Years 4 and 5 of the curriculum, which include the Year Leads and other staff delivering the curriculum.

173. There is also a liaison meeting once every two months and attendees include the Keele Business Manager, the Medical Director and Deputy Director of Finance, which has a broad agenda and is a good forum to discuss any undergraduate issues at the site.

174. The trust recognised that teaching medical students is vital in preparing for the future. Teachers were keen to provide a good experience for students to improve recruitment at the site in future and to bring in good quality F1s.

Employers of graduates, and training bodies involvement in curriculum planning and management

175. The Postgraduate Dean for the West Midlands deanery chairs all three SIFT committees for the three medical schools in the deanery and she has been closely involved in developing the programme and its funding streams. The Postgraduate Dean is not on the curriculum committee at Keele as she is with the two other medical schools in the deanery.

Domain 8: Educational resources and capacity

159. The educational facilities and infrastructure must be appropriate to deliver the curriculum.

Resources and agreements between medical schools and other education providers

176. The West Midlands Postgraduate Dean advised us that there will be a Local Education Training Board (LETB) for the whole of the region. There will be one representative for all three medical schools in the region on the LETB. There will be five Local Education Training Councils (LETC) under the board. These will mirror the current partnership boards and the HIEC which is currently in place.

177. As changes to the structural configuration in the region changes, including the advent of LETBs and LETCs, The School will wish to ensure its involvement is such that its voice is heard

178. A shadow board is under construction with the five Chief Executives of the LETCs involved. This will also include representatives from community and primary care and Higher Education Institutions with a role in training healthcare professionals.

179. The MSNFT senior management see education as part of its rehabilitation and are keen to strengthen links with Keele in future. They hope to expand the number of students at the site and have capacity for this. There are only six final year students at present at the site (with a maximum capacity of nine). They had 24 students for the Manchester curriculum. However they are aware of the need to maintain high standards as the number of students at the site increases.

180. The Hospital Dean of MSNFT stated that they have built up the undergraduate department and have used facilities SIFT to improve educational facilities at the site.

181. There were no reported problems with internet access at the site and students said that they can easily access the Keele University system.

182. All students at MSNFT said that you need to be able to drive to the site to commute from Stoke as the on site accommodation is not of a good standard. They thought that if there were more students placed at the site that more resources might be available to improve the accommodation.

183. The students said that there is a cost attached to travelling to Stafford from Stoke and that the Director of Undergraduate Programmes at Keele is seeking to establish a bursary to help to cover these costs.

Domain 9: Outcomes

168. The outcomes for graduates of undergraduate medical education in the UK are set out in Tomorrow's Doctors. All medical students will demonstrate these outcomes before graduating from medical school.

169. The medical schools must track the impact of the outcomes for graduates and the standards for delivery as set out in Tomorrow's Doctors against the knowledge, skills and behaviour of students and graduates.

Graduates are able to demonstrate the outcomes

184. Following the site visit, school visit, OSCE observation, and exam board, we are confident that Keele graduates will be able to meet the outcomes set out in Tomorrow's Doctors.

185. The students that we met clearly had experience of applying scientific methods and approaches to medical research (*Tomorrow's Doctors 2009* outcome 12) as in Year 1 they learn to do literature reviews and how to research guidelines, in Year 3 students learn how to critically appraise medical papers and in Year 5 students have to perform compulsory audit during the GP assistantship.

186. Students reported that they are taught about supporting patients in caring for themselves (*Tomorrow's Doctors* outcome 14(h)) from the beginning of Year 1 as they are taught about motivational interviewing and exploring patient concerns. In Year 5, during the GP assistantship students spend a great deal of time educating patients with long term conditions such as diabetes and asthma about how to look after themselves.

Acknowledgement

187. We would like to thank the School and all those we met during the visits for their co-operation and willingness to share their learning and experiences.

Appendix 1: Context

The GMC's role in medical education

188. The General Medical Council (GMC) protects the public by ensuring proper standards in the practice of medicine. We do this by setting and regulating professional standards for qualified doctors' practice and also for undergraduate and postgraduate medical education and training. Our powers in this area are determined by the Medical Act 1983 and subsequent amendments to the act.

189. The GMC sets and monitors standards in medical education. The standards and outcomes for undergraduate medical education are contained in *Tomorrow's Doctors* while the standards for postgraduate medical education are set out in the publication *The Trainee Doctor.* The GMC visits medical schools and deaneries to share good practice, review management of concerns and investigate any other areas of risk indicated by the information held by the GMC.

190. When the evidence collected indicates that specific standards are not being met we will set requirements with deadlines in the visit report so that schools and deaneries can adjust their programmes to ensure they meet all of our standards. We may also make recommendations when schools or deaneries are meeting the standards but there are opportunities to improve the way medical education is managed or delivered. The visit reports will highlight good practice identified in the review.

191. The Quality Improvement Framework (QIF) sets out how the GMC will quality assure medical education and training in the UK from 2011-2012, and how we will work with other organisations working in this area such as medical schools and postgraduate deaneries.

Appendix 2: Sources of evidence

Members of the visit team in attendance	
Team Leader	Professor Julius Weinberg
Deputy Team Leader	Professor Gillian Needham
Visitor	Professor David Croisdale-Appleby Dr Nick Bishop Reverend Dr David Taylor Dr Chris Stephens Dr Hannah Donnelly
GMC Staff	Jennifer Barron Jean-Marc Lam-Hing Elizabeth Leggatt

Quality assurance activity

Meetings with:

Members of the School responsible for:

- School Management
- Admissions
- Inter-professional learning
- Quality Management
- Curriculum
- Assessment
- External examiners
- Year Leads
- Year 4 and 5 Teachers

Representatives from Stafford Hospital:

- Undergraduate and Postgraduate Management team
- Foundation doctors
- Foundation educational supervisors
- Clinical teachers

Students:

- Year 4 and 5 students

Deanery:

- West Midlands Postgraduate Dean

Trust representatives:

- Hospital Deans
- Foundation Programme Senior Management
- Year 5 GP teachers.

Evidence base

- Module 5 GP assistantship allocations 201112
- Evaluation submission guide to the pre Mid Staffs visit
- Keele Medical School 2011 MSAR A
- Keele Medical School 2011 MSAR B
- How the School ensures that the student clinical skills logbooks are completed appropriately
- Causing concerns dissemination routes and Raising concerns evaluation
- SoM Undergraduate quality framework
- How the School monitors the LDAs with placement providers.
- SoM 2010-11evaluation report
- SoM 2010-11School response
- Update on the progress of all students on the Graduate Entry Programme
- Update on how the School plans to include evaluation from patients in its quality data
- Plans in place to collect data about Keele graduates preparedness for practice from deaneries/employers from 2012.
- Update on the involvement of lay representation and employers on the School's committees
- Update on engagement with LEPs and the Deanery in relation to the provision of student assistantships and shadowing in Module 5.
- Update on engagement with LEPs and the Deanery in relation to the provision of student assistantships and shadowing in Module 5
- A list of any key changes to Modules 1 and 2 since our review in 2006/07 and 2007/08

- Brief update on the use of the third sector for clinical placements
- Update on the provision of humanities SSCs
- External examiner reports for Module 4 assessments and the School's responses to these reports
- External examiner reports for Module 4 assessments and the School's responses to these reports
- External examiner reports for Module 4 assessments and the School's responses to these reports
- External examiner reports for Module 4 assessments and the School's responses to these reports
- How the School will decide which students have successfully passed the final assessments and the standard setting process involved
- How lower level professional issues are recorded and the threshold for a formal Fitness to Practise hearing
- SoM Undergraduate quality cycle 2010-13
- Student progression rates for the Keele curriculum
- Academic advisor programme
- ·Medical school annual return (MSAR) 2011
- Module 4a first rotation feedback Stafford
- 2011 Module 5 1st five week attachment student feedback Stafford
- 2011 Module 5 2nd five week attachment student feedback Stafford

Appendix 3: Acronyms

A&E	Accident and Emergency
CPD	Core Professional Development Portfolio
F1	Foundation Year One Doctor
GeCos	Generic consultation skills assessment tool
GP	General Practice
HIEC	Health Innovation and Education Cluster
ILO	Intended Learning Outcome
IPE	Inter-Professional Education
LCAT	Leicester Clinical procedure Assessment Tool
LEP	Local Education Provider
LETB	Local Education Training Board
LETC	Local Education Training Councils
MBChB	Bachelor of Medicine, Bachelor of Surgery
MMI	Multiple Mini Interviews
MSAR	Medical School Annual Return
MSF	Multi Source Feedback
MSNFT	Mid Staffordshire NHS Foundation Trust
NHS	National Health Service
OSCAR	Objective Structured Case Analysis and Reflection
OSCE	Objective Structured Clinical Exam
PBL	Problem Based Learning
PMQ	Primary Medical Qualification
SAU	Surgical Assessment Unit
SHA	Strategic Health Authority
SIFT	Service Increment for Teaching
SSC	Student Selected Component
TOI	Transfer of Information
UKCAT	UK Clinical Aptitude Test

20th November 2012

Professor J McKillop
Chair, Undergraduate Board
General Medical Council
2nd Floor, Regents Place
350 Euston Road
London
NW1 3JN

Dear Jim,

I would like to thank the Undergraduate Board members for their Final Report on the 2011-12 QABME cycle of visits to the School of Medicine at Keele. The staff and students are delighted that Keele was approved to award its own Primary Medical Qualification in December 2011.

The School has found the GMC QABME team's advice and input invaluable and is very pleased with the largely positive final report. Many of your recommendations are now in place and we are delighted with the positive feedback given by the 1st cohort of Year 5's in the National Student Survey.

I attach the School's response to the Board's report.

As a school we attribute much of our success to the invaluable help we have received throughout the development of our course from the GMC QABME process. Please extend our thanks to all involved.

With kind regards,

Val Wass.

Professor Val Wass

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Response of the School of Medicine, Keele University, to the 2011/12 GMC Undergraduate Quality Assurance Report

The School was delighted that the GMC approved it to award its own Primary Medical Qualification in December 2011, and that the GMC QABME team is confident that we are meeting the GMC standards described in *Tomorrow's Doctors* (2009). The School has found the QABME team's recommendations very useful throughout the development of the Keele course, and was pleased that the report recognised our commitment to taking on board the Team's suggestions.

Keele welcomes the report's six recommendations, and the School's action plans for each are:

1. *The School should ensure that LEPs are informed about students who require reasonable adjustments within clinical placements*

The School's Professionalism and Welfare Committee are reviewing the effectiveness of the current system in which a student with a disability has a needs assessment by the University followed by a meeting with the School's Disability Liaison Officer during which appropriate adjustments are planned. This is followed by the Disability Liaison Officer communicating, with the student's permission, with relevant administrators. The Committee's review will seek to enhance the effectiveness of this process.

2. *The School should consider issuing clinical skills logbooks to students in Year 4 to allow them more time to get competencies signed off.*

The School welcomed this suggestion and is planning to implement an e-portfolio system in 2013 that will facilitate this change. During this transition year we have endeavoured to reduce the requirements placed on Year 5 students. They are now allowed to include evidence from their Year 4 logbooks when having their skills logbooks reviewed by their Year 5 Educational Supervisors and the signatures required for each skill are now spread across Years 4 and 5.

3. *The School should examine concerns of some students related to length and timing of the critical care module*

The School has also identified this concern through its programme of evaluation of Year 5 including a survey of current Foundation Year 1 Doctors. Overall levels of preparedness appear to be encouraging, with over 90% of F1s who have responded to our survey stating that they agree or strongly agree that the Medical School prepared them well for their Foundation Programmes. However some students and F1s have suggested that the critical care module should be longer. This suggestion is being considered by the Curriculum Committee as part of its review of Year 5.

4. *Students names should be removed from documentation presented to the Year 5 exam board (Currently names only appear in the Year 5 board, all other years are anonymised).*

The School has agreed with this suggestion and is seeking the permission of the University to adopt this recommendation.

5. *The School should ensure that information to students about the award of distinctions and how the criteria might be varied fully reflects the university regulations.*

The School adopted a policy that gives the Year 5 Exam Board the authority to decide on the threshold for the award of Distinction to allow a flexible approach particularly for the early cohorts of the new course, for whom it is difficult to predict how many students may achieve a particular threshold for Distinction. This policy is compliant with existing University regulations. The School is ensuring that this policy, and the threshold set at the most recent Year 5 Exam Board, is effectively communicated to students of all years.

6. *The School should review access to, and improve awareness of careers advice. Particularly help with foundation programme applications.*

The School has recognised the need to actively enhance the careers advice available to students, and while over 80% of Year 5 students at graduation felt that they had been adequately informed about Foundation Programme applications, we recognise that there remains room for improvement. Over the last year the School's Clinical Careers Officer has been working with the students' Careers Committee to enhance the current 5 year programme of careers advice and the School will continue to prioritise improving careers advice for students.