

Action Plan for King's College London School of Medicine: Visit cycle 2012/13

Requirements

| Report Ref | Due Date | Description | Action taken by medical school/ deanery to date | Further action planned by the medical school/ deanery | Timeline for action (month/ year) | Medical school/ deanery lead |
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| 1 | Next scheduled report to the GMC | Ensure that all assessments are subject to appropriate quality control and quality management to provide a valid, reliable and fair judgement of students' performance. This must include provisions for ensuring consistent teaching for all students across all sites. | <p>Quality control is managed by the year Examination Boards and overseen by the Undergraduate School Examination Board which reports to College Examination Board. The 2013 examination schedule has been lengthened to ensure increased time for scrutiny of examination papers and OSCEs, and for scrutiny of results.</p> <p>In April 2013, we introduced an external examiner induction day.</p> <p>King's Health Partners (KHP) has mandated their Clinical</p> | <p>Plans to introduce OSCE descriptors for simulated patient's global scores.</p> <p>Blueprints of core topics are based on core topics and learning outcomes in student logbooks. With more detailed curriculum mapping of learning outcomes, we shall blueprint against these.</p> <p>Increased opportunities for formative OSCEs are planned for Phase 3 and Phase 4.</p> <p>Standardised teaching across campuses will be</p> | <p>December 2014</p> <p>Phase 3 July 2013, Phase 4 July 2014</p> <p>2014-15</p> | <p>Dr Tushar Vince, Head of Clinical Assessment.</p> <p>Professor Anne Greenough, Head of</p> |

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| | | | <p>Academic Group (CAG) structure to provide sufficient senior examiners for OSCEs.</p> <p>All OSCE examiners have an introductory CD and a pre-examination briefing session. Homologous pairs of examiners and surrogates at the same station in different circuits standardise the marking and the performance before the start of the OSCE.</p> <p>All OSCE formats are standardised (mainly in the early phases). OSCE performance is reviewed by OSCE co-ordinators and station leads. Each OSCE station is standard- set by a multidisciplinary group.</p> <p>Simulated patients are formally trained before participating and their briefs are standardised and rehearsed beforehand.</p> <p>Examiner briefings advise examiners on level of expected candidate performance, instructions provided, and guidance on global scores. Examiners are expected to rehearse stations with prior agreement on performance</p> | <p>strengthened when the core curriculum has been updated and made more accessible to staff.</p> <p>The Medical School is discussing with Hospital Trusts the use of SIFT to fund PA allocations to all Phase Board members to enable them to contribute to the Boards, write new questions, and scrutinise exam papers.</p> <p>Plans are in progress to produce examiner feedback to help examiners benchmark their stringency in awarding marks.</p> | <p>December 2013</p> | <p>School; Director of Education & Training KHP.</p> <p>Professor Anne Greenough, Head of School</p> <p>Dr Tushar Vince, Head of Clinical Assessment</p> |

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| | | | <p>and awarded marks.</p> <p>Formative OSCEs at teaching hospitals submit their stations centrally beforehand to ensure they are relevant and standardised. A formative OSCE for Phase 2 was introduced in 2012.</p> <p>The students' OSCE website on the VC provides guidance on criteria, format, content and performance requirements.</p> <p>OSCE questions are blueprinted against the learning outcomes in Tomorrow's Doctors 2009.</p> <p>Since 2012, extended metrics are used to ensure the performance of individual OSCE stations. Cronbach alphas have been measured and reviewed for several years by internal and external examiners prior to provisional presentation of exam results to School Board. Inter-rater variability has been scrutinised and was not a concern for Phase 5 in 2012.</p> <p>The medical school has agreed to underwrite the PA</p> | <p>We plan to review OSCE metrics including the proportion of candidates passing and failing stations, inter-rater reliability, R2, and standard-setting from Angoff compared to borderline regression. Under-performing stations will be reviewed in greater depth and prioritised for review now that the entire OSCE bank for Phase 5 has been standardised and reviewed in past 3 years.</p> | <p>December 2014</p> | <p>Dr Stephanie Strachan, Head Y5 Assessment</p> |

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| | | | <p>time in Trust staff job plans which main phase Board members provide in order to organise OSCE and written papers.</p> <p>The Medical School has allocated funds for the appointment of a second Clinical Assessment Software Developer and Data Analyst for the OSCE.</p> <p>Individual examiners who appear to mark inconsistently from the cohort are now observed by senior examiners.</p> | | | |
| 2 | Next scheduled report to the GMC | Ensure that curriculum outcomes are mapped to all teaching, blueprinted appropriately to assessments, and are clearly communicated to students. | <p>Curriculum outcomes have been mapped for skills teaching and assessment, and some curriculum themes; areas of non-compliance with TD09 identified and relevant teaching implemented.</p> <p>Funding has been secured for a staff officer to undertake curriculum mapping, supervised by a clinical lead.</p> <p>In Year 1+2 assessments are blueprinted to lectures and the learning outcomes.</p> <p>In Phases 3, 4 and 5 written</p> | Recruitment process initiated for education officer and will be interviewing shortly. | 12 months from appointment aimed for July 2013 | Prof Janice Rymer, Undergraduate Dean |

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| | | | exams and OSCEs are blueprinted against the published curriculum and to learning outcomes in TD09. | | | |
| 3 | Next scheduled report to the GMC | Ensure that students have access to comprehensive, consistent and timely guidance and support about the curriculum and how they will be assessed. This must include expected learning outcomes, assessment format, range of content, marking schedule and contribution to overall grade. | <p>Each MBBS year has a lecture for all students dedicated to describing the assessment format, range of content, and marking schedule.</p> <p>Example written questions for each year are available online.</p> <p>There is a newly introduced OSCE web-site detailing the OSCE format in each year and answering FAQs.</p> <p>Marking schemes for each year are available to all students on-line.</p> <p>Formative OSCEs take place in Year 2 and Phase 5.</p> <p>A video has been produced on the OSCE process and explained domain and 'hot'</p> | <p>Phase 1 MBBS is to be fundamentally reorganised and shortened with topics presented as themes and some material shifted into Phase 2 scenarios to provide clearer learning outcomes.</p> <p>Formative OSCEs are planned for Phases 3 and 4.</p> <p>Phase 4 will be starting formative written exams in 2013-14 in each of the three rotations in addition to</p> | <p>September 2014</p> <p>Phase 3 July 2013, Phase 4 July 2014</p> <p>July 2014</p> | <p>Dr Liz Andrews, Deputy-Head Phases 1+2.</p> <p>Dr Jenny Quirk, Chair Part 3 Exam Board.</p> <p>Dr Rob Feneck, Chair Part 4 Exam Board</p> |

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| | | | feedback with final OSCE mark on the OSCE website. Head of Phase 5 and Head of Clinical Assessment have visited campuses to provide opportunities for discussion using this video as a starting point. | formative OSCEs. Funding applied for an educational research project to pilot Action Learning Sets with Phase 3 students and to roll out to Phases 4 and 5 . This aims to improve student engagement with curriculum workplace learning outcomes and assessment criteria of these outcomes. | August 2013-2014 | Dr Anne McKee, Director of Education Research & Innovations. |
| 4 | Next scheduled report to the GMC | Ensure that students receive regular, constructive, timely and benchmarked feedback on their performance so that they can review their own performance and address their strengths and weaknesses. | 2012-2013: 32 workshops focussed on students eliciting feedback in the clinical setting and using information to reflect on their professional development; compulsory half-day sessions for Phases 3 and 4 , which included participation by 50 teaching clinicians; and an optional 1-hour session for Phase 5 . | 2013-2014: The focus in the feedback workshops will move on to clinical teachers. Workshops on use of clinical teaching time as opportunities to provide constructive feedback on students' performance will be offered on all teaching hospital sites. | September 2013-2014 | Deborah Ballinger-Mills, Education Development Manager |

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| | | | | <p>Currently under consideration: The Phase 3 feedback workshop in Rotation 1 will be re-inforced at the start of Rotations 2 and 3 at clinical site inductions. 'Feedback & Reflection' induction packs to be developed and distributed with 30-minute introduction for site-deans and administrators at Phase 3 teaching hospitals.</p> <p>Pilot study of online formative assessment tool for firm heads with students during Phase 4 in the Reproductive and Sexual Health (RSH) rotation</p> <p>Under consideration: MBBS1: To have four online timed tests and one mid-sessional to be held under exam conditions. MBBS2: mid-sessional will change to online format and</p> | <p>January 2014 - July 2014</p> <p>September - December 2013</p> <p>June 2014</p> | <p>Deborah Ballinger-Mills, Education Development Manager</p> <p>Deborah Bruce, Phase 4 Lead RSH Rotation; Deborah Ballinger-Mills, Education Development Manager</p> <p>Dr Phil Aaronson, Chair Part 1 Exam Board.</p> <p>Dr Rachel Tribe, Chair Part 2 Exam</p> |

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| | | | <p>feedback.</p> <p>In Phases 3 and 5, clinical year students have mid-rotation and end-of-rotation feedback on their clinical and professional performance.</p> <p>2012-2013: MBBS1 In-Course Assessment (ICA), previously purely summative, has been modified so that 2 of 3 timed tests are formative; this allows provision of detailed feedback.</p> <p>Students already receive 3 types of OSCE feedback: i) cohort (benchmarked); ii) domain on overall exam; iii) hot feedback on individual stations.</p> <p>In Years 1+2, students have personal tutors who advise students on their personal learning and assessment guidance. Senior tutors coordinate communication between tutors and tutees, and support a standard approach.</p> | <p>continue to be summative.</p> <p>Hot feedback – further guidance will be provided for examiners.</p> | | <p>Board</p> <p>Dr Tushar Vince, Head of Clinical Assessment</p> |

Recommendations

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| 1 | Next scheduled report to the GMC | Review communications with students to improve engagement between the School and the student body. The School should ensure appropriate support and advice is available to all students. | <p>The following have been initiated in last 12 months:</p> <p>Monthly student newsletter from the Undergraduate Dean.</p> <p>“Meet the Deans” meetings for students.</p> <p>Posters- “you said- we did” displayed around the College.</p> <p>Head of School meets with the Presidents of the Medical Student Association (MSA) and the MSA committee on a regular basis. She meets with all MBBS Phases at the start of the academic year and additionally with Phase 5 at the start of each semester.</p> | <p>Annual student survey to be undertaken gathering feedback on Clinical Advisers’ support, availability and communication.</p> <p>The year course evaluation questionnaires will expand questions on student experience including communication. These will be informed by the College Student Experience Questionnaire circulated in March 2013, which included questions on communication.</p> | July 2013 | <p>Dr John Philpott-Howard, Senior Tutor and Chair of Clinical Advisers</p> <p>Dr Helen Graham, Head of Quality</p> |
| 2 | Next scheduled report to the GMC | Review and monitor the current provision of resources and programme capacity to ensure that educational facilities and programme infrastructure are appropriate to deliver the curriculum. The School should ensure all | KCL undertook a review of medical education in 2012 and made recommendations. | Proposed themes for action include: further enhancing medical education including increasing resources and support for medical education particularly with regard to administration and organisation, and also increased involvement of the Teaching Partner Trusts. An | 2013 - 2014 | Professor Sir Robert Lechler, Vice-principal Health. |

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| | | <p>students have access to appropriate learning opportunities and resources.</p> | <p><u>Skills training facilities</u> The organisational and management structures of the skills centres (SaLcentres at St Thomas' and Guy's) have been reviewed. Provision has been improved: by increasing opening times during the OSCE season to offer increased self-directed learning and student group bookings for revision; by offering all students an opportunity to have a patient educator session with personal feedback; and timetabling all final year students for an inter-professional integrated simulation session focusing on the acutely ill patient.</p> <p>Funding for a front desk administrator at the Guy's Skills Centre has been secured and an appointment made.</p> | <p>Education Steering Group has been set up to take forward these proposals.</p> | | |

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| 3 | Next scheduled report to the GMC | Review the effectiveness of quality management and reporting systems to ensure all aspects of education are monitored, reviewed and evaluated in a proactive and systematic way; and ensure that concerns or risks to the quality of medical education are identified and managed quickly and effectively. | <p>Quality management of all MBBS phases is in place. A full time Senior Quality Officer was appointed in June 2012. Her remit is to keep an overview record of all feedback and quality control initiatives, identify action points, and follow up implementation.</p> <p>An E-news-sheet was launched in Autumn 2011 and circulated to all undergraduate administrators, teaching hospital sub-deans, all clinical teachers, support staff and managers involved in supporting students on clinical attachments. This updates on curriculum developments and good practice.</p> | Review of QM systems will be with Head of Quality and at termly Quality Group meetings and the Visiting Team Lead. | Ongoing | <p>Dr Helen Graham, Head of Quality</p> <p>Ms Diana Kelly, Education Adviser, Visiting Team Lead</p> |
| KCH Report 1 | Next scheduled report to the GMC | Review the KCH site facilities management plan to ensure all education facilities are fit for purpose, and adequate educational capacity is in place to accommodate the practical experiences required by the curriculum. | All our seminar and lecture rooms in the main education centre at KCH have now undergone high specification refurbishment to better serve the needs of students and teachers. Plans are underway to refurbish the educational facilities embedded within the | An in-principle agreement has been reached between the Medical School and the Trust to convert the gym in the Education Centre into a multi-storey skills and simulation training facility. The business case for this is being developed on the back of a detailed feasibility study. | Timescale pending | Dr TJ Lasoye, Director of Medical Education and Asst Medical Director, King's College Hospital |

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| | | | Hospital premises. | | | |
| KCH Report 2 | Next scheduled report to the GMC | Ensure that all employees involved in medical education and training have adequate time for teaching and training identified in their job plans. | The Trust Board has signed off a job planning policy which stipulates a minimum time for teaching in every consultant's job plan. In addition, those with additional teaching and/or programme management responsibilities would also have appropriate time allocated for such roles in their job plan. | Compliance will be monitored through trainer's appraisal and job plan reviews. | 2013-14 | Dr TJ Lasoye, Director of Medical Education and Asst Medical Director, King's College Hospital |
| KCH Report 3 | Next scheduled report to the GMC | Continue to support and resource those employees with education responsibilities. We recommend that the Trust implements standardised job plans for employees with education responsibilities; implements appropriate and timely education appraisals processes; and develops robust selection criteria to ensure continued standards of teaching and training. | The Trust Board has signed off a job planning policy which stipulates a minimum time for teaching in every consultant's job plan. In addition, those with additional teaching and/or programme management responsibilities would also have appropriate time allocated for such roles in their job plan. | Compliance will be monitored through trainer appraisal and job plan reviews. | 2013-14 | Dr TJ Lasoye, Director of Medical Education and Asst Medical Director, King's College Hospital |

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| KCH Report 4 | Next scheduled report to the GMC | The Trust's education leaders should continue to engage with KCL medical school to improve students' awareness of the curriculum syllabus and assessment criteria. | Every consultant has been reminded of the need to familiarise themselves with the KCL undergraduate curriculum by reading the relevant sections of the MBBS handbook (to be made readily available to all). They have also been encouraged to attend relevant curriculum committee meetings and to actively participate in the assessment process. | <p>The medical school is exploring ways to effectively communicate good practice with all students and teachers on a regular basis.</p> <p>The School is seeking to increase work experience opportunities for secondary school students with increased linkage to the Widening Participation scheme.</p> | June 2014 | Dr TJ Lasoye, Director of Medical Education and Asst Medical Director, King's College Hospital |
| QEH Report 1 | Next scheduled report to the GMC | Review the effectiveness of quality control and reporting systems to ensure education and training programmes are monitored, reviewed and evaluated in a systematic way; and to ensure that concerns or risks to the quality of medical education are identified and managed quickly and effectively. | Some aspects have already improved, although the issues raised relate more to postgraduates than undergraduates. There is already a regular Undergraduate Committee meeting at the Trust, with attendance several times a year by a KCL representative. In addition, QEH year leads regularly attend meetings on curriculum at KCL. There is feedback to QEH at the end of each 12 rotation about each specialty which hosts students, includes numerical scores, comparisons with other KCL campuses, and free text written responses about excellent teachers and any concerns or issues. | The new Medical Director now attends the Medical Education Committee meetings (started February 2013) to gain an understanding of the educational challenges at the Trust, at undergraduate and postgraduate levels. The Sub-Dean meets undergraduates regularly to monitor their concerns, and the Undergraduate Administrators have effective communication links with students, and, via the Sub-Dean, to the DME and wider educational community. In the past, the challenge has been not so much a lack of awareness of problems but the difficulty of making effective changes in an ever- | The merger is expected to be complete by end of July 2013, and current regular communications will continue beyond the takeover date. | Dr Gerald Coakley Director of Medical Education, QEH |

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| | | | Overall, these show quite robustly that there is a high level of satisfaction with the undergraduate programmes at QEH, which compare well with other campuses. There is certainly no complacency, and there is always room for improvement, but there is good evidence that our undergraduate programmes are well evaluated, consistently over time by many cohorts of students. | shifting managerial context. The current leadership of the organisation is proving effective in helping tackle such issues, and we have some confidence that the leadership of University Hospital Lewisham (which is due to take over QEH in summer 2013) has a good track record. The Undergraduate Sub Dean and DME will over summer 2013 make contact with their opposite numbers at University Hospital Lewisham to ensure that there are effective joint working relationships which support and enhance the undergraduate experiences at both our sites. | | |
| QEH Report 2 | Next scheduled report to the GMC | Continue to ensure that all trainers and supervisors involved in medical education and training have adequate time for teaching and training identified in their job plans. | Undergraduate deans, year leads, the undergraduate administrator, and a new post of skills lead .have specified protected time for teaching and academic management. | Most consultants currently have no protected teaching time for undergraduates, and this is currently being reviewed. The Trust is working on ways to use SIFT to support time in the job plans of those consultants who make a significant contribution to undergraduate education over and above having students present while they carry out their Direct | 2013-14 | Dr Gerald Coakley Director of Medical Education, QEH |

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| | | | | Clinical Care PAs. | | |
| QEH Report 3 | Next scheduled report to the GMC | Continue to support and resource trainers and supervisors with education responsibilities. We recommend that the Trust implements standardised job plans for employees with education responsibilities; implements appropriate and timely education appraisals processes; and develops robust selection criteria to ensure continued standards of teaching and training. | | We will continue to monitor the situation to ensure that the broad principles regarding recognition of teaching time in job plans agreed by the Trust leadership translate more effectively and consistently than they currently do into individual job plans | 2013-14 | Dr Gerald Coakley Director of Medical Education, QEH |

Good practice

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| 1 | Next scheduled report to the GMC | The variety and scope of Student Selected Components available to students, across a range of disciplines. | In February- March 2013, all site sub-deans were e-mailed to recruit new SSCs, They were asked to disseminate this request to Trust consultants involved in teaching medical students. This e-mail was also sent to CAG leads and biomedical scientists. | Planned visits to partner Trusts for meetings with site-deans and consultants to discuss SSCs aiming to recruit SSC supervisors. | April – July 2013 | Dr Anthea Tilzey. Head of SSCs |
| 2 | Next scheduled report to the GMC | The School's extensive and proactive approach to welfare support for students with disabilities and learning difficulties. | The School appointed a fulltime dedicated Disability Officer whose role is to advise and support students with a long term conditions. In 2012, a new website was added to the virtual campus entitled "Breakthrough" which offers advice on self referral to the School Disability Officer. | The School plans to develop an increasingly inclusive strategy where provision focuses on a diverse range of needs. Proposals have been submitted for a support programme for students who fail MBBS3 because of the prevalence of students with long term conditions or personal difficulties. | To trial a structured programme for 2013 – 14 | Michelle Robinson, School Disability Officer Dr Teif Davies , Head of Phase 3 |
| 3 | Next scheduled report to the GMC | The School's widening access programmes and commitment to expansion of medical education to disadvantaged groups in the region. | The Extended Medical Degree Programme (EMDP) is under constant review. Numeracy tutorials have been introduced and improvements made in chemistry teaching. The multiple mini-interviews for 2013 entry for the first time | The admissions policy has been revised for the 2014 entry. Previously all non-selective state schools in London, Kent and Medway were eligible. From 2014, recruitment will only be from schools & sixth form colleges that consistently perform | 2014-15 | Dr Steve Thompson, Director EMDP |

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| | | | included mathematical reasoning. | <p>below the national average, removing 37 top performing schools. The "Outreach for Medicine" programme is also actively targeting those lower performing schools.</p> <p>KCL is signed up to "Realising Opportunities". In 2014 entry, up to 5 places on the EMDP will be allocated to students completing this national mentoring programme and can be for students outside London.</p> <p>Future developments include monitoring the impact of interventions and the programme as a whole on the career progress and development of our students. This will require College funding.</p> | | |
| 4 | Next scheduled report to the GMC | The School's close working relationship and engagement with the South Thames Foundation School (STFS), particularly in areas of curriculum development, governance and information sharing. | London and KSS Deaneries, via STFS, have agreed to share LEP quality management visit reports with KCL (and also SGUL/BSMS) | STFS is in discussion with medical schools about them reciprocating and sharing medical school quality management visit reports with STFS/KSS/London deaneries. Sharing between Medical Schools and STFS is still under consideration. | <p>Deaneries March 2013.</p> <p>Medical Schools May 2013.</p> | Marc Terry, STFS, Guy's Hospital |

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| KCH Report 1 | Next scheduled report to the GMC | The Trust's positive learning and working culture, as a result of comprehensive induction procedures; welcoming and accessible education supervisors and helpful education administration staff; and good ALS training for new F1, CT and ST trainees. | N/A | | | |