

Review of King's College London School of Medicine

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>.

Review at a glance

About the School

Programme	Bachelor of Medicine and Surgery (MBBS)
University	King's College London School of Medicine
Years of course	<p>MBBS standard programme: five years (plus option for one year BSc intercalation)</p> <p>Extended Medical Degree Programme (EMDP): six years</p> <p>Graduate and Professional Entry Programme (GPEP): four years</p>
Programme structure	<p>The curriculum is divided into five phases: phases 1 and 2 (Introduction to Medical Science) focus on basic science, illustrated and informed by clinical practice. Phases 3 and 4 (Intensive Patient Contact) focus on clinical training, underpinned by science. Phase 5 (Shadowing Practising Doctors) is vocationally oriented and includes the opportunity to study abroad for an elective period. Each phase contains elements from the core curriculum, as well as Student Selected Components throughout the course (over 1000 projects to choose from).</p>
Number of students	2,366 (as of 2011/12)

Number of LEPs	19 Trusts, 17 associated district general hospitals and over 200 GP placements across the south of England.
Local deanery	London
Last GMC visit	2008 Quality Assurance of Basic Medical Education visit
Outstanding actions from last visit	None

About the visit

Visit dates	26-27 November 2012
Sites visited	KCL Guy's Campus, London, SE1
Areas of exploration	Assessments, curriculum development and delivery, quality management and evaluation, placements, equality and diversity, student support, fitness to practice, preparedness to practice, student data and tracking, transitions.
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns identified?	No
Has further regulatory action been requested via the <u>responses to concerns element of the QIF</u>?	No

Summary

- 1 King's College London School of Medicine (KCL) was visited as part of the regional review of London. The visit team investigated the School's undergraduate medical education, and met with representatives from the South Thames Foundation School (STFS) to evaluate KCL graduates' preparedness for practice. With more than 2,300 undergraduate students, KCL is one of the largest medical schools in the UK. The School is based at Guy's Hospital, St Thomas' Hospital and King's College Hospital. The School is multidisciplinary and teaching is delivered by more than 1,400 teachers and educationalists across the School, King's Health Partners and associated NHS Trusts and hospitals, the latter providing a significant proportion of clinical teaching.
- 2 There are a number of external factors which have the potential to impact on the School's delivery of medical education. There is a general risk to placements as a result of on-going service reconfiguration at South London Healthcare Trust, the downsizing of district general hospital capacity and potential reductions in staff numbers across the School's partner hospitals. All providers in London face the challenge of a changing medical education landscape during the transition to Local Education and Training Boards (LETBs).
- 3 Despite these challenges, we found that KCL was delivering a good standard of medical education. The School has good learning resources, particularly the new clinical skills centre and virtual learning environment. Students spoke positively of the variety of learning opportunities available to them, particularly in Student Selected Components (SSCs). The School's commitment to widening access has made a positive contribution to the expansion of medical education across London and the South East. We also recognised the close working relationships between KCL and STFS. We had some concerns, particularly regarding the Faculty's communication and engagement with students and the impact of this on the low levels of student satisfaction that we observed in some areas. Feedback, and the design, delivery and quality management of assessments could be improved. Quality data could also be used more effectively to drive strategic improvements across the School. We recognise that the School is aware of some of these issues and has made efforts to address them.

Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

Number	Paragraph in <i>Tomorrow's Doctors</i> (2009)	Requirements for the School
1	TD 49, 53, 54, 86, 113, 117	The school must 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.
2	TD 82, 86, 112, 120, 157	The School must ensure that curriculum outcomes are mapped to all teaching, blueprinted appropriately to assessments, and are clearly communicated to students.
3	TD 87, 114, 122, 123, 130	The School must 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.
4	TD 85, 111	The School must 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.

Requirement 1: Make sure that assessments are quality controlled for consistency, fairness and reliability

- 4 We found that the quality control of assessments requires improvement. Students across phases suggested that their teachers were not always certain of the curriculum content, and that correlation between what is taught and what is included in summative exams can vary. Students in

years four and five suggested that quality of clinical teaching during placements depended on the head of each firm, resulting in variability of what is taught from site to site. Students considered that this might disadvantage them when it came to standardised OSCE assessments. Year five students suggested that standardised teaching would enable them to prepare better for standardised assessments. Year two and three students also suggested disparity in terms of personal tutor support, and that some students might be disadvantaged in assessments because they have not been supported as well as others. Phase five students reported that there was a lack of standardised teaching, which they perceived as a cause of low success rates in the final year initial OSCE (Part A). There was recognition among quality management staff that teaching methods across sites and firms is inevitably subject to variability, and that this might impact on students' ability to meet all curriculum outcomes.

- 5 Students were concerned that there was lack of consistency between defined learning outcomes, teaching, and the content of assessments. We noted students' grievances that exams have included questions on subjects that were not previously covered in lectures. Year two and year five students also reported errors in exam papers, which were only identified by the exam invigilators during the examinations. Year five students reported issues with variability of marking by OSCE examiners and questioned the fairness of the process. Students reported that individual stations within a given OSCE had been delivered in different ways by different examiners, with the result that some students felt disadvantaged. Assessment staff explained that this year's exams will be produced earlier to ensure there is adequate time for internal quality review, and that there is now also a job description which sets out requirements for external examiners.
- 6 The School must ensure that effective quality control processes are in place for all assessments, and there must be provision for ensuring consistency of curriculum delivery across all LEP sites.

Requirement 2: Make sure that curriculum outcomes are clearly mapped and communicated to students

- 7 We found that the processes by which assessments are set, notably blueprinting and standard setting, lack a strong quality management process. Students were aware of the core curriculum, but felt that the curriculum document was too long, unclear and not easily accessible.

Year three students told us that lectures did not always follow the stated learning objectives and that they did not receive specific learning outcomes prior to starting placements. Year four and five students reported that the expected curriculum outcomes are poorly communicated and that there is a need for clearer guidance on learning objectives beyond the information provided in logbooks.

- 8 We noted the School's ongoing review and redesign of the curriculum to ensure it is fit for purpose and consistent, with an appropriate balance of formative and summative assessments. Quality management staff acknowledged the challenges of delivering standardised learning and assessment for a large cohort, and highlighted the School's recently refurbished simulation centre, exam training, and more clearly blueprinted exams in response to student feedback. Additionally, they reported that exams are blueprinted against lectures rather than learning outcomes.
- 9 The School must improve the alignment of stated learning outcomes with what is tested in assessments by mapping curriculum outcomes to teaching and ensuring assessments are clearly blueprinted.

Requirement 3: Make sure that students have access to guidance and support about the curriculum and how they will be assessed

- 10 Many students reported that guidance on how they will be assessed is limited. Students across phases considered that they needed more information on assessment criteria, format and content. They also explained that it was difficult to benchmark their performance and prepare for exams and OSCEs because they had limited understanding of performance requirements. Students told us that there are few opportunities to practice their knowledge and skills in formative assessments – both academic and clinical, throughout the programme. Year five students reported that limited information and guidance provided by the school leads many students to rely on guidance from peers to help prepare for assessments. However, we noted the School's response to student evaluation which has resulted in formative OSCEs in year five and sample exam questions included on the school's virtual learning environment, the *Virtual Campus*.
- 11 We noted the positive remedial programme for those repeating year five, however there does not appear to be the same support for those failing earlier years of the programme. Students were concerned by the

School's approach to charging for re-sit assessments in phase one and two. Some students were not aware of the School's policy of charging for re-sit examinations in years one and two. Students who fail in phases three, four or five are required to re-take the whole year and pay tuition fees accordingly. The School is reviewing the re-sit fees.

- 12 The School must ensure that students have access to guidance and support about their curriculum and assessments. This must include information about expected learning outcomes, assessment format, range of content, marking schedule and contribution to overall grade.

Requirement 4: Make sure that feedback to students is timely, accurate, reliable and adds value

- 13 Students across phases two to five reported issues with the feedback they receive on their performance. Students told us that limited feedback opportunities and access to formative assessments makes it difficult for students to benchmark their performance. Students reported a clearly identified need for more targeted feedback. Year four and five students reported that feedback has improved in the past year, as a result of student evaluation. The School has implemented immediate 'hot feedback' after OSCE examinations, and has changed its approach to feedback on placements to improve performance grading. However, year five students, teachers and quality management staff reported issues with the hot feedback system, primarily student complaints that feedback does not correspond to their final overall mark. Clinical teachers reported that the variability and uncertainty of OSCE hot feedback is being addressed and the feedback form has been changed so that examiners can identify and record student competence.
- 14 All final year students are given the opportunity to attend a formative OSCE at one of the partner teaching hospitals. Year five students are also encouraged to use a peer feedback system, which has been well received. Quality management staff explained that the School's efforts to improve feedback and ensure students receive more targeted and personalised feedback are ongoing. We acknowledge the School's efforts to address feedback, including the implementation of hot feedback after assessments, but we require the School to address these problems by ensuring that all students are provided with more targeted and detailed feedback on their performance.

Recommendations

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

Number	Paragraph in <i>Tomorrow's Doctors (2009)</i>	Recommendations for the School
1	TD 123, 130, 141, 145	The School should review the way it communicates 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.
2	TD 52, 159, 160	The School should 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 students have access to appropriate learning opportunities and resources.
3	TD 44, 49, 51, 52, 53, 54	The School should review the effectiveness of its 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.

Recommendation 1: Ensure that communication with students is constructive and appropriate, and provide appropriate support, information, advice and guidance

- 15 We observed a number of issues with the way that the School communicates and engages with students. We heard from students that timetable cancellations and changes were communicated at short notice via email. These should be co-ordinated more effectively to ensure that learning opportunities are not missed. It was also apparent that students were not always sure of whom to go to for guidance on educational matters, for example their personal tutor or the Virtual Campus. Many

students reported that they submit questions to the FAQ pages on the Virtual Campus, but often as a final resort because they did not receive a satisfactory response via other means. Students on the graduate programme highlighted that their first year on the programme was very well organised because they had a dedicated GPEP Director. However, students in years three, four and five told us that general administration could be improved, for example, in the advance organisation and communication of sessions and placements. Some students complained that information about their placements was previously received less than one week before the start of term. Fundamentally, communication of the curriculum, learning outcomes and assessments (as detailed in Requirement 2) must be improved.

- 16 There were consistent, overarching concerns in student meetings about the relationship between students and the School, based on a clear sense of disillusionment amongst students and a loss of confidence and trust in the medical school. This was particularly prevalent amongst students in years four and five, although students in years one and two were more positive. Students told us that previously there were few opportunities to provide evaluation, but that the School has made recent improvements to engage students more effectively. For example, there is now more proactive engagement with student representatives to facilitate better dialogue with each year group. Evaluation by the student representatives has resulted in changes, and students suggested that they now have better access to the heads of year and school management. Students reported that they are now frequently requested to evaluate different aspects of the programme, but year four and five students recognised that some students had given up engaging with surveys in a meaningful way because they felt it did not result in changes. Students also made particular reference to the School's response to the National Student Survey (NSS) results. Students felt particularly aggrieved at the tone and content of communications from senior staff that students were not using evaluation channels appropriately. The School's senior management team confirmed that an external review is being conducted to address the poor NSS results and to identify learning points and areas for improvement.

Recommendation 2: Ensure that educational capacity, facilities and infrastructure are appropriate and all students have access to appropriate learning opportunities

- 17 We acknowledge that education standards are being maintained and there have been recent improvements to the School's facilities, such as

the new clinical skills and simulation centre at Guy's Campus, which has been welcomed by students and staff. However, meetings with staff and students highlighted the challenges of delivering and sustaining high quality education to a very large cohort. Students reported that some facilities, such as lecture theatres, cannot accommodate all students, and that administrative systems are not sufficient for the number of students. There was some confusion around the organisation of independent GP placements in phase five. Some phase five students thought that they were required to organise their own placements, but the School's SMT confirmed that it is actually an option offered to students. We found that the School has extensive support and quality monitoring for independently organised GP placements, however students still perceived that limited support was available to ensure their placements met the required standards for teaching. There was unanimous agreement amongst year four and five students that clinical placements are overcrowded, with an adverse impact on learning opportunities. It was reported by students and teachers that the high numbers of students and trainees seeking learning opportunities exacerbates the challenges of limited physical capacity in some of the School's partner LEP sites.

- 18 Despite these capacity challenges, overall it was observed that students get a good range of teaching and placement experience. The senior leadership team recognised that KCL and its partner LEPs are over-subscribed and busy environments, but together provide positive learning opportunities. Students suggested that fewer students in each year group would have several positive impacts: allowing for greater student accountability and visibility, more support and better quality teaching.

Recommendation 3: Ensure that all aspects of education are monitored, reviewed and evaluated proactively and systematically to identify and manage risks to the quality of medical education

- 19 Quality control and management is embedded into the School's management structure, with an extensive system of committees, monitoring and inspection visits, feedback to and from foundation schools and trusts, and extensive student and staff course evaluation. The school also utilises a network of Sub-Deans across LEPs to act as a link between the school and other training institutions. We note the collection and use of a considerable amount of quality monitoring data through these different mechanisms. However, the significant challenges identified during the visit highlight a need for more effective use of these tools and the data they produce to ensure that problems are identified

proactively and before they appear in external sources such as the NSS. The School's quality management staff and senior management team have recognised the main quality issues in the School: assessment and feedback, and student engagement, and we acknowledge that addressing these areas is an ongoing effort with buy-in from senior leaders. The School is committed to using evaluation to make improvements.

Areas of good practice

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

Number	Paragraph in <i>Tomorrow's Doctors (2009)</i>	Areas of good practice for the School
1	TD 95, 96, 97	The variety and scope of Student Selected Components available to students, across a range of disciplines.
2	TD 59, 64, 124, 126, 131, 132, 137, 139	The School's extensive and proactive approach to welfare support for students with disabilities and learning difficulties.
3	TD 63, 65, 70	The School's widening access programmes and commitment to expansion of medical education to disadvantaged groups in the region.
4	TD 43, 121, 153, 172	The School's close working relationship and engagement with the South Thames Foundation School, particularly in areas of curriculum development, governance and information sharing.

Good practice 1: The School's Student Selected Components across a range of disciplines

20 We were impressed by the breadth and variety of the Student Selected Components (SSC) available to medical students. Students reported that they are able to select from more than 1,000 SSC options from across

the University's faculties and research expertise. Quality management staff explained that new SSCs have been set up on engaging patients in education and patient involvement in research. The output of these SSCs will be used to inform the MBBS programme curriculum.

Good practice 2: The School's support for students with disabilities and learning difficulties

- 21 KCL demonstrated good practice in its support of students with disabilities and learning difficulties. The School has a dedicated disability mentor responsible for organising support and reasonable adjustments. The disability mentor explained that the school tries to identify those students in need of support before they commence the programme. The mentor works with the KCL admissions department and other central departments so that the mentor can contact those who have been offered a place on the programme before they start to provide early support and identify any specific requirements.
- 22 The disability mentor has a dedicated website presence on the school's Virtual Campus, which has seen a year-on-year increase in the numbers of students self-referring for support. Of those who requested support previously, approximately 85 percent were identified as having specific learning difficulties, such as dyslexia and dyspraxia. The school collaborates and shares information appropriately with the college's disability support service. The disability mentor explained that the school encourages students to request help early on so that reasonable adjustments can be made for written exams and OSCEs. The students we met during the visit (and at LEP visits) were well aware of the disability mentor and reported that the service was helpful, and it was clear that the visibility and accessibility of the role had helped a number of students.
- 23 The School provides good support for students with mental health issues and works with Guy's Hospital occupational health services to source appropriate support. Psychologists are also employed by the college to support students. There are college counselling facilities available to students who have experienced traumatic clinical events.

Good practice 3: The School's approach to widening access to medical education

- 24 It was clear from meeting with senior management that widening access to medicine is central to the School's vision. The school's extensive

Outreach for Medicine programme includes an annual road show of events, student ambassadors, collaboration with local partners, mentoring, and information, advice and guidance to prospective students in non-selective state schools across London, Kent and Medway.

- 25 The KCL Extended Medical Degree Programme has been established for 11 years, with more than 109 graduates in that time. The six-year programme provides intensive academic and pastoral support for students from non-selective state schools, and students were very positive about the structure and outcomes of the programme. Quality management staff were aware of the need to ensure continuity across the graduate-entry and EMDP courses by enhancing transition and ensuring students are well supported throughout. Recent innovations include a 'buddy system' for students with year one and two tutors and clinical advisers. The school is also trying to track the progress and careers of those who graduate from the EMDP.

Good practice 4: The positive working relationship with the South London Foundation School

- 26 We observed a positive and collaborative working relationship between the medical school and the South Thames Foundation School (STFS), particularly in areas of curriculum development, governance and transfer of information. The Foundation School has an office within the medical school which affords opportunities for dialogue and information sharing. The Dean of the medical school and students are represented on the STFS board, Foundation Training Board and Local Development Committee. STFS senior management reported that they were able to influence the development of KCL's curriculum. For example, prescribing was identified as an area where KCL graduates required more development, so the school has invested in teaching to improve standards in this area. The most recent FY2 survey indicates that most graduates feel well prepared, and graduates reported that the School's apprenticeship model in phase five prepares them well for the Foundation Programme.
- 27 Representatives from STFS highlighted that Transfer of Information (ToI) from medical school to foundation school works well, but there were concerns about the national process because it is dependent on information submitted directly by students. STFS senior management reported that they would like KCL to transfer to the e-portfolio system to limit duplication further and to help medical students become familiar with the system. They have liaised with the medical school about early

recognition of students who are unlikely to complete foundation training.

Acknowledgement

- 28 We would like to thank King's College School of Medicine and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.

Appendix 1: Visit team

Regional Co-ordinator	Professor Alastair McGowan
Team leader	Professor Sam Leinster
Visitor	Dr Ian Barker
Visitor	Dr Celia Duff
Visitor	Mr Ahmed Osman
Visitor	Dr Rebecca Dobson
Visitor	Ms Paula Burton
Visitor	Dr Peter Coventry
Visitor	Dr Zubair Qureshi
GMC staff	Joe Griffiths, Education Quality Analyst Robin Benstead, Education Quality Analyst Louise Wheaton, Regional Visits and Thematic Review Manager

Appendix 2: Visit action plan

The document register (in appendix 3) gives more detail on the documents we reviewed.

Paragraph in <i>Tomorrow's Doctors</i> (2009) / <i>The Trainee Doctor</i>	Areas explored during the visit	Documents reviewed	People interviewed	Our findings
Domain 1: Patient safety				
30, 33	Transitions and sign off – explore approach and processes. How is information shared internally, e.g. from attachment to attachment? Do LEPs get the information they need on foundation doctors?	NA	Students, F1 trainees, curriculum staff, assessment staff, academic and clinical teachers, Student data and tracking staff, South Thames Foundation School representatives	Standard met
28a	Preparedness for practice – explore the assistantship model with students, F1s and LEPs.	NA	Students, academic and clinical teachers, curriculum staff, assessment staff, Student data and tracking staff, South Thames Foundation School representatives	Standard met

Domain 2: Quality assurance, review and evaluation

40, 51, 54	<p>Previous visit conditions - has the School addressed student concerns about assessment and feedback?</p> <p>Explore feedback with students and staff to check effectiveness of feedback mechanisms e.g. after OSCEs.</p>	National Student Survey results	Students, Senior management team, Quality management staff, Assessment staff	<p>Standard 54 not met</p> <p>See requirements 1 and 4</p>
53	Analysis of student failure rates - has the school identified, analysed and addressed issues relating to student failure?	GMC Evidence base	Student support staff, Quality management staff, Senior management team	<p>Standard 53 not met</p> <p>See requirement 1</p> <p>See recommendation 3</p>
40	Sharing good practice - how does the school share learning across LEPs?	Medical School Contextual Information	Quality management staff, clinical teachers	Standard met
44, 45, 47, 52	QM of concerns raised with LEPs - how does the School QM LEPs? How does the School use feedback in annual reporting returns? Are there action plans? What response from LEPs?	Medical School Documents: 5,11,12	Quality management staff	<p>Standard met</p> <p>See recommendation 3</p>
49, 52	SIFT funding – explore allocation process, how is SIFT	NA	Senior management team	Standard met

	managed?			
50	QM of placements – explore, particularly community placements	NA	Quality management staff, clinical teachers	Standard met See recommendations 2 and 3
40, 44, 49,	Attrition rates - monitoring and analysis	Deanery Evidence Report Medical School Contextual information - p.12	Student support staff, Quality management staff, Senior management team, Student data and tracking staff	Standard 49 not met See requirement 1
43, 51	Evaluation processes - seek clarification on evaluation processes, examples of evaluation received and action taken.	NA	Quality management staff, Senior management team	Standard met See recommendation 1
Domain 3:				
58	E&D training - Have all staff completed E&D training? Are learning and development records kept?	Medical School document 13	E&D staff	Standard met
59, 62, 63, 64, 70	Reasonable adjustments – explore	Medical School Contextual Information	Students, E&D staff, Assessment staff	Standard met See good practice 2

60, 61	Disability mentor - explore outcomes and support.	Medical School Contextual Information p.7/8	Students, E&D staff	Standard met See good practice 2
Domain 5:				
85, 86, 87, 89, 90, 91, 98, 112	<p>Assessment: strategy and blueprinting - was a previous requirement.</p> <p>Is good practice shared across phases?</p> <p>Limited reference to outcomes (but good clinical coverage).</p> <p>What authority does the assessment and curriculum group have over the different phases?</p> <p>QM process - how does it allow such variability in assessment?</p>	<p>National Student Survey results</p> <p>KCL Med School Contextual Information</p> <p>QAA of KCL (2009)</p> <p>KCL Med School docs 24,50,51,56,57</p>	<p>Assessment staff, Curriculum staff, Senior management team, Quality management staff</p>	<p>Standard 85 not met See requirement 4</p> <p>Standard 86 not met See requirement 1</p> <p>Standard 112 not met See requirement 2</p>
88, 116	Assessment: external examiners – what was the response from the School?	External examiner reports	Assessment staff, Curriculum staff, Quality management staff	Standard met
85, 111	Assessment: ranking - are students informed of what counts towards ranking (and how it affects Foundation) is	NA	Students, Assessment staff	Standard 85 not met See requirement 4

	this clearly explained?			
87, 110	Assessment: examinations - link to preparedness, do students feel prepared for Foundation?	NA	Students, FY1 trainees, Assessment staff, Curriculum staff, Senior management team, Quality management staff.	Standard 87 not met See requirement 3
84, 103, 105	<p>Patient / public involvement – what is the role of patient reps in MEC? Is there lay involvement on selection committees? Do they feel listened to?</p> <p>Need to explore how the school captures and uses patient feedback at programme to improve patient experience.</p> <p>Are there examples of where feedback has been used to implement changes?</p> <p>Is there employer representation on committees, and do they take feedback?</p>	KCL Med School Contextual Information	Students, Curriculum staff, Senior management team	Standard met
84, 106	Clinical placements - how does the school respond to	National Student	Students, clinical teachers, Curriculum	Standard met

	<p>evaluation of placements?</p> <p>How is the Annual Community Teaching Agreement reviewed and assessed?</p>	<p>Survey</p> <p>Contextual Document</p> <p>Medical School document 19</p> <p>KCL Student Profiles Annex 1</p>	<p>staff, Senior management team, Quality management staff</p>	<p>See recommendation 2</p>
Domain 6:				
124, 125	<p>Student FTP – explore processes. Are staff and students aware of policies?</p> <p>What is the School's approach to professional and academic conduct, e.g. attendance and plagiarism? How are lower level cases dealt with?</p>	<p>Medical School document 63</p>	<p>Students, Fitness to Practise staff, Student support staff, Senior management team</p>	<p>Standard met</p>
127	<p>Student Support – what is the Student House System? What is the impact?</p> <p>Careers Advice - what is provided?</p> <p>Concerns process - are students aware of how to access? What</p>	<p>Contextual Document</p> <p>E&D Statement</p> <p>Learning & Teaching Strategy Document</p> <p>Deanery Visit</p>	<p>Students, Fitness to Practise staff, Student support staff, Senior Management team</p>	<p>Standard met</p> <p>See recommendation 1</p> <p>See good practice 2</p>

	would students do if they had concerns? Working across multiple sites - how does support work?	report, May 12- folder 5G		
148, 149	Job planning and appraisal - explore job plans, time allocated for supervision and appraisal of trainers. Explore balance between service delivery and training.	NA	Academic and clinical teachers, Senior management team, Quality management staff	Standard met
Domain 7:				
150, 151 155 156, 159, 164	Delivery of curriculum across sites - how do they ensure that the correct corresponding curriculum is being taught? Phase 3 is across different sites and there are differences in how the curriculum is delivered. Service reconfiguration risks - what is in place to mitigate this? Frequency of one-to-one teaching at busier hospitals.	Medical School documents 4,55,57 Contextual Information Document	Students, Academic and clinical teachers, Quality management staff, Curriculum staff	Standard 157 not met See requirement 2

Domain 8:				
159, 164	Facilities and Infrastructure - previous visit concerns regarding accessibility of library/internet at LEPs. Closure of clinical skills centre. Is capacity adequate for the numbers of students?	NA	Students, Senior management team, Quality management staff, Curriculum staff, Clinical teachers	Standard met See recommendation 2
Domain 9:				
169, 172, 174	Meeting outcomes - is tracking an issue in London because of the number of students? Is there an overview of learning outcomes in the curriculum? What information is shared and with whom? Follow-on communication as an outcome?	London Preliminary Meeting record EIGP 22, 28 GMC Evidence Base and MSAR 2011(KCL) London Preliminary Meeting record Medical School documents: 7, 51	Quality management staff, Curriculum staff, Assessment staff, Academic and clinical teachers, Student data and tracking staff	Standard met

Appendix 3: Document register

Document number	Document name	Description	Publication date	Source
01	MBBS Reporting Lines 2007	Organogram of reporting lines of key posts in the MBBS course	2007	KCL
02	MBBS Teaching Committee Structure	Diagram of MBBS teaching committee and governance structures	2007	KCL
03	Health Schools Consolidated Risk Map Jan12_FINAL	Diagrammatic map of different risks to medical education within KCL Health Schools	2012	KCL
04	Health Schools Risk Register - January 2012_FINAL	Consolidated risk register of KCL Health Schools, January 2012, including action plans for each risk	2012	KCL
05	GMC Quality Management Strategy2012FINAL	Quality Management Strategy and linked operational guidance, including: <ul style="list-style-type: none"> ▪ Internal governance of quality assurance processes of the medical school ▪ General strategy ▪ Monitoring of clinical teaching ▪ Students' contributions to quality assurance ▪ External quality assurance reviews 	2012	KCL
06	Annual report template for programmes 2011-12	Template document for annual monitoring reports	2011	KCL

07	Learning and Teaching Strategy SoM 2009-12	KCL School of Medicine Learning and Teaching Strategy 2009/10-2011/12, including: <ul style="list-style-type: none"> ▪ Recruitment and Selection ▪ Curriculum design, delivery and assessment ▪ Student Assessment ▪ The Student Voice ▪ Student support ▪ Resources for Learning ▪ Quality assurance and Quality Enhancement ▪ Supporting and rewarding staff 	2009	KCL
08	MEC Terms of Reference	Terms of Reference for KCL Medical Education Committee		KCL
09	QAA Report 2009 - RG571aKingsCollegeLondon	Annexes of QAA institutional audit of King's College London November 2009, on learning opportunities and academic standards	2009	QAA
10	QAA Report 2009 - RG571KingsCollegeLondon	Report of QAA institutional audit of King's College London November 2009, on learning opportunities and academic standards	2009	QAA
11	Kings College Hospital final report 16 April 2012	Report on KCL School of Medicine Visit to King's College Hospital, London 16th April 2012	2012	KCL
12	Woolwich final notes 4 Nov 2010 MB	Report on KCL School of Medicine Visit to Queen Elizabeth Hospital, London 4th Nov 2010	2010	KCL
13	Equality and Diversity Statement 2012 - FINAL	College Statement on Equality and Diversity	2012 (update of 2007 version)	KCL

14	Radiology and Imaging teaching e-Learning Package	Summary note of status of Radiology and Imaging Teaching e-Learning Package project	2012	KCL
15	Phase 4 Pilot report - Consolidation and review sessions in General Practice and Community June 2011	Report of pilot in consolidation and review sessions in General Practice and the Community for phase four Students. 14th June 2011	2011	KCL
16	Intro week data from Term 1 firm feedback Phase 3	Table of phase 3 students responses to survey on placements, including questions on: <ul style="list-style-type: none"> ▪ Site/firm induction ▪ Timetables ▪ Learning opportunities ▪ Support and learning resources 	2011	KCL
17	P3 Curriculum Committee Minutes 24th November final	Minutes of the meeting of the Phase 3 Curriculum Committee held on Thursday Monday 24th November 2011	2011	KCL
18	QG1112-02 Minutes 03.11.11	Minutes of the meeting of the Quality Group held on November 3rd 2011	2011	KCL
19	TCC 07-10-2011 FINAL	Minutes of the Teaching Campuses Meeting held on Friday 7th October 2011	2011	KCL
20	Phase 3 Taster Scheme	Summary of Phase 3 Taster Scheme for year 2 and returning intercalation students	2012	KCL
21	MBBS-5Year-Curriculum-2011-2012	Diagram of the KCL MBBS curriculum	2011	KCL

22	Breakdown of Clinical Years Rotations	Appendix to Curriculum map Doc 21 to outline clinical subjects in each year and rotation	2012	KCL
23	Student Assistantships	Summary of KCL approach to student assistantships	2012	KCL
24	Assessment Strategy	Aims and objectives of KCL school of medicine assessment strategy	2010	KCL
25	EMDP1a May 2012 PWP (2) blueprints	Blueprint of Extended Medical Programme curriculum	2012	KCL
26	Year 1 Exam blueprints Kings College MBBS May 2012	Blueprint of Year 1 examination programme, including subject ratios per exam	2012	KCL
27	GPEP May 2012 final blueprints	Blueprint of Graduate and Professional Entry Programme May 2012	2012	KCL
28	Year 1 Midsessional 2011 2012 blueprint	Blueprint of Year Mid-session 2011/12	2012	KCL
29	Year 1 Resit blueprint 2012	Blueprint of Year 1 re-sit examination programme, including subject ratios per exam	2012	KCL
30	Blueprint MBBS2 GPEP ALL PAPERS May and Aug FINAL DRAFT FOR EXTERNAL EXAMINERS	Blueprint of Graduate and Professional Entry Programme Year 2 exams	2012	KCL
31	Year02-OSCE_Blueprint	Blueprint of Year 2 OSCE examinations	2012	KCL

32	Yr2 2012 Examiner briefing	Briefing presentation slides for Year 2 examiner training, including objectives, instructions, scoring guidelines and feedback	2012	KCL
33	Starting an exam_Y2 Midses	Instructions / script for examiners at the start of examinations	2012	KCL
34	Phase 3 Exam Blueprint 18 7 2012	Blueprint of Phase 3 examinations 2011-12	2012	KCL
35	Phase03-A1-OSCE_Blueprint-2012	Blueprint of Phase 3 OSCE examinations 2011-12	2012	KCL
36	Phase03-A2-OSCE_Blueprint-2012	Blueprint of Phase 3 OSCE examinations 2011-12	2012	KCL
37	Phase03-BandC-OSCE_Blueprint-2012	Blueprint of Phase 3 OSCE examinations 2011-12	2012	KCL
38	Year 3 KCL MBBS written exam briefing	Briefing for Year 3 students on written exam structure, areas covered and example questions	2012	KCL
39	Yr3 ICO 032012 - Examiner Briefing	Briefing presentation slides for Year 3 examiner training, including objectives, instructions, scoring guidelines and feedback	2012	KCL
40	Year04-OSCE_Blueprint	Blueprint of Year 4 OSCE examination	2012	KCL
41	Phase 4 CHDA bypapermodellin g June 2012	Table of pass mark percentile allocations for Phase 4 child health, development and ageing examinations 2011-12	2012	KCL

42	Phase 4 EMTL Passmark_June_ 2012	Table of pass mark percentile allocations for Phase 4 Emergency Medicine examinations 2011-12	2012	KCL
43	Phase 4 RSH Passmark June 2012	Table of pass mark percentile allocations for Phase 4 Reproductive and Sexual Health examinations 2011-12	2012	KCL
44	Yr4 OSCE Examiner Briefing 2011 v3	Briefing presentation slides for Year 4 OSCE examiner training, including objectives, instructions, scoring guidelines and feedback	2012	KCL
45	Year05- OSCE_Blueprint	Blueprint of Year 5 OSCE examination	2012	KCL
46	2012 Year 5 Passmark_ After May 24 Exam Board	Table of pass mark percentile allocations for Year 5 examinations 2011-12	2012	KCL
47	Year 5 Examiner briefing 2012 Final version	Briefing presentation slides for Year 5 examiner training, including objectives, instructions, scoring guidelines and feedback	2012	KCL
48	Year 5 Examiner briefing 2012 Final version Part B	Briefing presentation slides for Year 5 OSCE examiner training, including objectives, instructions, scoring guidelines and feedback	2012	KCL
49	OSCE Pass Fail Rates	Table of OSCE pass/fail rates in phases 2-5 from 2008-2011/12	2012	KCL
50	Statistical Report on Final Exams MBBS5	Statistical report on final Exams pass rates 2010-11 and 2011-12	2011	KCL

51	Annual Report School of Medicine	Annual Report for the academic year 2010/11 for undergraduate and taught postgraduate programmes, submitted to the College Education Committee Including: main issues over the year, how they have been addressed, and response to issues raised and action plan in 2009/10 report	2011	KCL
52	EMDP_Annual_report_10-11_(EMDP)	Annual monitoring report 2010-2011 of Extended Medical Degree programme	2011	KCL
53	GPEP_annual_Report_2010-11	Annual monitoring report 2010-2011 Graduate and Professional Entry Programme	2011	KCL
54	Years 1 and 2 _Annual_Report _2010-11	Annual monitoring report 2010-2011 of Phases 1 and 2	2011	KCL
55	Annual_Report_Phase_3_2010-11	Annual monitoring report 2010-2011 of Phase 3	2011	KCL
56	Phase 4_annual_report _2010-11	Annual monitoring report 2010-2011 of Phase 4	2011	KCL
57	Phase_Five_Report	Annual monitoring report 2010-2011 of Phase 5	2011	KCL
58	SSC_Annual_Report_2010-11	Annual monitoring report 2010-2011 of Student Selected Components Strand	2011	KCL

59	MBBS Calendar	Calendar of MBBS structure, including: <ul style="list-style-type: none"> ▪ Registration & induction ▪ College-based teaching ▪ Clinical Rotations ▪ Electives ▪ Holidays ▪ Assessment periods ▪ Examination Board meetings 	2012	KCL
60	LDA11-12 generic	Learning and Development Agreement between the London Strategic Health Authority and the Health Service Body, including terms and conditions	2011	KCL
61	KUMECGMCAppe ndix2TeachingAg reement2012-13	KCL Annual Community Teaching Agreement 2012-13 to clarify the duties and responsibilities of the medical school and of medical practices in relation to teaching undergraduate medical students, and the remuneration for such teaching.	2012	KCL
62	Virtual Learning Environment	Links to Student Handbooks on the KCL Virtual Campus	2012	KCL
63	Fitness for Reg and Practice 11- 12	KCL Fitness for registration and practice regulations policy document	2011	KCL
64	Evaluation Report of Student Assistantship Placements in MBBS Phase 5 2011-12	Evaluation Report of Student Assistantship Placements in MBBS Phase Five, 2011-12	2012	KCL

Appendix 3: Abbreviations

DGH	District general hospital
E&D	Equality and diversity
EMDP	Extended Medical Degree Programme
FY	Foundation year
FTP	Fitness to practise
GP	General practice/practitioner
GPEP	Graduate and Professional Entry Programme
KCH	King's College Hospital
KCL	King's College London
LEP	Local education provider
LETB	Local education and Training board
MBBS	Bachelor of Medicine and Surgery
MEC	Medical Education Committee
NHS	National Health Service
NSS	National Student Survey
OSCE	Objective structured clinical examination
PCT	Primary care trust
PPI	Patient and public involvement
QEH	Queen Elizabeth Hospital
QM	Quality management
SIFT	Service Increment for Teaching
SMT	School management team
SSC	Student selected component
STFS	South Thames Foundation School
TD09	<i>Tomorrow's Doctors</i> (2009)
TOI	Transfer of information