

Visit Report on Kent and Medway Medical School

This report forms part of the GMC's new schools quality assurance process.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#).

Education provider	Kent and Medway Medical School
Programme	BM BS
Date of visit	11 June 2020
Key Findings	<ol style="list-style-type: none">1 The University of Kent (UoK) and Canterbury Christ Church University (CCCU) submitted a GMC initial screening application in November 2017, signalling their intention to establish a new medical school (Kent and Medway Medical School [KMMS; the school]) as a joint initiative. The universities received funding from the Office for Students (OfS) in 2018 for 100 students per cohort. The first cohort is due to start in September 2020.2 An initial site visit was conducted in July 2019 to ultimately determine if we were satisfied with the school's progress and whether the GMC should commit resources to a rolling programme of quality assurance until the first cohort graduates. We commended the school's relationship with its stakeholders, and the resilient partnership between the two universities. At the time of our visit, the school's contingency partner Brighton and Sussex Medical School (BSMS) was amending its curriculum, and KMMS could not confirm fundamental curricula and assessment headlines. As such, we felt there was a risk that the school would be

unable to fully develop its curriculum and assessment strategy ahead of the September 2020 start date. However, we were confident that the school had sufficient time and expertise to complete this work; we therefore committed resources to a rolling programme of quality assurance, starting with a small-scale visit to the school in December 2019 to check on progress.

- 3** At the visit in December 2019, we were pleased to see the school had made significant progress in developing its curriculum and assessments. Additionally, it was clear that the school had undertaken a considerable amount of work to develop its student support offer.
- 4** The purpose of our June 2020 visit was to confirm that the school has sufficiently developed its plans and is on track to welcome its first cohort of students in September 2020. Due to the COVID-19 pandemic, this visit was conducted virtually via video conference, and our questions were focussed rather than exploratory. We will cover other areas in future visit cycles.
- 5** We were pleased to see that the school has again made significant progress since our visit in December 2019 and is on track to welcome its first students in September. We commend the school's 'digital first' approach to the programme, which will help the school deliver its curriculum during the ongoing pandemic. Furthermore, we were interested to hear about the school's plans to use the e-portfolio as a tool to additionally identify potential professionalism or wellbeing concerns. We were also impressed by the widening participation (WP) ethos that is evident in the school's admissions processes, which included an approach to shortlisting which contextualises all applicants, not just those considered to be from WP backgrounds.
- 6** However, there are some areas which require further consideration. Due to the ongoing pandemic, the school should review its assessment load to ensure this does not become overburdensome for staff and students. We were also concerned that the Year 1 learning experience will be affected by any changes made in relation to the pandemic, and as such would

NHS Placement Providers

encourage the school to review the Distinction award criteria to take this into account.

- 7 Finally, whilst we acknowledge conversations have been ongoing to ensure service level agreements (SLAs) meet legal requirements, we are concerned that these have not yet been signed with primary care placement providers. As students start placements relatively early in Year 1, we encourage the school to ensure these are signed as soon as possible.

The school has partnered with the following trusts:

- Dartford and Gravesham NHS Trust
- East Kent Hospitals University Foundation Trust
- Kent Community Health NHS Foundation Trust
- Medway Community Health Trust
- Kent and Medway NHS and Social Care Partnership Trust
- Maidstone and Tunbridge Wells NHS Trust
- Medway NHS Foundation Trust

Students will be assigned clinical placements at a selection of these trusts during their time at KMMS. The school is developing agreements with a number of GP practices across the region to provide primary care placements.

Findings

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

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

Areas that are working well

We note areas where we have found that not only our standards are met, but they are well embedded in the organisation.

Number	Theme	Areas the team consider to be working well
1	Theme 1: Learning environment and culture (R1.19; R1.20)	The school's 'digital first' approach is well supported by the necessary resources and personnel. In addition, this approach will help the school deliver its Year 1 curriculum during the ongoing pandemic.
2	Theme 2: Educational governance and leadership (R2.16); Theme 3: Supporting learners (R3.1)	The e-portfolio allows professionalism to be integrated throughout the student experience in Year 1 and allows the school to additionally identify potential concerns efficiently and support learners.
3	Theme 2: Educational governance and leadership (R2.20)	The school has placed widening participation at the heart of its admissions processes with an approach to shortlisting which contextualises all applicants. We were particularly interested to hear about the multiple mini interview (MMI) group interview.

Area working well 1: The school's 'digital first' approach is well supported by the necessary resources and personnel. In addition, this approach will help the school deliver its Year 1 curriculum during the ongoing pandemic.

- 1 The senior management team told us that the school has always emphasised a 'digital first' approach to teaching, utilising a blended approach of face-to-face and online delivery. As such, the changes needed to meet the demands of the pandemic have been relatively straightforward. The school told us they have adapted the ratios of each delivery method and that a learning technologist and a learning technology

support officer are in place, who have supported the adjustments made to the curriculum.

- 2 We heard that a scoping exercise has been conducted, and the school has agreed the majority of learning experiences can be delivered online. For those that cannot, the school will utilise larger teaching spaces to conform to government guidance. The school is in discussions with the partner universities to confirm the delivery of a small number of sessions where a decision has not yet been made.
- 3 The Deputy Dean told us that anatomy teaching highlighted how the school has been able to adapt its approach. The school feels it can move essential term one face-to-face teaching into term two, as an additional week is built into the programme to deal with any teething issues in delivering the first semester of the programme. The school is confident it has found a product to successfully deliver anatomy teaching online. The Founding Dean also told us the school is in a fortunate position as the Head of Anatomy has experience in delivering this teaching virtually.
- 4 The school told us it recognises possible issues with widening participation students who may struggle with full online delivery due to a lack of suitable internet or device access. We heard the school is taking steps to resolve possible issues, including access to learning materials via different devices and where there is poor or no internet connection.
- 5 The senior management team told us it is identifying how much of the curriculum can be delivered asynchronously, meaning students have flexibility over when and how they learn theoretical content.
- 6 The school is working on the basis that all students will not have the necessary facilities for online delivery, so is preparing delivery of its content to ensure no student is disadvantaged. We heard the school is exploring the option of providing students with a device to support this. Priority will be given to students disadvantaged by the pandemic, but the school hopes to provide devices for all students. From this, it is evident that the school has processes in place to ensure there are adequate facilities to deliver relevant learning opportunities to students.

Area working well 2: The e-portfolio allows professionalism to be integrated throughout the student experience in Year 1 and allows the school to identify potential concerns efficiently and support learners.

- 7 The school told us that e-portfolio is used less in the first year than in subsequent years, because of the proportion of time spent in clinical practice. Students can complete reflections and workplace-based assessments which are signed off by their supervisor. The e-portfolio is also used for some formative assessments in the GP placement module.
- 8 The senior management team told us that the e-portfolio is used in Year 1 to identify if standards of professionalism are being met. To do this, the school has harmonised

the e-portfolio with the process for tracking low-level concerns, allowing for an integrated approach to assessing professionalism. The school uses ALERT forms as the main route of raising concerns. These forms are separate to the e-portfolio, but we heard the school has an e-portfolio review group which can raise an ALERT form if the e-portfolio causes any concerns. As such, the e-portfolio review process provides an additional means to identify and raise potential professionalism concerns.

- 9 We heard that as part of the e-portfolio mid-point review and sign off, supervisors are asked to report any professionalism concerns regarding the student. If so, the supervisor would complete an ALERT form. This is then reviewed by the Academic Lead for Student Life and Wellbeing, which in turn triggers the start of the low-level concerns process. This shows the school has developed a robust approach to identifying concerns and to support learners to meet professional standards.

Area working well 3: The school has placed widening participation at the heart of its admissions processes with a contextualised approach to shortlisting. We were particularly interested to hear about the multiple mini interview (MMI) group interview.

- 10 Pre-visit documentation indicated that the school was able to run a successful admissions campaign and expects to recruit 100 students, in line with OfS funded numbers. The school has introduced a 'contextualise everyone' policy, which is based on a candidates most advanced achieved grades rather than any predicted grades. This prioritises high achieving students from relatively low achieving backgrounds. From this, the school feels it will hit its target of a 20% WP cohort (offer holders are 28% WP). The school has submitted the 'contextualise everyone' approach for publication, to share learning and support best practice in the sector. This shows the school have adopted an open and fair approach to student admissions.
- 11 We also heard from the Admissions Lead that the school successfully ran an innovative 42-minute group collaboration station as part of the MMI process. A junior doctor acted as facilitator and members of staff acted as moderators and chair, and the school feels this allowed students to demonstrate their skills in a different way to other, more conventional stations. The school also told us this station allowed non-clinical staff to be involved in the process and contribute to decision making. We heard that both applicants and staff had given positive feedback regarding the MMI process. We will triangulate this with students during the next cycle of quality assurance.

Requirements

We set requirements where we have found that our standards are not being met. Each requirement:

- is targeted

- outlines which part of the standard is not being met
- is mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirement
1	Theme 2: Education governance and leadership (R2.6)	The school must ensure service level agreements with Year 1 primary care placement providers are signed as soon as possible.

Requirement 1: The school must ensure service level agreements with Year 1 primary care providers are signed as soon as possible.

- 12** The school told us it has identified a number of primary care networks (PCNs) across the region to deliver primary care placements for students. We heard the school has firm expressions of interest from these providers and has begun to provide training to them. Pre-visit documentation outlined that the SLA between placement providers and the school was originally intended to be an agreement between the school and the lead GP practice in the PCN. The lead GP practice would then have agreements in place with all other practices within the PCN that were intending to host placements.
- 13** The school told us that in January 2020 the Kent Local Medical Committee offered to review the SLA and seek legal advice on behalf of all GP practices. This means there is no longer a requirement for each PCN to seek independent legal advice. This has resulted in a tripartite agreement involving all practices within the PCN and the universities. This SLA has been drafted but is still awaiting sign off.
- 14** Whilst we understand that this process has allowed the SLA to become a more robust agreement with all primary care providers, we are concerned that these agreements are not yet signed. As it stands, the school does not have agreements in place to ensure standards will be met. As students are due to take part in an immersion week in primary care relatively soon after the start of the programme, the school must ensure these agreements are signed as soon as possible to allow for risk mitigation and plans to be finalised.

Recommendations

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

Number	Theme	Recommendation
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1	<p>Theme 1: Learning environment and culture (R1.18);</p> <p>Theme 5: Developing and implementing curricula and assessments (R5.5)</p>	<p>The school should keep the Year 1 assessment load under review to ensure this does not become overburdensome for staff and students in light of the pandemic.</p>
2	<p>Theme 1: Learning environment and culture (R1.18);</p> <p>Theme 2: Educational governance and leadership (R2.10);</p> <p>Theme 3: Supporting learners (R3.2)</p>	<p>The school should continue monitoring staff workload, especially that of the personal academic tutors.</p>
3	<p>Theme 3: Supporting learners (R3.5);</p> <p>Theme 5: Developing and implementing curricula and assessments (R5.6)</p>	<p>The school should review the Distinction award system. The Year 1 learning experience will be affected due to the pandemic, which may unfairly affect students' ability to achieve this.</p>

Recommendation 1: The school should keep the Year 1 assessment load under review to ensure this does not become overburdensome for staff and students in light of the pandemic.

- 15** In pre-visit documentation, the school provided its final assessment strategy. The team was concerned that the assessment load, both formative and summative, may be overburdensome for both staff and students. We were also concerned that students may not understand the true value of their assessments due to assessment fatigue. We heard that the school has considered its assessment load in light of the pandemic. To do this, the school conducted an exercise to identify stress points in the first year, using a blueprinting platform.
- 16** The Assessment Lead told us that there are no real overlaps in the Year 1 summative or invigilated assessments which may cause additional distress to students. The school has considered the issues of running objective structured clinical examinations (OSCEs) following government guidelines, but as these are not until April, plans are yet to be finalised.

17 However, we are concerned that due to the uncertain nature of the pandemic, the school may need to rearrange planned first year assessments at a later date. This could mean that students would not have adequate time or resources to complete their assessments. There is also a risk that students would not be assessed against learning outcomes at appropriate points. We recommend the school keeps this area under review.

Recommendation 2: The school should continue monitoring staff workload, especially that of the personal academic tutors.

18 We heard that the school is continuously monitoring staff workload, especially given the current circumstances due to the pandemic. The school told us that UoK provide the HR services for the school, and that a workload allocation module was in place to ensure balance across all staff in their day to day roles. We heard workload will also be monitored through appraisals.

19 We heard the Personal Academic Tutor (PAT) system is resilient to the challenges of the pandemic. Students will be spread across the region on placements and a virtual system allows easy connection between them and the PAT, eliminating the need for face-to-face meetings. Each full time PAT will have up to 9 tutees in the first year, which will increase in subsequent years.

20 It is evident the school has systems in place to monitor staff workload. However, we feel the PAT system should be kept under close review, as this is an important element of student support. The team is concerned that, if the workload of PATs becomes unmanageable, issues and concerns relating to their tutees may be missed. We encourage the school to monitor this to ensure the PAT system is a robust resource for educational and pastoral support.

Recommendation 3: The school should review the Distinction award system. The Year 1 learning experience will be affected due to the pandemic, which may unfairly effect students' ability to achieve this.

21 In pre-visit documentation, we noted that the score for Year 1 is included in the universities' criteria for awarding a Distinction. The school told us this award is separate from the educational performance measure, used to determine Foundation Year ranking. This is based solely on Years 2,3 and 4.

22 We heard the school wants to consider performance across the full programme for the Distinction award. The school told us that to achieve a Distinction, students need to achieve an average of 25% above the pass mark across Years 1-4. Additionally, students must not drop 5% below this in any given year.

23 We heard the school has not as yet considered reviewing Distinction award criteria in light of the pandemic. We are concerned that, although the school has a wide range of methods for dealing with the effects of the pandemic, the Year 1 learning experience will inevitably be affected. As such, we believe this may unduly affect

students' ability to obtain a Distinction. This may also disadvantage WP students further. The team is concerned that this may lead to a method of awarding Distinctions which is not fair, reliable or valid. We encourage the school to review this.

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Acknowledgement

We would like to thank KMMS and all those we met with during the visit for their cooperation and willingness to share their learning and experiences.

21 September 2020

**General Medical Council
Quality Assurance Team**

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Dear Dr Anne-Marie Reid

Response to GMC stage 7.1 report for Kent and Medway Medical School

Kent and Medway Medical School is grateful for the opportunity to respond to the Visit Report written by the visit panel after their visit of the 11th June 2020. The outcome of the visit was to let us proceed to welcome our pioneer cohort of students and I am pleased to let the General Medical Council know that our first intake of students arrived on the 7th September 2020.

We are pleased that the visit panel took away good impressions of our learning environment and culture with respect to our digital first approach. We are proud of the feedback we received in your report about our innovations concerning the e-portfolio and the identification and support of our students. We are very happy to inform the panel that our final widening participation intake amounted to 37% of our intake, testament to the success of our recruitment and selection processes.

Areas Working Well

1. **Regarding our digital first approach.** This has been critical to the success of our first weeks of teaching and our Learning Technologist and Learning Technology Support Officer, referenced in the report, have carried out extensive training with academic staff members and supported every step of the start of online learning. These colleagues also continue to provide live support to academics to further their capabilities during online learning delivery. Students were introduced to the Virtual Learning Environment (VLE) during welcome week and technical drop-in sessions enabled them to raise any technical queries and to grow their confidence in navigating the VLE. We have addressed the possible problem of 'digital poverty' by issuing every student with an iPad. This was achievable thanks to a generous donation made to the Medical School. Students are not obliged to provide their own device to access online learning and the devices have been set up so that they can be managed by CCCU in the event of technical difficulties and made secure if it is reported as lost. The iPads will be particularly beneficial while students are on placement, because the E-portfolio will be easily accessible as well as the VLE, the student portal and any online meetings with Personal Academic Tutors (PATs) or other KMMS colleagues.
2. **Regarding our tracking of students' professional development and professionalism.** Our pioneer group of students had several teaching sessions

delivered virtually and face-to-face on the topic of professionalism and professional development. They responded well to these and engaged with both forms of teaching. They also had extensive training on how to use the E-portfolio. We are pleased to report that the ALERT form is now live on our website and can be found here: <https://kmms.ac.uk/alert-form1/>

3. **Regarding our mission to widen participation.** As mentioned above, our first cohort of students included 37% from a widening participation background. Other metrics of a diverse medical student population we are happy to report are: 40 male and 68 female students, 29 graduate entry students, 1 student from an Access to Medicine programme. We have already held our second virtual open day (the recording of the one on Saturday 19th September 2020 is now available on our YouTube channel) and we are in discussions with our universities and with external providers to explore ways in which we can preserve our approach to selection using our MMIs in the context of social distancing and the COVID-19 pandemic.

GMC Requirements.

The GMC required us to “...ensure that service level agreements with Year 1 primary care placement providers are signed as soon as possible.”

We are very pleased to report that all the service level agreements have now been signed. The Lead Educational Supervisors from each practice attended virtual KMMS staff induction sessions on the 9th and 11th September and have been set up with the required access to appropriate IT systems. Our placement providers are therefore ready to accept our students on placement for their first immersion week, beginning on the 19th October 2020.

GMC Recommendations

1. The GMC recommended that we “...should keep the Year 1 assessment load under review to ensure that this does not become overburdensome for staff and students in light of the pandemic.”

The School is very grateful for this feedback and we absolutely agree that in these unique circumstances these are important points. The five invigilated high stakes assessment events in year 1 do not overlap and we feel that this is a fair, yet sufficiently robust, approach to assess the associated learning outcomes of our students at the appropriate points of the year without being overly burdensome.

We have reviewed our assessment system and we feel that iterative review of the issues that the GMC has identified is feasible, fair and equitable. We have implemented the following strategies which we feel meet the recommendation and reduce the likelihood of disrupting the published plans for the assessment schedule:

- Students have been provided with an easy to read guide to the assessment system at KMMS as well as a few short explanatory videos on core aspects, published on the VLE.

- We have arranged extra assessment related workshops to explain and discuss our assessment processes with our students and to allow for ample and dedicated opportunity to raise queries and clarify aspects of the assessment strategy.
- The Assessment Lead and other team members have also communicated clearly to the students that we have an “open door” approach regarding questions and concerns about assessment.
- The feedback and academic support system for our founding cohort has been bolstered by our plans to provide more detailed feedback to students after their formative and summative exams.

2. The GMC recommended that we “... should continue monitoring staff workload, especially that of personal academic tutors.”.

We are pleased to let the GMC know that in this first year we have been able to recruit enough PATs to enable a low staff to student ratio of one full-time member of staff to a maximum of 6 tutees this year. Our final PAT training session was carried out virtually on 7th Sept 2020. We have now established tutor groups so that students can also communicate together and build their community. The first group PAT meetings will happen in the weeks beginning 14th and 21st September.

The PAT system is managed by the Academic Lead for Student Life and Wellbeing (SLW) to whom any serious cases will be escalated. The focus of the PAT system is educational support as any serious pastoral issues will be dealt with by the KMMS SLW team or support services at the University of Kent. We have secured funding from Health Education Kent Surrey and Sussex that will enable us to bring forward the recruitment of a Senior Lecturer in Personal and Professional Development who will support the Academic Lead for SLW and another staff member will cover this post with immediate effect until that substantive appointment can be made. Any student who needs pastoral support also can meet with a trained and experienced member of professional services staff about pastoral issues. All staff have been trained to refer any serious issues to the University of Kent support services. We continue to proactively attempt to anticipate stress and transition points in the curriculum and prepare students in advance of these.

Some staff appraisals took place in July and will continue in October to December and a review of staff workload will be done before Christmas. Academic staff appraisals include confirming that integrated job plans have been established for NHS colleagues so that the individuals' workload can be monitored in its entirety. We have further, significant academic recruitment underway already for the rest of this academic year, to both bolster teaching expertise for Year 1 and to prepare for Year 2. We have appointed a Head of Year 2 and expect them to start early in the New Year and we have recently appointed an additional full-time Senior Lecturer who will start in late November 2021. We have further posts in development and expect to run a rolling recruitment process through to the start of Year 2. The role of PAT is included in the Job Description of all new substantive KMMS academic faculty. We will be reviewing our staffing plan once the Head of Year 2 is in post and conducting a review of the Student Life and Wellbeing Service in KMMS prior to Christmas 2020 to ensure it is fit for purpose.

3. The GMC recommended that we “...should review the Distinction award system.”.

Once again, we are grateful for this feedback and have considered it carefully. We agree that educators must make proactive attempts to ensure that students are not disadvantaged through no fault of their own due to the COVID-19 pandemic. We feel that, in the interests of patient safety and given the unusual way in which A-level grades were awarded this year, the best approach is to keep the system under constant review rather than make proactive changes which might have further unintended consequences. The approach we have agreed with our universities is that our degree with distinction criteria should reflect a student’s performance across the full five years of the programme as this is the approach used for other, existing academic programmes. Within that, our universities were able to graduate students with high classification degree results last year using a no detriment policy.

We feel that our assessment system and the opportunity to compare and contrast cohort and individual level data with the equivalent cohort at our contingency school will mean that the impact of the pandemic on academic performance can be monitored in this year and in subsequent years. This will allow us to evaluate if this first cohort, or any subsequent cohorts who experience disruption to their pre-medical school was adversely affected by external factors whilst ensuring that our standards preserve their critical patient safety function. This will allow the school to alter the degree with distinction criteria in an evidenced-based and fair way to justify any “in-programme” changes.

We hope that the above summary of some work that has progressed following the GMC’s visit in June 2020 and of our plans for the future will be sufficiently reassuring that we welcome the feedback from the GMC and have endeavoured to respond actively and constructively with it.

We look forward to the next GMC accreditation in Spring 2021 and to working in partnership with the GMC for the next 5 years in our shared mission to protect patients and ensure that the KMMS programme is worthy of full accreditation as a Primary Medical Qualification.

Yours sincerely,

Professor Chris Holland

**Founding Dean
Kent and Medway Medical School**