2014 Medical School Annual Return (MSAR)

The Quality Lead is the nominated person within each medical school who will be our point of contact for this MSAR with us. If necessary, please include additional details of anyone who should receive feedback and other communications regarding the MSAR. Senior Managers signing off on behalf of the Medical School are responsible for assuring the quality and accuracy of the return.

We work with the Medical Schools Council (MSC) in a number of policy areas and so will share information such as student profile and progression from your responses with them to support our work.

We take our responsibilities under the Data Protection Act very seriously; any data you provide will be stored securely and confidentially. Please note that we are subject to the Freedom of Information Act 2000. If we receive a request, we may be required to disclose any information you provide to us unless a relevant exemption applies. We do not intend to publish the full MSAR returns from schools; however, we may publish selected information.

There have been a number of revisions made to the 2014 MSAR in order to make it as easy as possible to complete. These alterations are described below:

The total number of questions has reduced from 26 to 20. Whilst some have been removed or combined, there are also some new questions. We have highlighted the question numbers, theme and domains below.

- **Question 5** – Domain 2 – Independent reviews of student complaints
- **Question 10** - Domain 3 - Exit arrangements for students
- **Questions 12 & 13** - Domain 5 - Prescribing Safety Assessment (PSA) and Medical Schools Council Assessment Alliance
- **Question 20** – Additional question - Feedback on the Undergraduate Progression Reports which are due to be published at the end of September 2014.

We have added three new fields to the MSAR Excel template ‘Section C 3 – SfTP’. These changes focus on professionalism and Student Fitness to Practice concerns. We appreciate that this data may not be accessible to all schools for this year’s return, and so are optional in 2014, but will be mandatory from 2015:

- For any professionalism or SfTP concern, please provide the Entry Method of that student.
- For any professionalism or SfTP concern, please provide the Location of Qualification Attainment of that student.
• If there is a professionalism or SfTP concern relating specifically to ‘Health’, please advise whether the concern relates to either ‘Adverse Physical Health’ or ‘Adverse mental Health’.

As in previous years, we request that you provide details of all low level professionalism concerns that have reached stages A – B of the process; and also all cases student fitness to practise cases reaching stages C – D of the process.

**The deadline for this MSAR is 31st December 2014.**

We want to make completing the MSAR as easy as possible, so if you need any help with completing this return, feel free to contact Nathan Brown or another member of the quality team on quality@gmc-uk.org or 020 7189 5221.
MSAR 2014 – Section A

Domain 1 – Patient safety

*Question 1:* We have initiated a project with the MSC to review the guidance for *Medical students: Professional values and fitness to practise*. As part of this we will be asking you, at another time, to outline your processes for dealing with health and conduct related issues. We have therefore replaced the question related to professionalism, as recommended by the medical school Quality Leads, with a question on the systems your school has in place to monitor low level concerns.

1. Do you have a process in place for monitoring low level conduct or health concerns?

☐ Yes

☐ No

*If yes, please provide details of the processes you have in place, and if No, please provide details of the alternative measures you have in the box below:*

At induction, all students are made aware that they must highlight any low level or heightened health concerns to the Faculty Office, particularly when they are required to attend placements. The Faculty Office liaises with the Clinical Liaison team to ensure that all permanent and temporary health concerns and disabilities and all instances where students have been unable to attend their studies are closely scrutinised with a view to identifying any potential areas of patient and student safety and to minimise risk. The Clinical Liaison team discuss individual student circumstances and requirements with placement providers, and will reschedule or rearrange placements as necessary.

The Health and Conduct Review Group (HCRG) is chaired by [information redacted], and is attended by [information redacted]. This group monitors non-academic issues relating to student health, behaviour and/or conduct which have been highlighted via a number of routes, including students’ own declarations of health, absences, professionalism judgements, and via Academic Tutors and the Academic Review Group. During a confidential part of the meeting, which is attended by [information redacted], individual student support is discussed. The HCRG will recommend appropriate intervention, including referring students to Occupational Health and Disability Assist (DAS) as necessary. The HCRG reports to the PU PSMD Faculty Teaching, Learning and Quality Committee. The HCRG also submits an anonymised overview of activity to the Award Assessment Board, together with a confidential report on individual students causing concern which is made available to [information redacted] only.

The School operates a formative ‘On the Spot’ (OTS) professional judgement scheme where staff, clinical staff and patients can comment either positively or negatively on a student’s conduct. The form includes guidance for those completing it. Judgements are closely monitored by the Faculty office, considered by the professionalism team and overseen by [information redacted]. If any negative OTS judgements
relating to an incident, or a persistent series of incidents, raise issues of fitness to practise, this will invoke the School’s Fitness to Practise procedures.

In addition, the School’s Raising Concerns Policy enables us not only to monitor concerns about clinical staff, but also provides a mechanism for students to raise concerns about other students. This can be concerns related to matters outside of the normal curriculum time. Reports raised under the Raising Concerns policy are evaluated by the Raising Concerns Lead who will take ownership of the concern and action as necessary.

**Question 2:** Paragraph 35 of Tomorrow’s Doctors 2009 (TD09) stresses the significance of student clinical supervision with regard to patient safety. We would like to know about the nature of these issues, how you address them, subsequent evaluation or monitoring in place and current status. This information will enable us to cross-reference with information we hold about postgraduate training delivered in the same LEPs and highlight areas of potential concern.

2. Have you identified, in the last academic year, any issues with clinical supervision (supervision by clinicians during clinical placements) within your Local Education Providers (LEPs) and if so what steps are you taking to resolve them?

*Please use the D1-Q2 sheet in the annex (Excel).*
Domain 2 - Quality assurance, review and evaluation

When responding to questions relating to good practice, please refer to the definition which can be found in the *Quality Improvement Framework (QIF)* on Page 27:

‘Good practice includes areas of strength, good ideas and innovation in medical education and training. Good practice should include exceptional examples which have potential for wider dissemination and development, or a new approach to dealing with a problem from which other partners might learn. The sharing of good practice has a vital role in driving improvement, particularly in challenging circumstances.’

**Question 3:** Paragraph 41 of TD09 states that medical schools will have systems to monitor the quality of teaching and facilities on placements. We use your responses to this question to build links between evidence gathered from undergraduate education with postgraduate training and education.

3. **We would like to know:**

   a. The list of quality management visits you have undertaken in the 2013/14 academic year

   b. Details of any concerns or areas of good practice identified during these visits. Please also provide us with the actions which you have taken to address concerns or promote good practice

*Please use the D2- Q3 sheet in the annex (Excel format).*

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**Question 4:** We particularly want to hear of any instances of good practice. Please detail the relevant TD09 domain when giving examples. If you would like to be considered as a case study which is shared with others, please check the box at the end of the question.

4. **Please tell us about any innovations you are piloting or potential areas of good practice in the box below.**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Example of Good Practice</th>
</tr>
</thead>
</table>
| 5      | The School (and University) promote pedagogy, empowers staff to undertake educational research, and values outstanding teaching and teachers, which engenders an evidence-informed approach to curriculum innovation and improvement. 
*Enquiring evidence based approach to medical education, with clear use of internal feedback and external evidence, and commitment to educational research. (GMC Report 2013/14)* |
<table>
<thead>
<tr>
<th>Domain</th>
<th>Example of Good Practice</th>
</tr>
</thead>
</table>
| 2 | The School has a structured and managed approach to gathering and acting upon feedback. In response to student feedback, a student now sits on the interview panel for new academic staff.  
*The School requests student feedback frequently, and in many formats and there is evidence that this has been used to make improvements. (GMC Report 2013/14)* |
| 6 | International students benefit from a bespoke, student centred approach, which offers co-ordinated support at all stages.  
*The system of pastoral support appears exemplary and particularly strong for international students. (GMC Report 2013/14)* |
| 2 | The School operates a wide ranging and transparent approach to risk management considering all stakeholders.  
*There remain uncertainties in the external environment but the approach to managing these is sound, and some sensible actions have been taken that mitigate the risks, including good engagement with the main acute placement provider. (GMC Report 2013/14)* |
| 1 | A culture of feedback concerning behaviour and attitudes is engendered from the first days at medical school to emphasise the importance of achieving the highest standards of professional behaviour throughout the BMBS programme.  
*Year one students demonstrate impressive understanding of professionalism and what is expected of them as medical students. (GMC Report 2013/14)* |
<p>| 1 | PU PSMD has a comprehensive patient safety programme that encompasses the five years of the course, including learning and teaching activities in plenaries, clinical skills, placements, small groups, and workshops. The patient safety theme is explicit in our SSU programme across the three domains of biomedical sciences, humanities and the healthcare environment. |
| 5 | A pilot of student led grand rounds is underway, aiming to enhance engaged student learning. Sessions are facilitated by scientists and clinical teachers and help with integration of biomedical sciences and clinical practice. Feedback from students to date has been exceedingly positive. |
| 4 | We have developed a new Widening Participation (WP) Strategy that is driving a wide range of staff and student-led outreach initiatives to support widening participation. It incorporates the recommendations of the MSC Selecting for Excellence <em>A Journey to Medicine Outreach Guidance</em> (Oct 2014), and recommendations from the Department for Business, Innovation and Skills report to raise awareness of health and |</p>
<table>
<thead>
<tr>
<th>Domain</th>
<th>Example of Good Practice</th>
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<tbody>
<tr>
<td></td>
<td>higher education and provide social engagement opportunities for students to work with younger children from disadvantaged backgrounds. Over the last year of implementing the WP strategy, PU PSMD has extended its activities through working with the local authority to provide workshops for children aged 5-14 that support the Children’s University scheme. PU PSMD and the local authority are also collaborating on the Healthy Child Quality mark award for local schools. This work will develop further in 2015. The School’s WP strategy has been chosen by the MSC as a case study in guidance to be published in parallel with the “Selecting for Excellence” report – “A Journey to Medicine: Student Success Guidance”.</td>
</tr>
<tr>
<td>4</td>
<td>We have merged our Selection and Admissions group and Widening Access group into “The Journey into Medicine and Dentistry Working Group”. This will facilitate an integrated, evidence-based, and collaborative programme of activities across the continuum from pre-admission to graduation. This group will help to sustain the raising of aspirations, the pathway to selection and admissions into our clinical programmes, and tailored teaching and learning support during the medical programme.</td>
</tr>
<tr>
<td>2</td>
<td>Detailed Service Level Agreements aligned to GMC learning outcomes which include detailed clinical teacher activity. We have negotiated with PHNT that job plans for clinical teachers identify dedicated time for PU PSMD teaching activity.</td>
</tr>
<tr>
<td>2</td>
<td>Detailed QA activity of all clinical placements (in primary and secondary care) with a traffic light system applied to any actions identified. This year lay reps have actively participated in the QA of clinical placements.</td>
</tr>
<tr>
<td>5</td>
<td>A key School aspiration is for social accountability. A Social Accountability and Community Engagement Lead will be appointed soon. Students are encouraged to participate in projects (eg a Cancer Awareness day for the public) which offer opportunities to make a difference to the lives of our population. Further examples are available on request. These may be part of a clinical attachment, special study unit, or voluntary work. A University funded (PEDRiO) project has just started and is establishing inter-professional social engagement opportunities with students from the School of Nursing. The enhanced Year 3/4 curriculum includes a number of activities that promote social engagement. These include opportunities for students to work with other healthcare students in providing clinical care to</td>
</tr>
<tr>
<td>Domain</td>
<td>Example of Good Practice</td>
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<tr>
<td></td>
<td>often complex patients in a deprived area of the city. Students are involved in projects aimed at those on probation, with substance abuse problems and the homeless.</td>
</tr>
<tr>
<td>2</td>
<td>In addition to an induction meeting for lay persons contributing to the BMBS curriculum, PU PSMD has contributed to a lay persons event hosted by HEESW. A student representative now sits on the interview panel for academic staff.</td>
</tr>
<tr>
<td>5</td>
<td>PU PSMD made a successful application to be part of the HEA Strategic Enhanced Programme (SEP) with the theme of engaged student learning. PU PSMD will work with the HEA to embed practices promoting engaged student learning.</td>
</tr>
</tbody>
</table>

If you would like your school to be considered as a case study, please check the following box: ☒

**Question 5:** To supplement our information on students’ perspectives, we would find it helpful to understand the issues being considered through independent review of student complaints by the Office of the Independent Adjudicator (England and Wales), the Scottish Public Services Ombudsman or the Visitorial scheme (Northern Ireland). This will help us and the MSC to develop our relationship with the independent adjudicator bodies.

5. During 2013-14 was your medical school subject to investigations into student complaints by the OIA, the Scottish Public Services Ombudsman or Visitorial scheme in Northern Ireland?

☐ Yes
☒ No

If yes, please provide details of the issues related without identifying the individuals involved in the box below:

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**Domain 3 - Equality, diversity and opportunity**

**Question 6:** It is important for medical schools to meet the equality and diversity requirements set out within Domain 3 of TD09. Examples of how this is captured include analysis of admissions and student profile, progression, academic appeals, and fitness to practise data.
6a. Please briefly tell us how in the academic year 2013/14 you used evidence to monitor how you are meeting the equality and diversity requirements set out in Domain 3 of TD09.

PU PSMD routinely uses its psychometric team to collect and analyse all assessment data to review any variance in performance relating to potentially disadvantaged groups. Reports on this analysis forms part of standard setting meetings, so that assessment panels have an evidence base ensuring decisions do not have unintentional bias.

As part of our continued commitment to equality and diversity, the PU PSMD Professionalism Working Group has undertaken an analysis of Professionalism Judgements on Year 1 students in 2013/14. The results of this analysis will inform the School Action Plan.

The School’s full time Selection and Admissions psychometrician provides analyses of students’ qualification on entry against socio-economic variables and their performance on the programme. This informs the School’s evidence based admissions policy.

6b. Please tell us the biggest challenges you face in promoting fairness and equality in medical education and training.

<table>
<thead>
<tr>
<th>Brief details of challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>PU PSMD has identified that not all staff and providers who have contact with students have completed training in equality and diversity. An update on our progress to increase the training completion rates is included in Section B of the MSAR, in the report on progress against recommendations made in the GMC Final Report 2013-14. We are looking at ways to ensure Equality and Diversity training is sustainable. A common challenge faced by all medical schools is to make equality and diversity an ethos and a way of practice, rather than a tick box exercise. This is particularly challenging in an area of the UK where there is low ethnic diversity within the local population. We have plans to develop workshops addressing meaningful equality and diversity issues as part of our staff development activities.</td>
</tr>
</tbody>
</table>

**Question 7:** This Guidance on Supporting medical students with mental health conditions was published in July 2013. We would like to measure its impact and you gave us feedback that case studies would be the most effective way of sharing the learning and experiences of different medical schools. We will build these into an anonymised set of case studies for your reference.

7. Please provide a brief case study outlining the management and support of a student with a mental health condition. Please highlight any changes in the management of students as a consequence of implementation of the GMC guidance: managing students with mental health conditions. If you do not have a suitable case study, please tick the box below:
Question 8: Three areas were highlighted by our review of health and disability in medical education and training, and we want to build a picture of current arrangements for each and identify practice to share among all schools. We are particularly interested to hear about instances where there is an identifiable individual who students can contact for advice.

8. You only need to complete this question if you have made changes since the 2013 MSAR.

   If so, please let us know how your students can access the following and give brief details of what they consist of. Please include links to relevant information if helpful.

   If no changes have been made, please leave blank.

   a. Careers advice in relation to those with disabilities

   No change

   b. Occupational health services

   No change

   c. Advice on reasonable adjustments and support in making sure they are implemented once agreed, including when on placements.

   The role of [information redacted] has been re-allocated to [information redacted] in order to provide a more seamless service to prospective and current students. All other aspects of the service remain unchanged.

Question 9: Following our work on health and disability in medical education and training during 2012-14, we are continuing to monitor practice on reasonable adjustments to share good practice and identify any areas of difficulty across medical schools.

9. Please tell us about adjustments relating to the 2013/14 academic year only:

   a. Any new reasonable adjustments you made which you had not made before.
b. Any requests for reasonable adjustments that you turned down and why.

c. Any cases where a student was withdrawn from the course on the grounds that they would be unable to meet the outcomes required for graduation due to disability.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Brief details of new reasonable adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>There were no adjustments made in 2013/14 that had not been made before</td>
</tr>
<tr>
<td>b.</td>
<td>There were no requests for adjustments that were turned down in 2013/14</td>
</tr>
<tr>
<td>c.</td>
<td>There were no cases where a student was withdrawn from the course on the grounds that they would be unable to meet the outcomes required for graduation due to disability.</td>
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</table>

**Question 10:** We are aware that a small number of students are unable to continue their studies due to health, academic or conduct reasons. We wish to better understand and share practice on the exit arrangements and awards that are in place for such students.

10. Please briefly describe the exit arrangements and awards you have in place for students who are unable to continue to study medicine. We are particularly interested in arrangements and awards for students who make it as far as:

   a. Year 3
   b. Year 4
   c. Year 5 *(if applicable)*
   d. Year 6 *(if applicable)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Exit arrangements and awards</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Year 3</td>
<td>Exiting students with 360 credits would receive the exit award of BMedSci (Hons)</td>
</tr>
<tr>
<td>b. Year 4</td>
<td>Exiting students with 360-480 credits would receive the exit award of BMedSci (Hons) plus a transcript for the additional credits achieved</td>
</tr>
<tr>
<td>c. Year 5 <em>(if applicable)</em></td>
<td>Exiting students with 480-590 credits would receive the exit award of BMedSci (Hons) plus a transcript for the additional credits achieved</td>
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<tr>
<td>d. Year 6 <em>(if applicable)</em></td>
<td>Not applicable</td>
</tr>
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</table>
Domain 4 - Student selection

**Question 11:** Each year we ask you to check and update the flow charts showing, at a high level, the admissions processes you use at your school.


Please let us know of any changes to your process for student selection to any of your programmes by updating the excel worksheet and ticking the box below indicating if changes have been made.

☑ Our student selection processes have changed
☐ No change

*Please update the D4- Q11 sheet in the annex (Excel).*

Domain 5 - Design and delivery of curriculum including assessment

**Question 12:** In order to develop a comprehensive and authoritative picture of implementation of and support for the Prescribing Safety Assessment (PSA) we would like information from each school to complement information available through GMC membership of the PSA Stakeholder Group.

12. a) Does your medical school require that its final year medical students take the Prescribing Safety Assessment (PSA)?

☐ Yes
☒ No

12. b) If so, is the PSA used formatively or is success required in order to graduate?

☒ Used formatively
☐ Success required to graduate

12. c) Please summarise the school’s position and intentions with regard to the PSA.

PU PSMD does not currently have any final year students, but the curriculum has multiple teaching, learning and assessment opportunities that will prepare students for the PSA and for safe prescribing on graduation. In particular, there will be a number of activities in Years 3 and 4, including formative prescribing skills in Year 4 and a comprehensive therapeutics programme.

All PU PSMD students will be required to sit the PSA, although it is not a requirement for graduation. All students will be informed that to practice as Foundation doctors they will be required to have passed the PSA.
**Question 13:** The MSC Assessment Alliance is researching the equivalence of standards in finals through a project that involves medical schools using questions ('Common Content') from its item bank.

To enable us to develop a comprehensive and authoritative picture of support for the MSCAA Common Content project we would like information from each school to complement information available through MSCAA.

13. Is your medical school using Common Content in finals as part of the MSC Assessment Alliance project on equivalence? Please summarise the school’s position and intentions with regard to Common Content

☐ Yes
☒ No

*If yes, please provide details of the issues related without identifying the individuals involved in the box below:

PU PSMD follows a policy of continuous, cumulative and integrated assessment rather than traditional final exams. The Progress Test comprises 125 questions and the same test is delivered four times a year to all students. The test is set at the level of the required knowledge for a newly qualified doctor. All questions and tests are reviewed before and after each use, and appropriate standard setting mechanisms are in place.

As PU PSMD does not currently have final year students, Common Content is not currently incorporated into the Progress Test. However, at the appropriate point we expect to include the questions, and it is likely that these would be included in the second test delivered each year as is the case within PCMD.

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**Question 14:** Paragraph 81 of TD09 states that the curriculum must be designed, delivered and assessed to ensure that graduates demonstrate all the ‘outcomes for graduates’. In order to mitigate the risks of schools not meeting the standards in TD09, we gather early indications of any changes which you have or plan to make. We use this to assure our standards are met and to provide you with additional support if necessary.

14. Please use the box below to inform us of any changes that you have made within the school regarding processes, curricula and assessment systems to comply with TD09 or address issues raised by postgraduate bodies or employers since the previous MSAR.

<table>
<thead>
<tr>
<th>Changes made</th>
<th>Driver(s) for changes</th>
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</table>
| Development of activities in Years 3 & 4 curriculum to further support the Prescribing Safety Assessment (PSA). | • GMC/MSC industry changes  
• Educational research/scholarship |
<table>
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<tr>
<th><strong>Changes made</strong></th>
<th><strong>Driver(s) for changes</strong></th>
</tr>
</thead>
</table>
| Situational Judgements (SJs) are an important aspect of the practice of foundation doctors. PU PSMD has plans to change the way these are highlighted to students. This is based on the experience from introducing SJs in Year 4 of the PCMD programme within the consolidation/reading weeks. SJ activities will be introduced as part of the foundation weeks in the PU PSMD Year 3/4 curriculum and will address domains such as team working, professionalism, communication skills, and patient safety. | • The foundation programme curriculum  
• The Francis report  
• Student feedback  
• Educational research/scholarship                                                                                                                 |
| Professionalism judgements issued ‘On the Spot’ by academic, clinical and other staff were previously summative, but as a result of GMC feedback these are now considered formatively. | • GMC visit 2013/14  
• Student feedback  
• Professionalism assessments will be informed by educational research/scholarship                                                                 |
| Patient safety theme introduced into SSC. A Patient safety plenary is given during induction. Plans to introduce core aspects of patient safety during clinical placements (eg incident reporting, infection control, safe prescribing). | • The Francis Report  
• TD09 Domain 1  
• Educational research/scholarship                                                                                                                                                                             |
| The enhanced Year 3/4 curriculum includes the introduction of a foundation week preceding the 10 week clinical placements in each of the Year 3/4 pathways. These weeks will act as an induction into clinical placements and should enhance aspects of patient safety as well as student learning. | • Educational research/scholarship and the medical education literature, as well as feedback from students and clinical teachers have informed the curriculum changes. We expect to achieve improved timetable efficiency for providers and students, and better preparation of students for the placements. |
| Pilot of Grand Rounds as core educational activity in Years 3&4 to promote student engagement, and provide an interactive format for medical education and enhance the                                                                 | • Preparation of graduates for the GMC TD09 Outcome ‘the Doctor as a Scientist and Scholar’.  
• Educational research/scholarship                                                                                                                  |
### Changes made

<table>
<thead>
<tr>
<th>Changes made</th>
<th>Driver(s) for changes</th>
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| integration of biomedical sciences with the clinical curriculum.             | • Patient-centred care and shared decision making are important elements of NHS guidance and Tomorrow’s Doctors.  
|                                                                              | • Educational research/scholarship                                                    |
| Pilot ‘patient experience’ year 2 jigsaw session enabling student interaction |                                                                                      |
| with a group of patients discussing experiences around mental health/shared  |                                                                                      |
| decision making. This will improve understanding of patient perspective      |                                                                                      |
| involved in mental health services.                                          |                                                                                      |
| The Immediate Life Support (ILS) Course is a Resuscitation Council (UK)      | • Employers, national standards.                                                     |
| approved course introduced for Year 5 students in 2013-14. It replaces a     |                                                                                      |
| locally devised "Advanced Resuscitation Course" which had similar learning   |                                                                                      |
| outcomes but lacked national recognition. The ILS course enables students    |                                                                                      |
| to demonstrably practice to a national standard, addressing any concerns in  |                                                                                      |
| the workplace with respect to their abilities when commencing F1 posts. The  |                                                                                      |
| first diet of the course was extremely well received.                        |                                                                                      |
| An F1 appeals process will be put in place for PU PSMD, adapting PCMD policy.| • Request from HEE SW to demonstrate compliance with UK Foundation Programme Office’s requirements |
| Lay persons are included in the quality assurance visits to clinical placements | • TD09 Domain 2                                                                       |
|                                                                              | • Educational research/scholarship                                                   |
| Involvement of students in curriculum design and development, inter-         | • HEA selection of PU PSMD for the HEA Strategic Enhanced Programme theme on engaged student learning |
| professional and peer assisted learning and development of learning resources| • Educational research/scholarship                                                   |
| PU PSMD has updated systems and is working collaboratively with PHNT,        | • GMC visit 2013/14                                                                  |
| SDHCT and the university to ensure that staff undertake regularly updated   |                                                                                      |
| equality and diversity training.                                             |                                                                                      |
| Previously, student names were included on Award Assessment Board           | • GMC visit 2013/14                                                                  |
**Changes made** | **Driver(s) for changes**
---|---
broadsheets to aid tracking of student issues. Data will now be fully anonymised. | • Response to student feedback  
• TD09 paragraph 128

Student representative sits on academic staff interview panel.  

If you have any documentation relating to the changes you have stated above, please comment/attach the information in the box below:

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**Domain 7 - Management of teaching, learning and assessment**

**Question 15: Only complete if you have responded positively to Q. 14**

Your response to this question will help us to understand how schools assess, monitor and mitigate risks associated with new curricula and curricular change. We hope to share effective practice in this area.

15. We would like to know if you have risk assessment strategies for the introduction/implementation of new curricula and curricular change. It will be helpful if some practical examples are included in your response.

The School has developed a comprehensive risk register to identify and track progress against high level concerns that may impact on the quality and delivery of the programme. This is an active document that is regularly updated and formally reviewed at the PU PSMD Faculty Board.

Following the disaggregation of PCMD, PU PSMD has been clear in identifying and mitigating risks to the student experience. Furthermore, risks are being continually monitored. The PU PSMD “Response to changes in the NHS working group” meets once per term to examine potential funding issues and the cost-effectiveness of the current educational programme.

The PU PSMD NHS SIFT Finance Committee examines funding issues and the cost-effectiveness of the educational programme. It looks into the SIFT funding of clinical placements, and monitors the financial constraints imposed by cuts to SIFT and HEFCE funding, as well as the pressures on Trusts to make dramatic savings. The Committee reports to the Faculty Board, informs the Dean’s Executive Group (DEG) and feeds into the Response to changes in the NHS working group.

PCMD is continuing to evolve its own programme, and these changes are cascaded into PU PSMD as appropriate. Changes are further evaluated by PU PSMD committees and processes before their inclusion in the PU PSMD programme. In
brief, strategic level decisions on the curriculum, and the consideration, planning and prioritisation of new curricula and changes is mediated through the Senior Undergraduate Medical Education Team (SUMET), which are managed and planned for through the School Business and Action plans. The Teaching, Learning and Quality committees (e.g. PU PSMD Faculty Teaching, Learning & Quality Committee, BMBS Programme Committee and Medical School Teaching Learning & Quality Committee) and curriculum working groups (e.g. Yr 3-4 working group, Medical Sciences theme working group, Assessment working group), consider the student experience and manage the implementation of the evidence-informed curriculum developments, giving consideration to financial aspects alongside the educational benefits of changes to the curriculum.

There are a number of enhancements planned for the PU PSMD Years 3 and 4 curricula. These enhancements have been discussed at the Year 3 and 4 Curriculum Working Group, before final approval of the changes is sought at the BMBS Programme Committee. The changes will be presented at the School Teaching Learning and Quality Committee. In considering the changes, the Working Group and Committees will consider aspects of risk including staffing (to include staff development strategies and appointments; core staff for Years 1 and 2 are involved to ensure continuity of teaching and learning in later years); evaluation and feedback and financial implications.

An example enhancement is the introduction of student led grand rounds in Years 3 and 4. Risk will be mitigated by the robust evaluation of a pilot running in late 2014.

Domain 6 - Support and development of students, teachers and the local faculty

**Question 16:** Paragraph 125 of TD09 states that students will have access to career advice and opportunities to explore different careers in medicine. We would like to know how you inform students of career opportunities across specialties, especially those with particular recruitment challenges. It would be helpful if practical examples can be provided with evidence such as evaluation of initiatives. Your response may enable us to develop further work in this area and share practice across schools.

16. How are students made aware of career opportunities across the full range of specialties including those with particular recruitment challenges?
Health Education South West (HESW) Peninsula Postgraduate Medical Education coordinates the majority of the careers advice and opportunities given to PU PSMD students. [Information redacted] maintains close links with HESW and oversees the careers advice and the opportunities provided to students through the Careers Working Group which is chaired by [information redacted].

HESW is located near the John Bull Building, and offers a wide range of career advice services. Currently, PCMD funds a [information redacted] post based within HESW, specifically to support careers advice to medical students, and PU PSMD will continue this investment.


There are a wide range of careers events and activities, many of which can be accessed at any stage of study including:

- Speciality specific career events
- Career planning workshops
- Careers information and advice. Academic Tutors also provide career discussion and advice for individual students.
- 1:1 career guidance meetings, workshops, mock interview sessions and e-advice.
- There will be a career week in Year 5 where students will have access to careers advice and the various opportunities for practice after graduation. This is supported by core and clinical staff and the HESW. Student engagement in these services will be encouraged by the writing of a summatively assessed reflective essay in Year 4 entitled ‘Your Career Planning’
- PU PSMD students will benefit from the popular e-mentoring scheme in which Year 3 students are partnered with a F1 doctor who graduated from PCMD. The aim of the scheme is to provide peer support, encouragement and careers advice from graduates who can draw on their own direct experiences, including planning and preparation for their F1 application. The scheme uses the Bright Journals platform, an organisation that is committed to using mentoring in order to forward education and career planning.
- There will be a Career Conference for Year 4 students to provide general advice on careers and workshops on specific medical careers.

Students are provided with links to HESW, plus additional advice and links via the School’s Digital Learning Environment.

**Domain 9 – Outcomes**

**Question 17:** Please raise any issues you would like us to consider around the outcomes and practical procedures currently in TD09. Your input is essential to ensure that medical school perspectives and knowledge are reflected and to demonstrate an open and inclusive approach to the review.
17. Does the medical school have any concerns about, or suggestions for amendments to, the GMC’s outcomes for graduates (TD09, paragraphs 7-23) or practical procedures (TD09, Appendix 1)?

Please set out these concerns and suggestions and explain the background to them, giving any evidence available.

We have no concerns or suggestions for amendments to the GMC’s outcomes for graduates or practical procedures.

**Question 18:** In the outcomes for graduates in TD09 we require that they are able to provide appropriate healthcare and understand health inequalities (paragraphs 10d, 11b, 13a, 14a and 20d). Information from medical schools about current arrangements will help us to review the outcomes for graduates in TD09.

18. How does the curriculum address providing appropriate healthcare and understanding health inequalities, particularly relating to people from lower socioeconomic backgrounds, lesbian gay bisexual or transgender people, and people with learning disabilities?

<table>
<thead>
<tr>
<th>Socioeconomic background</th>
<th>LGBT</th>
<th>Learning disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What does the curriculum say?</strong></td>
<td>Plymouth has significant health inequalities. The health status of Plymouth is included in induction. Students experience the implications of this in a range of community and hospital placements. Students discuss and reflect on issues related to inequalities within jigsaw and small group sessions. Several PBL cases highlight issues around inequalities. A Year 1 plenary on ‘pregnancy and public health’ highlights underlying causes of inequalities. Further sessions (eg ‘injury in childhood’, ‘preventing substance misuse’, ‘tobacco control’, ‘economics of hypertension’) emphasise the unequal distribution of health outcomes and determinants. Two Year 1 health promotion workshops require students to consider and design interventions to influence health behaviour across the</td>
<td>In small groups, gender stereotyping and gender differences are discussed. Healthcare use in relation to gender is a focus of a number of small group sessions in all years. The relevant legislation and relevance of this to their own role as doctor is also discussed.</td>
</tr>
<tr>
<td>How is this assessed?</td>
<td>Professionalism Judgements in Jigsaw assess the skills and attitudes.</td>
<td>Knowledge assessed in AMK</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Please give examples of any challenges</td>
<td>Knowledge assessment in AMK is minimal.</td>
<td>Supporting small group facilitators through the recent changes in UK legislation.</td>
</tr>
<tr>
<td>Please give examples of any initiatives</td>
<td>The deprivation index is used to allocate students to community placements in differing populations across the 5 years.</td>
<td>PU PSMD is a key partner in The Devonport Academic Health Centre. PU PSMD staff provide care, and students learn clinical care of complex patients, and get involved with various initiatives and services eg for the homeless, those on probation and with substance abuse problems.</td>
</tr>
</tbody>
</table>
**Question 19:** Paragraph 14J of TD09, which covers the doctor as a practitioner and includes outcome requirements on the diagnosis and management of clinical presentations, requires that students must:

- Contribute to the care of patients and their families at the end of life, including management of symptoms, practical issues of law and certification, and effective communication and team working.

The care of dying people is an important issue, and it is key that students are prepared effectively. We would like to know how you have reflected on and made changes as a result of the Leadership alliance on the Care of Dying People report.

19. How does your school teach students how to best handle the issue of the care of dying people?

Teaching in the care of dying people will predominantly be covered in Year 4 of the PU PSMD curriculum. As in the PCMD curriculum, there will be a range of tutorials, pathway weeks and clinical skills sessions covering oncology, palliative care, end of life decision making, prescribing and communication skills. There are also a number of plenaries covering related subjects in pathology, pharmacology, genetics, and ethics.

However, PU PSMD students will experience a number of placements from Year 1 of the course, and some of these will expose students to the care of dying people. Related placements include those with GPs and a funeral director. In Year 2 there are clinical skills sessions covering death certification and related communication skills. Partner Hospices run seminars on end of life care that staff and students are encouraged to attend.

All students have access to Pastoral Tutors who can either help directly or signpost students to additional support if they become distressed by their experiences (which may occur if they have family members who are seriously ill or who have recently died).

**Additional question**

**Question 20:** In autumn 2014 we will be publishing reports around Medical School Progression Data and we have asked you to update us through the MSAR on how you have used this new information to improve your understanding of and make improvements to the quality of training. We would like to work with schools on case studies to be published in spring 2015.

20. Please provide information on how you have used the new reports to understand or improve the quality of training or highlight any other points of interest in relation to the data.

**Introduction:**

PU PSMD welcomes these new reports from the GMC, which start to address the difficult issue of monitoring postgraduate performance based on medical school
training.

These have been circulated to the senior management team and [information redacted], and their findings will be discussed at the School committees.

Preparedness for Practice:

It was pleasing to see that PCMD graduates self-report high levels of preparedness for practice. We feel this supports the overall ethos of the curriculum; to produce independent learners with high levels of professionalism and the ability to function in busy teams. Additionally, we think that the long periods of immersion in clinical teams, PU PSMD student assistantships novel model with the expectations of acting up built into placements across Year 5, enhances our graduates’ ability to be effective in the workplace quickly.

ARCP/RITA Outcomes and Progression:

The data from the ARCP/RITA outcomes were harder to interpret. There were a few instances where PCMD graduates were outliers at the bottom (e.g. Core Medical Training and Paediatrics), yet other areas where they were near the top (e.g. Obstetrics and Gynaecology, Core Surgical Training). Moreover, the influence of an undergraduate medical school programme on the performance of graduates is diluted the further away they are from the date of graduation.

Some findings also seemed to imply different messages; CMT was a low outlier, but Higher Medical Training (GIM) was towards the top of the rankings. Since these are graduates in the same broad specialty but at different stages, it seemed hard to link these opposite outcomes back to the effects of a common curriculum.

Postulation for Variation in Outcomes:

One explanation for the variation is that the data may reflect local differences in ARCP/RITA processes more than differences in trainees. Local graduates will tend to be over-represented on local programmes at the Foundation and Core Training levels. Therefore, if one programme has a lower threshold for issuing negative outcomes (including for example outcome 5s which often just reflect missing information), then local graduates in that LETB may appear artificially “worse” than others. The converse may also be true where leniency in outcomes is shown in a specialty compared to its equivalent in other LETBs.

Destination Specialty:

Finally, as PCMD is a relatively new school, there was insufficient destination data in hospital specialties to currently draw any conclusions. This will obviously become more useful as subsequent years’ data become available.

Summary and Future Perspectives:

These data may become particularly useful if it can be linked back to undergraduate performance to see if there were tell-tale signs of performance issues that may have been identified. This could inform progression rules, and provide case studies for students if the data appear robust enough.

However, the factors affecting progression beyond foundation year may have decreasing relevance to undergraduate factors, and the rather binary outcome data (pass/fail) provided by the ARCP process may be too coarse a measurement from
which to draw meaningful insights.
The school’s view is currently to see if there are persistent trends in these data that may lead to more important insights into particular strengths or weaknesses in our curriculum. Currently, it is difficult to be certain whether these findings will be enduring, or vary significantly from year to year.
PU PSMD looks forward to future analyses and would welcome the release of additional data linked to performance or fitness to practise issues.

If you would like your school to be considered as a case study for our 2015 publication, please check the following box: ☒

**Thank you for completing the questions for the 2014/15 MSAR. The deadline for this return is the 31st December 2014; please ensure you have completed each of the following:**

☒ Section A (Word) – MSAR qualitative questions.
☒ Annex to Section A (Excel) – Templates for D1-Q2, D2-Q3 and D4-Q11.
☒ Section B (Excel) – Quality Visits/QIF visits requirements *(if applicable).*
☒ Section C (Excel) – Worksheets.

We want to make completing the MSAR as easy as possible, so if you need any help with completing this return, feel free to contact Nathan Brown or another member of the quality team on quality@gmc-uk.org or 020 7189 5221.