

Medical School Annual Return - Section B
GMC quality assurance items

This sheet is pre-populated with open GMC visit requirements and recommendations. Please provide updates on all items. Supporting documents and action plans may be required to evidence progress.

Item number	GMC item	Promoting excellence theme	Description of item	Date item was identified (DD/MM/YY)	How was the item identified?	Previous updates with additional information requested by the GMC	What actions have been taken to resolve the concern over the past 12 months?	What further actions have been planned to resolve the concern?	Deadline for resolution (DD/MM/YY)	Status	Person responsible	Supporting documents (if required)
	GMC visit requirement	Theme 2 Educational governance and leadership	The school should develop a more formal integration of the educational and clinical governance structures. This will be monitored in future via the Medical School Annual Return.	15/01/2018	2018 QAF Exeter Medical School		We have received an invitation from RCHT (Royal Cornwall Hospital Trust) to be on their strategy board. CMH (College of Medicine and Health) Deputy Pro Vice Chancellor Richard Smith and Professor Ian Fussell Vice Dean of Education met with the Chief Executive, Katie Shields and Mark Daly the Medical Director to discuss this.	David Mabin our CMH fitness to practice lead is now Deputy Medical Director of The Royal Devon and Exeter Hospital directly linking our governance arrangements. The programme directors, Alison Curnow and Julie Thacker, VDE Ian Fussell and Deputy PVC Richard Smith have visited Torbay and Barnstaple Hospitals and met with Adrian Harris and Rob Dyer the Medical Directors. This has improved collaboration and given us an opportunity to align our Organisations and governance requirements as we expand.	01/09/2019	Plan in place	Julie Thacker/Ian Fussell	N/A

Medical School Annual Return - Section C
Quality of medical education within the medical school

You should use this sheet to highlight concerns and areas of good practice within the medical school to us. The reporting thresholds in the guidance document would guide you for reporting.

Item number	Item type	Please list the years of students affected	Promoting excellence theme	Description of item	Date item was identified (DD/MM/YY)	How was the item identified?	Previous updates with additional information requested by the GMC (outstanding items ONLY)	What actions have been taken to address the concern or to promote the area of good practice over the past 12 months?	What further actions have been planned to address the concern or to promote the area of good practice in the future?	Deadline for resolution (DD/MM/YY) Concerns ONLY	Status Concerns ONLY	Person responsible	Engagement with deanery, HEE local offices or other organisations including healthcare regulators (if any)	Supporting documents (if required)
EXT1819-g001	Good practice	yr 3 and yr 4	Theme 3 Supporting learners	Video masterclasses In response to student feedback on the difficulty of late-linked lectures between our sites, we have re-imagined a large proportion of these lectures into 'Video Masterclasses.' These are professionally recorded bite-size chapters on clinical, biomedical and professional topics that are embedded in the students' learning environment wherever they are relevant, with signposting to a further site with more information. Currently aimed at only year 3 this year and year 4 next year, we have deployed them in all five years of the programme. In the one term since we started this, the 150 or so recordings have had 50,000 minutes of viewing (7,000) views and have proved popular with students, as they have been aligned intentionally with the clinical placements they are attending.	01/108/2017	NSS feedback and other mid year student feedback on assessments						DoE for BMBS Julie Thacker		
EXT1819-g002	Good practice	Yrs 1- 5	Theme 3 Supporting learners	We are providing all of our medical students with iPads. Almost all of our assessments are now electronic and can be carried out on the iPads. This has dramatically reduced the hours of time our professional services team have to spend processing paper forms and reduces the potential risk of error in data transcription. As part of our curriculum update and refresh, we have developed a suite of 10-15 minute video masterclasses to replace many of our lectures and tutorials (explained above). Our students can access these masterclasses via their iPads or on any of their devices. This has helped us to blend their learning and also to free up time in the curriculum room for other developments. The iPads are also important for our widening participation programme, as all of our students now all have access to an equally modern and expensive device.	2017-18	student feedback						DoE for BMBS Julie Thacker		
EXT1819-g003	Good practice	Yrs 1- 4 initially to be extended to yr 5		In the 2017-18 academic year, in years 1 to 4, the former Professional Practice groups and separate academic tutoring system were combined to create Professional Development groups, where the group tutor also provided the one to one personal tutor support for these students. This aims to provide a more consistent tutoring experience, with a tutor who knew the students and the course well. It also fits with the University of Exeter's tutoring framework: Integrating new material around transition, assessment, reflection on feedback, self-regulated learning, academic skills, careers, resilience, support signposting etc. It was an opportunity to restructure reflective practice teaching: introducing an e-portfolio and discontinuing a paper portfolio and summative reflective essays that had received negative feedback from tutors and students. Each group of 8 students meet 10 times a year and aim to develop the personal and professional skills essential for being a doctor. Clinical experiences are used to explore complexity, ethics and professionalism, and as a starting point to develop reflective practice and professional identity. Tutors also meet each student one to one at least three times a year for support, review of progress and the e-portfolio and there is protected time for other one to ones as necessary after every group session. This is working well, and in the 2017-18 Accelerate survey, maintained good scores, comparable with the other best rated areas of the course, despite many new tutors and a very swift implementation timeframe. It was so well received that this year it has been extended to Year 5. Professional Development Groups (PDG) combine small group professionalism sessions with personal 1 to 1 tutoring. PDG occur in all years and all localities and there are twelve PDG sessions during the academic year. PDG in each year have set intended learning outcomes (ILOs) and the aim during each session is to explore these ILOs through student narrative using either a significant clinical encounter or a thought provoking experience. PDG include three formalised 1 to 1 sessions per student during the academic year and also the opportunity for students to meet with their tutors immediately before, or after, any of the scheduled group sessions. During the formalised 1:1 sessions students, or tutors, can discuss any areas of concern relating to the undergraduate programme in addition to reviewing the student e-Portfolio and if necessary supporting remediation of professionalism issues highlighted by other providers. The PDG tutor completes two professionalism judgements for each student in the year and does this using set descriptors and criteria which consider both student contribution to the group sessions and engagement with the e-Portfolio.	2017-18	student feedback						Alice Osborne/Mike Eaton		
EXT1819-g004	Good practice	Current Yr 3s and subsequent Yr 3s, Yr 4s and Yr 5s	Theme 5 Developing and implementing curricula and assessments	Yr 3 aligning the academic programmes placements overhaul, to better match the clinical programme. Co-ordinated by clinical practice ILGs, sub deans, academic support, localities, refreshed with new providers.	2017-18	student feedback and ILG group						ILG leads		
EXT1819-g005	Concern	2019/2020 delivery	Theme 3 Supporting learners	With our proportion of the increased medical trainees bringing our cohort size up 218 for 2019/20 delivery, we will be monitoring provision of availal	2017-18	Business planning and bid for expansion		The UEMS expansion to 218 BMBS students from September 2019 poses a considerable increase on our current workload and on our facilities. We believe that this increase is both efficient and viable as well as fully supported by our existing, established NHS Partners The infrastructure requirements of the programme have been fully assessed. There is already a £1.8m planned upgrade to the clinical skills facility in Exeter to improve our facilities and to support the establishment of the nursing programme. Expansion to 218 medical students at UEMS fully utilises existing estates footprints in both Exeter and Truro in a highly efficient manner: The additional costs associated with delivery have been carefully considered through careful modelling, consideration of the risks and introduction of efficiencies through economies of scale. These costs are supported through the additional income generated or money already made available by the University from existing sources. The additional costs of expansion are: 1. The recruitment of additional academic staff to teach on the in proportion to the increased number of students in order to maintain student to staff ratio of 8.6 and the excellent quality of provision. A recruitment campaign is already underway, with many successful appointments already secured. 2. Whilst the vast majority of the increased numbers will be taught within the existing physical resource in Exeter and in Truro, the university has already agreed to a £1.8m refurbishment and increase in the size of our clinical skills facility based in Exeter. The initial driver to this investment was our new nursing programme, which will benefit all students, current and future. We are in the process of extending these facilities to accommodate the specific requirement for a simulation ward for our new nursing programme which launches in September 2019, subject to NMC accreditation. The current clinical skills facility would have been able to accommodate the proposed new number of students, but an upgrade to the facility will provide a state of the art environment for students, in line with Exeter's ambitions for high quality teaching, and to provide more flexibility for the increased cohort. This work is planned to commence after the student OSCE's are complete in June 2019. A plan has been drawn up for decantment of facilities in case the work is not completed for the start of term 1. The funding for this development has come from existing sources already allocated through the University's Campus strategy and would not require additional borrowing. 3. Our student body has been kept informed during the planning process for the expansion and have worked with us throughout. They have raised suggestions for increased private study space and social areas, which are being included in the campus development plan. The business case, finances and risks have been extensively modelled by the School and we are well prepared to take on this number of additional medical students from 2019. The University of Exeter Medical School (UEMS) is an outstanding healthcare school, with excellent widening access achievements, a curriculum which meets future workforce needs and showcases shortage specialities and evidence demonstrating the delivery of high quality training. We have a clear vision and strategy to increase the numbers of our junior doctors going into the NHS workforce, to help to address some of its biggest challenges in terms of integrated care and keeping people well, physically and mentally.		ngoing until increased student bed into the system	Plan in place	Julie Thacker DoE BMBS/Alison Currow Deputy DoE BMBS	NHS placement providers	

Medical School Annual Return - Section D

Quality of placements

You should use this sheet to highlight concerns and areas of good practice at student placements (education providers). The reporting thresholds in the guidance document would guide you for reporting.

Item number	Item type	Local education provider (if applicable)	Site (if applicable)	ODS/NSS code (if applicable)	Please list the years of students affected	Promoting excellence theme	Description of item	Date item was identified (DD/MM/YY)	How was the item identified?	Previous updates with additional information requested by the GMC (outstanding items ONLY)	What actions have been taken to address the concern or to promote the area of good practice over the past 12 months?	What further actions have been planned to address the concern or to promote the area of good practice in the future?	Deadline for resolution (DD/MM/YY) Concerns and GMC visit items ONLY	Status Concerns ONLY	Person responsible	Engagement with deanery, HEE local offices or other organisation's including healthcare	Supporting documents (if required)
EXE1214-09	Concern	Gastroenterology, Royal Cornwall Hospitals NHS Trust	Truro	REF	3-5	Learning environment and culture	Students reported mixed quality of teaching by the Gastroenterology team; issues include wide variability in quality of taught sessions, lack of guidance and supervision on placement, ineffective induction, disorganised timetabling and a lack of interest or welcome from some of the consultants in the department.	academic year 2013-2014	Student feedback	The feedback from this placement has much improved. A new consultant gastroenterologist has taken over coordination of the placement and is very engaged in the programme.	The Consultant gastroenterologist has liaised with one of our medical school clinical fellows to produce an interactive online workbook which is situated on our virtual learning environment. This resource is shared with the students attached to gastroenterology in Exeter. It is very popular with the students and augments their clinical placement very well.	Student feedback remains positive		Progress being monitored	Julie Thacker		N/A
EXE1215-	Concern	ITU/anaesthetics	Exeter	RH8	3-4	Protected teaching time	Haphazard timetable in year 4 'stridor' week. Pathway hosted by ITU but most of sessions provided elsewhere	07/07/2015	Feedback from students and consultant providers	The pathway is still co-delivered between ITU and other specialties. The theatre placement has changed in the last 2 years. Students on the pathway previously came into conflict with other medical students in the same theatre on different pathways which reduced experience and at times resulted in the activity being missed. This no longer occurs with a change of venue.	Student feedback gathered and reviewed from previous academic year. Pathway feedback was very positive and in support of the change. The locality will review this again at next departmental QA meeting.		Progress being monitored	Tom Fox		N/A	
EXE1215-	Concern	Obs & Gynae	Exeter	RH8	4	Developing and implementing curricula and assessments	Assessment concern. Universal dissatisfaction with the competency 'examination of pregnant woman'. The summative competency takes place in the neonatal week with no other structured time in O&G or fresh teaching.	01/10/2015	Feedback from O&G and paediatric speciality lead consultants	In Exeter the summative competency has been brought forward to the relevant year 3 pathway week. In which the teaching is embedded. The formative year 3 competency is normally undertaken as preparation for year 4 summative. Students in year 3 experience informal assessment in the skill with formative feedback before sitting the summative competency.	O&G speciality leads in Exeter and Truro tasked with developing a reliable teaching protocol within the year 3 O&G block that allows students to receive the appropriate teaching to sit the competency as a summative assessment at the end of the 3 week block Ongoing change this term. Will follow up actively over the next term competency.		Progress being monitored	Tom /Julie Thacker		N/A	
EXE1215-	Concern	Cardiology	Exeter	RH8	3-4	Learning environment and culture	Students expressed concern that their clinical reasoning session was often rushed, re-organised or significantly delayed because the consultant taking them was always duty on-call consultant	01/10/2015	Staff-student feedback meetings	Cardiology have undergone a transformation in the last 18 months in the structure of the curriculum delivery. A new speciality lead has taken on the role with great enthusiasm and personal commitment. On call rotas for general and interventional cardiology have been split and the responsibility for clinical reasoning no longer falls to a single on call consultant, where conflict previously arose.	Monitoring of situation and teaching through Staff-student feedback meetings	Discussion with cardiology speciality leads. Re-organisation of teaching rotas to separate on-call commitment from teaching commitment Review of feedback after change. This has already occurred.	Progress being monitored	Tom Fox		N/A	
EXE1265-01	Concern	Oncology Placements	Truro	REF	4	Supporting learners	Due to problems with recruiting consultants and middle grade Drs, oncology department 2 consultants and 1 middle grade short at the moment. This has meant that in 1 of the oncology pathway weeks the students are unable to attend any clinics due to pressure of workload on consultants in post.	Autumn 2016	Med school contacted directly by oncology		The student feedback from oncology remains positive. Discussions have taken place to replace one week of oncology teaching with one week of haematology/or other oncology related departments that have capacity and are keen to do more.	The situation in Oncology teaching in Truro is very much improved. We have moved one of the three oncology weeks to haematology. This is partly in response to student feedback, where students asked if we could develop an extra week of haematology (a) because it was so enjoyable, provided by enthusiastic and skilled clinician teachers and (b) because there was already too much content in the haematology week and students felt it would be better if it were spread across two weeks. Haematology have split their content across two weeks now, with one week composed mainly of general haematology and one week composed mainly of onco-haematology (which replaces the oncology week) This has the advantage for our providers and Trust, in that the funding lost by oncology is gained by haematology and therefore stays within the same clinical directorate. Oncology are able to deliver the two weeks much more easily than the three they had previously and student feedback has improved. Next year, as part of the expansion of the general practice curriculum, the second oncology week will be removed. The students see a huge amount of oncology in other placements, so we are confident that learning outcomes will not be affected by this change.	Plan in place	JulieThacker/Tom Fox		N/A	
EXE 1216-02	Concern	Radiology	Exeter	RH	5	Learning environment and culture	Assessment concern. Students unable to undertake core assessments within department due to lack of direct patient contact. Assessments were then deferred to other blocks to complete; placing burden on other departments and students.	04/01/2016	Feedback from Radiology Consultants and undergraduate medical students	This is a historic development to remove radiology from the year 5 assessment rotation which has remained in place	Radiology has been removed from the yr 5 assessment rotation due to clinical sub dean discussions with Radiology speciality lead. Mutual decision was taken that due to the inability to complete these core assessments within department, in the next academic year, Radiology would not be a selectable Year 5 block attachment.		Plan in place	Tom Fox clinical sub dean Exeter		N/A	
EXT1819-p001	Good practice	Marazion surgery			Yr 3- 5	Theme 1 Learning environment and culture	In discussions and engagement and reassurance from sub deans this placement were able to increase their number from 0 - 3	01/08/2018						Progress being monitored	Sham Agashi clinical sub dean Truro		N/A
EXT1819-p002	Good practice	Cornwall Practice managers meeting	Truro		Yr 3-5	Theme 4 Supporting educators	In preparation for increased students engaging stakeholders	2017-18 expansion bid	Discussion with operational teams, clinical sub deans and feedback from placements					Progress being monitored	Sham Agashi clinical sub dean Truro		N/A