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)
NIL Return												

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)
KLE1819-g001	Good practice		Theme 2 Educational governance and leadership	Patient Safety Review Group (PSRG)	15/03/2018	Internal Quality Audit feedback								**IQA Commendations, Conditions and Recommendations Summary**
KLE1819-g002	Concern	Year 4 & 5	Theme 1 Learning environment and culture	One of our placement providers for Years 4 and 5, the Shrewsbury and Telford Hospitals Trust, has received an "Inadequate" rating from the CQC in their report published on 29.11.18. In addition, the maternity services provided by the Trust over many years are the subject of an ongoing independent review ordered by the then Secretary of State for Health and have been the subject of a completed RCOG review requested by the Trust.	03/09/18 - following media coverage of information regarding the CQC's recent visit's likely report findings.	Initially through media coverage, but once the CQC report was published this was fed into our PSRG process as well.		The Head of School made prompt contact with the Trust's Medical Director and CEO, leading to meetings involving the Head of School, Director and Deputy Director of Undergraduate Programmes with the Trust's Medical Director, Chief Executive Officer and clinical leads for Emergency Medicine and Obstetrics & Gynaecology. These meetings provided the School with satisfactory assurance that justified the ongoing provision of placements at the Trust. In addition, the School has communicated with the students placed at the Trust, highlighting the need to raise patient safety concerns if they arise, and also providing local drop in sessions with the Deputy Director of Undergraduate Programmes (who is also chair of Patient Safety Review Group), at which concerns may be raised in addition to the School's usual routes. The Head of School and Director of Undergraduate Programmes have discussed the situation with the regional Postgraduate Dean (HEE WM), and the Head of School has also taken part if a teleconference with HEE, NMC and GMC staff to discuss the concerns raised by the CQC.	The School is continuing to work closely with the Trust's senior management, and we are also ensuring that we respond to any student concerns, while awaiting the publication of the Inquiry into maternity services. The issue is discussed at each monthly School Executive Committee meeting.					
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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 organisations including healthcare regulators (if any)	Supporting documents (if required)
KLE 1516 SC 3	Concern	NSCHT			Years 3		Recommendation 1: To review communication with students to ensure that there is consistency of guidance for both staff and students.	21.1.16	Quality Assurance Visit	Strengthened induction content implemented.	All students receive a full day induction on their first day in North Staffs Combined Healthcare Trust (NSCHT) from the Hospital Dean. This includes an introduction/training session describing the basic topics of Mental Health that will be covered. The Dean uses the same induction presentation for each block of Year 3 students. This ensures that all students get the same message. If there was ever an occasion that the Dean was unavailable, the Deputy Dean would deliver the induction using the same presentation.	The School has continued to monitor student feedback and also discuss at Trust Liaison Board meetings. The School considers this item closed.		Request for closure			
KLE 1516 SC2	Concern	SaTH			Years 4 and 5		Recommendation 1: Continue to minimise multiple trips for students between sites.	16.3.16	Quality Assurance Visit	Followed up in 2017 SaTH QA visit . New Requirement . The Trust are required to continue the work of reviewing the timetabling of 'cross site' teaching for Year 4 students, with a view to reducing the travelling required by them. This also includes reviewing the car parking issues and the possibility of transport between the two SaTH sites.		The School has continued to monitor student feedback and also discuss at Trust Liaison Board meetings. The School considers this item closed.		Request for closure			
KLE 1516 SC2	Concern	SaTH			Years 4 and 5		Recommendation 4: To review whether the process of cancellation and rescheduling of teaching sessions is effective.	16.3.16	Quality Assurance Visit	Followed up in 2017 SaTH QA visit . New Requirement The Trust are required to conduct a further review to ascertain how it can reduce cancellation of teaching sessions and improve communication between teaching units, the UG administrative team and students when they do occur. The review should include looking at the way timetables are managed.		The School has continued to monitor student feedback and also discuss at Trust Liaison Board meetings. The School considers this item closed.		Request for closure			
KLE 1516 PC2	Concern	Primary Care South Staffordshire 'patch' visi			Year 3,4,5		5. Consider requiring GP tutors to have "exit interviews" with students when the student leaves the Practice.	20.1.16	Quality Assurance Visit	All GP tutors have been encouraged to look at the possibility of conducting an exit interview with students of all years. Although such an interview is not currently compulsory, and provision has not been formally quantified, the team are investigating ways to monitor this activity and will continue to promote it.				Request for closure			
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