

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)	
QA10428	GMC visit requirement	Theme 2 Educational governance and leadership	The School must review their collection and use of equality and diversity data to cover all protected characteristics.	16/04/2018	2017/18 GMC QAF National Review of Scotland - St Andrews School of Medicine	University Proctor, E&D officer and Principal have been contacted, as E&D data is collected by the University, not the School. The University is now dealing with this issue, and we hope to have resolution within the coming months. Continued liaison with University Senior Management.	The data have all been analysed in collaboration with the University. These are included in the supporting documents. Our student cohort size means it may not be possible to monitor all protected characteristics due to the risk of de-anonymizing individuals. However, we will seek to find ways to ensure we appropriately analyse accumulated data to identify any concerns in less-well represented populations.	None, all resolved. The numbers are small, but we will continue to monitor the figures. The University is further investigating ways to monitor these figures, and we will maintain close contact with the relevant individuals concerned.	Resolved	Plan in place	Deputy Head of School, Professor John Zajicek		
QA10429	GMC visit recommendation	Theme 1 Learning environment and culture	The School should ensure that students are aware of the reporting concerns process during clinical placements.	16/04/2018	2017/18 GMC QAF National Review of Scotland - St Andrews School of Medicine	<p>We have developed an online platform for raising concerns and leaving additional feedback by the Quality lead. Personal tutors will highlight the link to the patient safety policy, within the existing School of Medicine agreement ("patient safety on clinical attachments")</p> <p>We will strengthen placement and module introductory lectures, including interactive relevant case examples / vignettes, ensuring students are clear on the need to act on a patient safety concern and encourage them to raise any other concerns regarding their learning experience. We will be explicit about the available pathways / processes</p> <p>We will introduce a statement within Learning Log (placement record) about when and how to raise a concern: introduce same (synopsis) on digital signage, as part of information loop</p> <p>We will ensure "essential reading" about reporting concerns (GMC guidance) and introduce relevant questions within the exam bank i.e. assessable content</p> <p>We will introduce training on reporting concerns to clinical (placement) tutors, within the annual review meetings. Within this training, we will emphasise the requirement that reporting concerns needs to be included within the brief of each placement day (and debrief where necessary)</p>	<p>A great deal of work has been done to ensure students are clearly aware of the reporting concerns process during clinical placements. An easy to understand, at a glance, flow chart has been developed and presented to students on repeated occasions, through a variety of formats, to reinforce content. This includes presenting the material verbally (within placement induction lectures), in written materials (the hand-held placement Learning Log and placement guides), online (within the medical handbook) and through digital signage at the School. Students are also linked to the GMC's "Raising and acting on concerns about patient safety" webpages as reading and supporting material. As planned, clinical tutors have been met with and trained regarding the process of raising concerns, within the annual community placement review meeting, so they know how to act in the situation of a concern, but also so they can emphasise the process in a clinical setting. The online "student voice" platform is now fully operational and used by both ScotGEM and the undergraduate BSc Hons students, facilitating the ability for students to raise any type of concern. This platform is continually monitored and governed by a Quality Assurance Lead, with the concern recorded by the School, an action plan implemented as required and monitored, and the student informed of the outcome.</p>			Plan in place	Dr Rebecca Walsmsley, Clinical Lead		
QA10430	GMC visit recommendation	Theme 2 Educational governance and leadership	The School should enhance the opportunities for patient and public involvement in the programme.	16/04/2018	2017/18 GMC QAF National Review of Scotland - St Andrews School of Medicine	<p>Since the GMC visit Dr Laidlaw has received funding from the GMC/ASME Excellent Medical Education Award to use empathy maps to investigate patient/doctor relationships at the undergraduate level. This will facilitate increased patient and public involvement in the communications aspect of our current course. We will include service user representative within end of year modular reviews</p> <p>We will develop a plenary on the patient journey and voice, inviting "volunteer" patients and service users to contribute to individual lectures</p> <p>We will introduce a "Patient Participation Group", focusing initially on developing ideas for patient and public involvement, moving on to implementation and feedback</p>	<p>A Patient and Public Involvement working group has been set up within the School to design and implement innovative ways to enhance such opportunities. To date they have met on 3 occasions designing an action plan of change, some of which previously detailed. At present some ideas are at development phase and others are operational, with a challenge to ensure patient and public involvement is diverse and representative. One implemented change has been to include members of the public within grading/assessment of clinical skills (beyond within existing communication skills), piloted within the recent assessment diet (Dec 2018). Simulated patients scored students' performance at a blood pressure station, focusing on their confidence in the students' manner and satisfaction of the encounter, with an examiner assessing accuracy of the skill. The statistical analysis of this is awaited, but if successful it will be rolled out to all skill stations that involve a "patient". A volunteer patient (VP) annual meeting is scheduled for Sept 2019, including staff representatives from the undergraduate (Clinical Lead) and ScotGEM (CLIC Lead) representatives. The design of the event's programme has been changed to incorporate VPs views on curricular matters and to seek patient representatives for a patient participation group (PPG) and for plenary volunteers. We are also collating positive feedback comments from the student communities to share with the VPs, to appropriately acknowledge, recognise and thank their contributions to the programme. We wish to recruit to the PPG and plenary out with the VP bank and increase the bank overall, to enhance diversity, and therefore intend to place local adverts within GP surgeries and community hospital settings. Through ScotGEM new VPs have been recruited at a GP surgery level and added to this bank. The Head of the Division of Education continues to explore empathy mapping to investigate patient/doctor relationships at the Undergraduate level, enhancing contribution in the communication skills aspect of the course.</p>				Plan in place	Dr Anita Laidlaw, Head of Education Division, School of Medicine	
QA10431	GMC visit recommendation	Theme 2 Educational governance and leadership	The School should continue to monitor the capacity available for students and the amount of patient contact on clinical placements at LEPS.	16/04/2018	2017/18 GMC QAF National Review of Scotland - St Andrews School of Medicine	<p>We have had a recruitment drive amongst GP practices in Fife / Tayside, to increase the awareness of opportunities for community teaching. This has occurred in parallel with our new ScotGEM graduate entry course, which has enabled recruitment of several new GPs to Fife. Capacity survey to be sent to all GP Surgeries (across Scotland), through the "Increasing education in Primary Care" working group (includes a St Andrews representative). We will increase patient contact on Community Hospital placements, by changing the nature of the afternoon sessions to allow more time on the wards, focusing more on practical clinical experience and less on pre-arranged volunteer patients (where practical). We will develop additional placement opportunities, incorporating the wider health care environment, for example, through dental services and the befriending service. We will introduce outpatient clinic experience within year two, to add to the existing GP and Community Hospital placement capacity</p>	<p>The capacity in primary care continues to be monitored, but reassuringly ScotGEM surgeries were fully recruited and within the undergraduate programme we have had more GP surgeries taking first year medical students for this coming academic semester compared to last year. Secondary care capacity currently meets student numbers, with no anticipated risk over the next 12 months. Capacity has been considered at a national level through the "Increasing Undergraduate Education in Primary Care" working group and the GP Capacity Survey, through the Scottish Primary Care Heads of Teaching. Both groups have St Andrews representatives through the Clinical Programme Lead and ScotGEM Programme Director. The survey has been fully conducted, with a high response rate, with its findings and the report from the working group to be published in the New Year. The nature of the community placements has been changed to increase patient contact, where possible. The number of pre-arranged volunteer patient bookings has been reduced and clinical tutors encouraged to take students back onto the wards in the afternoons. This has been more challenging at some sites, often due to patient visiting hours, but we have identified tutors who have changed this structure successfully to showcase their ideas and share good practice, by rotating them through different sites. Additional placement opportunities have been developed, in particular the expansion of Child Development Centre placements across Fife, improving overall capacity.</p>				Plan in place	Dr Rebecca Walsmsley, Clinical Lead	

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)
STA1819-g001	Concern	2018	Theme 1 Learning environment and culture	External clinical tutors were not all completing the online equality and diversity training module.	16/04/2018 and 21/05/2018	On dealing with a low level concern, became apparent that training had not been completed by the external member of staff.		Although all internal members of staff were required to complete equality and diversity training this is now also compulsory for all external community clinical tutors. We have also introduced the same mandatory training for simulated patients (SPs).	The compliance of external staff / SPs completing the training will require monitoring to ensure 100% (by the ACT officer and clinical skills centre manager respectively), ensuring all staff, including new recruits, complete mandatory training.	01/01/2020		CPL/ACT officer		
STA1819-g002	Concern	2018	Theme 1 Learning environment and culture	Lack of (student) confidence in raising concerns in a clinical environment	11/04/2018 and 23/04/2018	GMC visit identified not all students aware of the process and an incident where student didn't feel able to raise a concern at the time of the event.		Highlighted the need to raise awareness of the concerns process and to support those to do so. As per Section B, a great deal of work has been done over the last academic year regarding this, including development of a flow chart, reinforcement to tutors/staff/students, pro-dean/student support and through the online student voice platform.	Ongoing reinforcement to students about how to raise a concern. Monitoring of student voice and concerns through QA lead. Introduction of raising concerns to volunteer patients within their annual update meeting.	01/01/2020		CPL/QA lead		
STA1819-g003	Good practice	2018 (year group 1)	Theme 5 Developing and implementing curricula and assessments	Introduction of simulated patient (members of public) marking within OSCEs	01/12/2018	Identified within previous GMC visit the importance of increasing patient and public engagement. CPL attended another School of Medicine and witnessed its successful implementation. Decision to pilot made within clinical group.		Introduction in Dec 2018, piloted within blood pressure station. SPs considered and marked whether the student made them feel confident and overall satisfaction, with weighting given to their responses.	Preliminary statistical analysis positive - awaiting finalised results as within recent assessment diet. If successful will roll out to all OSCE stations that include SPs.			CPL/clinical skills lead		
STA1819-g004	Good practice	2018 (year group 2 and 3)	Theme 5 Developing and implementing curricula and assessments	Introduction of more joint approach for end of life care education, supporting multidisciplinary team working.	29/10/2018	Highlighted through recent changes in teaching and learning of end of life care (OIG 2018).		Previous material was delivered by clinicians, now jointly delivered between GP and Head of Spiritual care, with a changed emphasis to patient/family/carer focussed holistic care.	Introduction of teaching elements regarding recognising death and dying and communicating prognoses.			CPL/module controllers		

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/NES 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)
STA201703		NHS Fife	GP surgeries		Year 1	Developing and implementing curricula and assessments	Difficulty in recruiting GP surgeries to take medical students - current GP workforce crisis and perception of low level of reimbursement	Approx March 2016	On trying to establish new placement	Extension of the nature of year1 placements to meet medical student numbers- introduction of NHS Fife Addiction services placements. Engagement of local GPs through accredited teaching practice status, visits, emails and training events. On going GP engagement events and local free educational events (CPD accredited by colleges, through Clinical Educator Programme GMC feedback 17/18 - Agree that action is appropriate. It is clear that a lot of work has been undertaken in this area to increase the range of placements. Please provide a further update in the next MSAR.	The range of placements on offer continues to be expanded, now with the introduction of Child Development Centre placements, across a variety of sites in Fife. GP surgery numbers have been monitored and shown to have stabilised, not dropping on the introduction of the ScotGEM course. To consider the crisis overall and reimbursement rates both ScotGEM and the BSc: Honors programme have representatives on the "NES medical ACT primary care review group", chaired by Dr Geraldine Brennan (Associate Postgraduate Dean - Quality & Medical ACT, Scotland Deanery), and on the Scottish Government, "Increasing Undergraduate Education in Primary Care working group", chaired by Prof John Gilles.	We seek to continue to increase primary care capacity, alongside the national recommendation to increase undergraduate education in primary care. As such, the findings of both working groups are vital and set to be published in the New Year. These may include recommendations on reimbursement rates, alongside examples of innovations / good practice and the impact of rate changes. The School will await these recommendations and provide an update on next year's MSAR.	Approx Jan 2019	Progress being monitored	Clinical Programme Lead (Rebecca Walmsley)		
STA201707		N/A	University		All years	Theme 4 Supporting educators	External tutor website out of date and rarely used	Approx March 2016	By clinical lead when preparing for practice visits	This website has been updated by one of our Nurse Teaching Fellows to reflect accurate, current content. To promote its use by external tutors and to continue to modify the site over time. GMC feedback 17/18 -Work has been undertaken in its area and the site has now been updated. Agree with status. Please provide an update in the next MSAR with a view to potentially closing this item next year if the changes are sustained.	The website has been appropriately updated and maintained since the last MSAR, with ongoing support to the site provided by the placement administrator. To publicise the site all external tutors are signposted to it on initial induction and subsequently through links on the tutor handbooks.	To continue current processes.	Approx Jan 2019	Progress being monitored	Clinical Programme Lead		
STA0118-08		NHS Fife	Community hospitals		Years 1 and 2	Theme 4 Supporting educators	Loss of some teaching staff on community hospital placements and a number of ongoing community tutors retired from clinical practice (need for appraisal).	Approx Jan 2018	By Clinical Programme Lead and Placement Administrator during annual review meeting and through planning staffing for future academic years	Planned recruitment drive and introduction of formal appraisal for retired staff. GMC feedback 17/18 - Agree with status. Please provide an update in the next MSAR.	Staffing has been stabilised, with no current vacancies. The role has been made more attractive for retention and recruitment with an increase in the sessional reimbursement rate and through ongoing provision of high quality CPD events, freely available to community tutors. On discussion with the Fife DME, who has sought additional guidance, community tutors may continue until 5 years post clinical retirement, unless a robust system of appraisal is in place, in which case it may be expanded potentially beyond this. We have therefore introduced a system of appraisal for our retired clinicians, which has been rolled out last year and next. Tutors complete the "Recognition of Trainers" section of SOAR, not for ROT status (nor as an "approved" GMC appraisal) but as a bench mark of standards. This is then shared with the Clinical Programme Lead for the School, who conducts an annual one to one supportive meeting based on the provided materials, with the records signed off by both parties.	Continue processes so all retired staff appraised on an annual basis.	Approx Jan 2019	Plan in place	Clinical Programme Lead		