







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)
QA10946	GMC visit requirement	Theme 2 Educational governance and leadership	Formal structures monitoring the P and F Years at the US partner sites must be in place and effective.	22/04/2016	2015/16 OAF visit St Georges International Medicine Programme (formerly INTO)	2016/17 visit report - Partially met - SGUL submitted quality management documentation prior to the visit which highlighted clear structures for monitoring the P & F years. We will explore the effectiveness of the existing sub-committees in place at TJU during our future quality assurance activities.	Ongoing fortnightly Skype meetings with Academic and administrative leads at partner universities with issues fed through the International-MBBS Operations Group (IMOG) to MBBS Course Committee at SGUL. IMOG and the MBBS Course Committee have formal minutes and actions are brought forward as matters arising at the next meeting. At TJU the Core Clerkship Subcommittee meets monthly and considers any issues related to the SGUL programme.	Ongoing implementation of quality management plan	30/08/2019	Progress being monitored	International-MBBS Academic Director	n/a
QA10940	GMC visit requirement	Theme 5 Developing and implementing curricula and assessments	The differences in curriculum between SGUL and partner organisations must be pro-actively mapped out, with regular checkpoints to address ongoing curriculum development. This mapping must include ethical and legal issues.	22/04/2016	2015/16 OAF visit St Georges International Medicine Programme (formerly INTO)	2016/17 visit report - Partially met - The P year curriculum mapping was complete at the time of the June 2017 visit. We look forward to receiving the completed F year mapping.	F-year mapping at TJU completed with successful delivery of the Final year curriculum in academic year 2017-18. F year mapping is attached as a supporting document.	Further developments include planned visit by member of SGUL staff to support delivery of Final year breaking bad news teaching.	30/08/2019	Changes sustained	International-MBBS Academic Director	F year mapping 
QA10937	GMC visit requirement	Theme 5 Developing and implementing curricula and assessments	The School must provide the US family medicine learning outcomes mapped to the UK curriculum learning objectives for general practice.	16/12/2014	2014/15 OAF visit St Georges International Medicine Programme (formerly INTO)	2016/2017 visit report - Partially met - The family medicine learning outcomes mapping for Marshall was submitted to the GMC. The GMC still requires evidence that the family practice outcomes have been mapped to the family medicine curriculum for TJU.	Mapping process completed and attached as supporting document.	Ongoing monitoring of delivery of teaching in Family Medicine	28/09/2019	Changes sustained	International-MBBS Academic Director	Family Medicine mapping 
QA10959	GMC visit requirement	Theme 3 Supporting learners	The School should identify and implement ways to provide more tailored support for the pastoral, academic and managerial needs which are specific to the International Medicine programmes.	15/05/2015	2013/14 OIF visit St George's INTO programme	2016/2017 visit report - Partially met - Shortly after the visit, the School submitted feedback on the USMLE as well as student survey results. The USMLE feedback indicated that success rates in 2016 and 2017 were higher than in 2015. Students who were yet to take their USMLE Step 1 exams reported more satisfaction with USMLE preparation than those who had already taken the exam. This was evident in the international MBBS student survey in June 2017. The International MBBS student survey findings highlighted that there has been clear improvement in student satisfaction amongst the International MBBS students in areas previously identified as problematic. A large proportion of students indicated satisfaction with the USMLE package and improvements in communications, for example. However, the need for further improvements in both these and other areas (e.g. tailored careers counselling) was also evident and given that less than half the student population took part in the survey, we will need to monitor this area in our future quality assurance activities. We would like to see a clear plan of how the School is addressing the shortcomings raised by the students in the surveys and evidence that communication strategies are functioning effectively	Introduction of one-to-one career clinics provided by the International-MBBS Academic Director and Dean of International Education. The Clinical Teaching Fellow for USMLE Preparation was valued by the students and the post has been approved for a further two years, ie academic years 18-19 and 19-20. Recent Periodic Review identified ongoing problems with the effectiveness of our communications.	Action planning is under way to attempt to address the communication issues. SGUL has a new role of Academic Lead for the Student Experience whose help has been engaged in looking for solutions to this issue.	30/08/2019	Plan in place	International-MBBS Academic Director Dean of International Education Head of MBBS clinical Medicine Admin	n/a
QA10958	GMC visit recommendation	Theme 3 Supporting learners	The School should improve its communications with students so that they have access to clear, accurate information about the programmes and are confident in seeking advice and information about aspects of their studies which are specific to International Medicine. As part of this, the School should ensure there is sufficient expertise to advise students about registration and practice requirements in the US and any other countries where they wish to apply for registered practice.	15/05/2015	2013/14 OIF visit St George's INTO programme	See 2016/17 visit report - Partially met - The School submitted a student communication strategy and a career planning strategy for International MBBS students. As per requirement QA10959 above, we would like to see evidence that student satisfaction has improved as a result of these strategies.	Introduction of one-to-one career clinics provided by the International-MBBS Academic Director and Dean of International Education. Use has been made of specific expertise provided by colleagues at our partner universities in the USA and SGUL alumni.	Periodic Review highlighted the need to develop specific expertise in supporting the significant number of students on the programme who will be applying for postgraduate training in Canada.	30/08/2019	Progress being monitored	International-MBBS Academic Director Dean of International Education Head of MBBS clinical Medicine Admin	n/a
QA10951	GMC visit requirement	Theme 2 Educational governance and leadership	The School must ensure that its quality management processes identify and resolve risks to the quality of the International Medicine programmes.	15/05/2014	2013/14 OIF visit St George's INTO programme	2016/2017 visit report - Partially met - SGUL submitted risk management documentation prior to the visit. While these documents demonstrate that SGUL's quality management process identifies some risks effectively, we are concerned that the risk registers do not address in detail the needs of the continuing cohort.	SGUL has a strategic risk register for the programme and a management risk register for the programme. We believe that these registers, taken together, address the needs of the continuing cohort. There is regular review of the Int-MBBS management risk register at the International MBBS Operations Group. There is consideration of the International-MBBS Strategic Risk Register at termly Risk Audit and Efficiency Committee meetings. The latest versions of these risk registers are attached as supporting documents.	none	30/08/2019	Changes sustained	Dean of International Education International-MBBS Academic Director Vice Principal Education	Latest Strategic Risk Register and Management Risk Register  
QA5410	GMC visit recommendation	TD09 D5	2013/14 UNIC Final report Rec 5: The School should ensure sufficient resources are available to support GPs in Cyprus to deliver teaching as well as their clinical commitments. As part of this recommendation, the School should consider how to encourage hospitals to provide feedback on GP referrals.		2013/14 OIF overseas programme visit - SGUL UNIC	- We initiated collaboration with additional Primary Care Centres for Transitional Year students including one located in a rural area which serves a large number of patients and which enhanced the students' experience overall. The Clinical Placements Lead provided support to the GPs of the new clinical sites and facilitated their one-to-one training. - We continued to monitor student feedback relating to the teaching received from GPs and have been pleased to see that students experienced an array of clinical cases and patients from a variety of socioeconomic backgrounds. Additionally we continued to gather feedback from the GPs in order to identify where further support or development may be necessary. As every year, a training workshop was delivered to new and existing clinicians, in order to enhance their teaching skills, update them on medical education developments, and share their teaching experiences. The GP Curriculum Lead also undertook peer reviews of the GP tutors during the year. - We undertook a significant amount of work to enable further delivery of the Final Year GP placement to an increased number of students at the British Bases, which received excellent feedback. Nonetheless, operational issues at the site have meant that we are unable to deliver the placement there during the current academic year. - In addition to the GP tutorials for each F Year group, the Curriculum Lead developed and delivered an interactive workshop to all F Year students to further enhance their learning. Update in June 2018: GP Tutors in relation to their clinical work: - GP Lead meets regularly with the GPs delivering T and F Year attachments in Cyprus. For example, he sits in on GP consultations with students both for peer review and to provide support to the trainers - In collaboration with the Ministry of Health we have made concerted efforts to accommodate adequate resources in the selected training Primary Care Centres (PCC). - Have ensured that experienced and academic oriented GPs were placed in the training PCC. - Have provided educational resources (e.g. funded training rooms equipment) - Our training PCC have been recently selected as PC hub centres and shall be strengthened with additional human resources as part of the centralization of Public PCCs ahead of the new NHS.	Update on the implementation of the new healthcare system in Cyprus. In January 2019, the new national health insurance organisation NHS shall start registering GPs. All Cypriots must register (with a GP for those 15 and over or with a Primary Care Paediatrician for those under 15). The provision of primary care under the new healthcare system will start in June 2019.	Capacity planning for GP placements over the next 5 years is being undertaken in light of the upcoming healthcare system reforms.	31/12/2019	Progress being monitored	GP Curriculum Lead	n/a
QA5381	GMC visit requirement	TD09 D1	The School must ensure that clinical staff in Swedish Covenant Hospital receive and understand clear guidance on the levels of competence expected of medical students in P and F years; to ensure that clinical staff can assess appropriately student performance in workplace based assessments in each year, and ensure students do not perform tasks beyond their capabilities. The School must also ensure that clinical staff undergo ongoing training related to thresholds and procedures in fitness to practice.		2014/15 OIF overseas programme visit - SGUL UNIC	- Regular meetings with key staff at each site and the team at UNIC have continued, and we believe have fostered a closer working relationship amongst colleagues. Specifically at SCH, student feedback relating to the quality of their clinical experience remained excellent across all attachments with each specific placement exceeding the KPI standard. The Paediatrics and General Practice attachments consistently received 100% feedback scores of 'good' and 'excellent' throughout the year. - At the start of 2017/18, SGUL launched the "Clinical Practice Outcomes" syllabi for T and P years to support students and clinical teachers. These have been rolled out across all of the clinical sites, with support provided by the UNIC Curriculum Leads to their counterparts at each site, to enable a smooth implementation of the revisions to the clinical curriculum. Within these comprehensive syllabi documents, the requirements of each attachment, and the expected milestones and standards for students to reach, are clearly defined. The Clinical Practice Outcomes complement existing materials that are disseminated to all sites, and enable clinical teams to have more flexibility in the delivery of the curriculum at the same time as ensuring a comparable experience for students regardless of the geographical location of their clinical site. - Further support has been provided to the clinical teams through the dissemination of the "SGUL guidelines on practical procedures". This document helps guide clinical teams further as to what procedures are, and what are not, appropriate for MBBS students to undertake. This has been key in delivering the programme in an international setting, where 'home' programmes may have different expectations of their students. - Existing procedures remain in place about when to raise concerns in relation to fitness to practise and UNIC provides on-going guidance to the clinical sites in case any such issues occur, as well as any delivery issues. Update in June 2018: The syllabus for the clinical practice years incorporates clinical practice outcomes and priority lists. Initial feedback from the clinical leads has been positive and the initiative is considered to be helpful to both clinical tutors and learners. The syllabus has been described as clear, well-structured and practical and a good guide to what needs to be achieved by students at different stages of their training. Relevant feedback will continue to be collated and analysed with the completion of the current academic year and throughout the academic year 2018-2019. Due to the small number of students at each of the clinical sites and to ensure consistency in its application: the Fitness to Practise procedure continues to be centralised in Cyprus. Tutors/clinicians at the clinical site undergo training by the Doctor as Professional and Personal Professional Development Lead with regards to assessment of students and managing Doctor as Professional issues relating to professional behaviour or student health. Training material is developed in line with the GMC Good Medical Practice from which examples are drawn to demonstrate minimum requirements and thresholds. The process of managing student concerns is performed at the clinical site (local level) through the Doctor as Professional process and termly Doctor as	Over the last year, we have maintained continuous communication with the Chair of Clinical Education and Academic Lead of SCH. SCH Clinical Leads and Academic Lead have visited the Medical School and had meetings with UNIC Curriculum Leads counterparts, Chair of Clinical Education and Course Director. Additionally, we have continued to implement the new Clinical Practice Outcomes (CPOs), including the roll out of CPOs to the Final Year. We have also continued to evaluate the implementation of the CPOs, which set out the levels of knowledge and skills required. The Academic Lead at SCH has confirmed that training is very much in line with the CPOs. They find that some students have to work more on clinical data synthesis, development of differential diagnosis and plan of treatment. Additionally and inevitably, there are differences between US and UK clinical guidelines of diagnosis and management of certain conditions. Nonetheless, most students report no major issues in navigating both systems and making themselves familiar with the differences for exam and future career purposes. Furthermore, for procedures and competencies, all students receive appropriate training in procedures and do not perform them unsupervised. Nursing educators provide most of the training in DOPS at SCH and students receive an informal competency card that means that they are familiar with the procedure and perform it themselves with nurse/resident/physician supervision. SCH patient safety standards do not allow students to perform procedures unsupervised or beyond their level of training.	We will continue to monitor the delivery of the CPOs throughout the year, though anticipate no further issues with understanding of the levels of competency.	31/07/2019	Progress being monitored	Chair, Clinical Education / Associate Dean for Associate Affairs	n/a

QA5380	GMC visit requirement	TD09 D2	The School must ensure, through its quality management processes, a consistent minimum standard of student experience across the various clinical campuses.		2014/15 OIF overseas programme visit - SGUL UNIC	<p>We have continued to use SGUL's Minimum Standards for Clinical Teachers as the basis for ensuring consistent student experience across sites. Additionally, as noted above, SGUL has launched the 'Clinical Practice Outcomes' which enable more flexibility in the delivery of the curriculum requirements and simultaneously ensures that we are providing a comparable experience across clinical sites.</p> <p>- In terms of the quality management processes in place to ensure the above, we have established a KPI analysis group comprising the Chair of Clinical Education, Associate Dean for Academic Affairs, and UNIC Curriculum Leads. The meetings entail a thorough analysis of KPI scores per attachment at each site and strengthen the Curriculum Leads input horizontally across sites.</p> <p>- Furthermore, a joint working group with SGUL was established in order to identify areas of improvement and share good practice. The group meet around once per term with a focus on a different clinical speciality each time along with the respective speciality curriculum leads from SGUL and UNIC. This has proved a constructive way to enhance the quality of placements.</p> <p>- As noted above (5383), our quality management processes also feed into the existing structures at SGUL, as per our partnership agreement. KPI scores (based on the SGUL minimum standards) along with a detailed narrative are provided to the SGUL Undergraduate Medicine and Biomedical Education Committee. The Course Director at UNIC, as a member of UMBC, presents these reports for wider discussion.</p> <p>Update in June 2018: As this was the first year of implementation, the potential impact of the initiative will need to be assessed with the completion of the current academic year and throughout 2018-2019. Based on student feedback to date, more than 90% of respondents either strongly agree or agree that clinical</p>	Clinical Practice Outcomes (CPOs) have been integrated into curriculum delivery across all sites and expanded to F Year in 2018/19, and student feedback continues to indicate that the students feel that their placements and their experiences have enabled them to meet the CPOs. Indeed, comments from a clinical site academic lead, note that their introduction is a "positive development" since they "further focus the teaching" and provide more opportunities for case-based learning.	We will be continuing to complete the audit of the minimum standards throughout the year and the monitoring of the implementation of the F Year Clinical Placement Outcomes.	31/07/2019	Progress being monitored	Chair, Clinical Education	n/a
QA10934	GMC visit recommendation	Theme 5 Developing and implementing curricula and assessments	The programme should consider opportunities for rotations of different length, in different specialities (e.g. T&O, O&G) in order to expand the clinical experience.	28/02/2018	2017/18 OAF visit St Georges UNIC Foundation Programme	<p>UNIC Response Sept 2018: As per last year, trainees will have opportunities to gain additional experience in clinics and in other specialities, and we will continue to review the frequency of this throughout the year. During induction this was emphasised to the 2018/19 trainees. Any additional options would need to be in departments that have the capacity to accommodate the trainees.</p> <p>Furthermore, we will be enhancing options for 'taster periods' during the year. Having a smaller cohort of trainees enables us to consider tailoring this based on the clinical interests of the trainees and the Deputy Director of the programme shall be meeting with each of the trainees to discuss their preferred options.</p> <p>GMC Response Oct 2018: This requirement has been partially met. Please could you update us on the success of the 'taster periods' you planned to introduce.</p>	As part of their one-to-one meetings with the Programme Director in November 2018, the five trainees were asked about the tasters that they would like to experience. The trainees are aware that tasters will be available after their mid-post review and, if they are making satisfactory progress in their core medicine / surgery positions, they will be encouraged to broaden their scope of experience.	The tasters for the 2018/19 cohort have yet to take place. The trainees will be required to set out clear learning outcomes and provide an evaluation of their achievements (based on the UKFPO forms). Once they are completed, we will be monitoring these and seeking further trainee feedback. The taster form is attached as a supporting document.	31/07/2019	New concern identified	PgCTP Programme Director	Taster Form 
QA10933	GMC visit recommendation	Theme 5 Developing and implementing curricula and assessments	The PGDip is a significant workload and may be burdensome for trainees. The programme should closely monitor this and look for potential alternatives to address the identified problem that led to this being adopted as part of the Foundation Doctors' training programme	28/02/2018	2017/18 OAF visit St Georges UNIC Foundation Programme	<p>UNIC Response Sept 2018: During the induction period in late July, the Postgraduate Diploma in Family Medicine Programme Director, Dr Ourania Kokkotroni, set out the requirements for the programme. (For the upcoming year, the requirement to pass all of workplace based assessments of the PgDip FM has been relaxed a little following a recommendation from the programme's External Examiners.)</p> <p>Particularly emphasis was given to the trainees on the routes through which they can raise any concerns and to the importance of not being afraid to ask for help should they be struggling with their workload. This includes to their Educational and Clinical Supervisors as well as to the Deputy Director and Director of the programme, and to the Family Medicine Programme Director and academic Mentor. Having a smaller cohort, will enable us to maintain close contact with each of the trainees throughout the year.</p> <p>The structured feedback questionnaire specifically seeks opinion on the burden of the PgDip FM programme and its relevance to the foundation programme. However, it must be emphasised that the PgDip FM programme is instrumental in achieving visa requirements and trainees have been reminded of the importance of attendance and engagement. We have already addressed the potential for the final face to face module to impact on end of year assessments.</p>	As part of their end of year feedback, there are conflicting responses from the trainees regarding travelling to Nicosia for the onsite teaching weeks and the impact this had on their time, though in terms of the workload required of the PgDip FM, no trainees commented that this was burdensome.	We are seeking further feedback from the first cohort that are in F2 posts. Additionally, a question in relation to the burden of the PgDip FM will be added to the end of year feedback for the 2018 cohort.	01/09/2019	Progress being monitored	PgCTP Programme Director	n/a
QA10932	GMC visit requirement	Theme 5 Developing and implementing curricula and assessments	The balance of education and delivery of service available to the trainees must be closely monitored to ensure that they have adequate exposure to clinical decision making and working at an F1 level.	28/02/2018	2017/18 OAF visit St Georges UNIC Foundation Programme	<p>UNIC Response Sept 2018: The programme continues to deliver a balanced experience to trainees. This has been evidenced by the outcomes in the ARCP and from individual feedback from one of the trainees who attended induction for a locum F1 post. That trainee remarked that the programme organisers commented on her preparedness for F1 and her ability to articulate patient finding succinctly and accurately.</p> <p>We are collecting and collating feedback on the programme through a structured questionnaire, based on the GMC trainee survey and approved by SGUL. Feedback to date signals a good balance of experience and effective supervision.</p> <p>With the decline in numbers we are paying particular attention to the trainees' experiences and will be reviewing the effectiveness of the structured teaching throughout the year. Attendance for the 2017/18 cohort was 100% except during annual or statutory leave; therefore, we do not anticipate significant difficulties in achieving peer learning.</p> <p>We are maintaining contact with trainees as they progress through their Foundation training and anticipate seeking feedback on their preparedness for F2 and comparison of the experience in Cyprus compared to the UK.</p>	We have implemented a questionnaire for those that progressed to F2 posts in the UK to assess their preparedness. The responses largely show that the main challenge has been understanding the different systems, e.g. patient records, discharge summaries, referrals and other paperwork. They feel that in terms of practical and procedural skills they have more experience. Three quarters believe that they experienced the same or more exposure to primary diagnosis and management in the PgCTP compared to those who completed F1 in the UK. Additionally, they have noted that one of the advantages of the Postgraduate Diploma is their knowledge of evidence-based medicine and clinical practice.	We will continue to seek feedback from the first cohort that are now in F2 posts, including following up on their progress towards the end of the F2 year.	01/09/2019	Progress being monitored	PgCTP Programme Director	n/a
QA10931	GMC visit requirement	Theme 2 Educational governance and leadership	The governance systems work well for the current scale of the programme but if the parameters of the programme change, all governance arrangements must be sufficiently resilient and sustainable	28/02/2018	2017/18 OAF visit St Georges UNIC Foundation Programme	<p>GMC Response Oct 2018: This requirement has been met.</p> <p>UNIC Response Sept 2018: The governance arrangements between HEE South London, St George's, University of London, and the University of Nicosia have now been agreed and set out in a tripartite agreement.</p>	n/a	No further actions planned as the requirement has been met. Should there be any planned change to the scale of the programme, the ongoing governance arrangements would be reviewed.	n/a	Request for closure	n/a	n/a
QA10930	GMC visit requirement	Theme 3 Supporting learners	The programme must ensure there are routes for remediation for trainees who receive an ARCP outcome 3.	28/02/2018	2017/18 OAF visit St Georges UNIC Foundation Programme	<p>GMC Response Oct 2018: This requirement has been met.</p> <p>UNIC Response Sept 2018: Should an extension to the programme be required for a trainee to remediate, this would be permitted to take place at Limassol General Hospital. Depending on the nature of the remediation necessary, the trainee could be moved to work with a different clinical team.</p>	n/a	No further actions planned as the requirement has been met.	n/a	Request for closure	n/a	n/a
QA10929	GMC visit requirement	Theme 2 Educational governance and leadership	The responsibilities and contributions of the different bodies involved in the management of the programme must be formalised, in particular with HEE South London, and the responsibility for ARCP sign-off needs to be clarified.	28/02/2018	2017/18 OAF visit St Georges UNIC Foundation Programme	<p>GMC Response Oct 2018: This requirement has been partially met.</p> <p>UNIC Response Sept 2018: The governance arrangements between HEE South London, St George's, University of London, and the University of Nicosia have now been agreed and set out in a tripartite agreement.</p> <p>GMC Response Oct 2018: This requirement has been partially met. Please could you confirm whether the tripartite agreement has been signed? Please could you also clarify the quality management arrangements that have been agreed with HEE.</p>	The tripartite agreement was signed on 12th September 2018.	The External Adviser undertook a further visit to the clinical site in November 2018, and any actions or suggestions arising from that will be considered and implemented as appropriate, upon receipt of the visit report.	31/03/2019	Progress being monitored	PgCTP Programme Director	n/a

SG11819-g024	Good practice	Transition Year (Year 2) UNIC	Theme 3 Supporting learners	Offering of niche projects for the student selected component (SSCT): This enables students to focus on areas of specific clinical interest whilst being able to present their results through different outputs to the traditional poster presentation such as articles for lay audiences and presentations to patient groups.	01/06/2018	Recognised by students and staff as providing enhanced opportunities through formal and informal student and tutor feedback	n/a	Further SSCT tutors have been encouraged to develop niche projects to broaden the range of projects available. The SSCT handbook for 18-19 is attached as a supporting document.	Continue to broaden the offer of niche projects by engaging clinical tutors in the types of project available for development.	n/a	n/a	SSCT Lead	n/a	SGCT Handbook 2018/19 
SG11819-g025	Good practice	All Years (Years 1-4) UNIC	Theme 1 Learning environment and culture	Student centred approach: Development of enhanced student-centred approach to teaching, learning and communication across the school.	01/02/2018	Recognised by students and staff as positive development (through feedback and committee structures)	n/a	The appointment of an Associate Dean for Students (ADIS) has been key to the implementation of the approach. Working closely with the student body, the ADIS has improved communication between the School and students, and facilitated the sharing of the approach and good practice across departments. This has been recognised by students and staff as a very positive development.	Further roll-out of the approach will be taken, for example through the development of specific student-centred measurable objectives in staff appraisals.	n/a	n/a	Associate Dean for Students	n/a	n/a
SG11819-g026	Concern	Clinical Science Year (Year 1) UNIC	Theme 3 Supporting learners	Variability of quality of learning materials: Variability of quality of learning materials available on the Virtual Learning Environment	30/11/2017	Via student representatives at committees	n/a	Originally raised at the CS&T Year committee, this item was referred to the Course Committee, whereby the practical difficulties associated with recording lectures and uploading to Moodle/Canvas were discussed. Since it was impacting student experience, it was addressed in a number of ways. The initial opt-in policy for recordings had been already enhanced to an opt-out policy. In order for the maximum number of high quality recordings to be available, new software and hardware has been purchased and installed in all teaching rooms, to make it both easier for faculty to operate and to avoid delays in the upload of recordings on the Virtual Learning Environment.	The new system is currently in use and we will continue to monitor its implementation closely throughout the year.	31/07/2019	Progress being monitored	Director of Clinical Education and Programme Management	n/a	n/a
SG11819-g027	Concern	International MBBS programme	Theme 3 Supporting learners	Effectiveness of communications: Recent Periodic Review of the International MBBS programme identified ongoing problems with the effectiveness of our communications	15/05/2015	By the students	n/a	Introduction of one-to-one career clinics provided by the International MBBS Academic Director and Dean of International Education. The Clinical Teaching Fellow for USMLE Preparation was valued by the students and the post has been approved for a further two years, ie academic years 18-19 and 19-20.	Action planning is under way to attempt to address the communication issues. SGUL has a new role of Academic Lead for the Student Experience whose help has been engaged in looking for solutions to this issue.	30/08/2019	Plan in place	Dean of International Education	n/a	n/a

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)	ONS/NHS code (if applicable)	Please list the years of students affected	Promoting excellence theme	Description of item	Date item was reported (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 primary, HEE local offices or other organisations including healthcare	Supporting documents (if required)	
SQL1215-07	Concern	Epsom & St Helier NHS Hospitals					Some overcrowding issues on some clinical placements. In addition to students from SGUL and Imperial, Epsom also host students from the American University of the Caribbean and international elective students as well as UK students wanting to gain work experience. Whilst it is not unusual for more than one medical school to use a Trust for clinical placements, the distribution of students needs to be appropriately managed.			The cross-site structure of the surgical placements at Epsom & St Helier has continued into this academic year. At the QA visit in June 2017 SGUL commented 'The hospital has made efforts to reduce overcrowding on some placements with a better distribution across Consultants and teams and the development of the new Surgery structure which sees students move between the two sites. However, overcrowding remains an issue and further steps will need to be taken to further improve the problem'. Since then SGUL's UG Lead for Surgery has been working closely with the Trust to identify solutions. The new ESTH Surgery Lead has reviewed the whole surgery timetable and has worked closely with other Consultants and the two surgical CTFs to produce individual and customised surgical timetables for students. CTFs check theatre lists and clinics are running weekly and update students if there are any changes to report. The Surgical Lead and CTFs meet with students weekly to hear of any issues with timetables and teaching that could be rectified straightaway. June update: This academic year, following on from work to improve the surgical experience at the Trust, there have been no reports in the student end of placement feedback of overcrowding in Surgery. However, there are now pockets of overcrowding elsewhere in the Trust, particularly in AMU and on medicine placements in P Year. A new Sub Dean has recently been appointed at the Trust. The school will be asking the Sub Dean to review the existing arrangements with Medicine and AMU to improve distribution of students. GMC response: Thank you for your update. We ask that this item remains open whilst the issue of overcrowding is addressed.	In 2017-18 academic year, the reshuffling of the surgical placements to have students assigned to specific consultants rather than specialties has worked well. Feedback has been positive and there have been no concerns re overcrowding in surgery. In the latter part of 2017-18, the Trust redistributed the students through the Medicine/AMU attachment in the Penultimate Year to reduce overcrowding. This arrangement has continued into 2018-19 and has been working well. Feedback from students has not only been very positive, but there have been no further reports of overcrowding.	n/a	n/a	Request for closure				
SQL 0716-17	Concern	Epsom & St Helier NHS Hospitals					Some significant concerns raised regarding the quality of the student experience during several placements at Epsom Hospital. The issues are not confined to any one specialty, with problems in all areas, with the exception of Paediatrics and O&G. The Trust Sub Dean is aware and has been working on a number of initiatives, including the appointment of new leads, the creation of a joined up Surgery attachment working across both the Epsom and St Helier sites and a revision of timetables and teaching programmes at the Epsom site.	Mid-Late 2015-16 academic year		New placements leads for specialties are now in place. The Trust continue to run surgical attachments across both sites (Epsom and St Helier Hospitals) and feedback has generally improved. However, student satisfaction ratings are still variable. June update: Issues relate to general organisation and management (incorrect timetables, cancellation of teaching, clinic/theatre list changes not communicated to students) and in the case of the surgery attachment, overcrowding. The new surgical attachment structure has greatly improved student feedback and there are no longer any concerns with this. Students still report inconsistency with communication of clinic/theatre list changes and irregular consistency of teaching sessions. GMC response: Thank you for your update. Please continue to monitor this item and in the next update provide further information with regard to the nature of the concerns affecting medical and surgical specialties, the steps being taken to resolve them and how items are being monitored to show evidence of improvement.	We believe this has been addressed in the June update. Issues across medical and surgical specialties were broad - a lot of cancelled teaching, incorrect timetables with changes not effectively communicated to students, not all clinical teachers engaged with teaching. The creation of new individual sub-specialty leads (as reported in last update) has worked well and feedback has been much improved over the last 12 months. Students are feeling welcomed and well supported and report a good range of learning opportunities available.	n/a	n/a	Request for closure				
SQL1819-p001	Concern	Limassol General Hospital			Year three	Theme 4 Supporting educators	Variability of student satisfaction scores in Obstetrics & Gynaecology teaching	31/03/2016	Student feedback / Committee meetings / School GM visit	The overall student feedback scores in 2016-17 were improved compared to 2015-16 although still demonstrated that further enhancements could be implemented. The support provided by experienced external clinicians continues. Specifically we are providing an additional 5 hours per week of training to students to help maximise their learning. Professor Anulkumar, the School's Chair of O&G has overseen the coordination of the attachment, and has worked with the external clinicians helping enhance their teaching, specifically on case interpretation, UK guidelines and so forth. Additionally, Professor Anulkumar's own direct involvement in the teaching of the students has been received very positively. - Moreover, we have continued to work with the Ministry of Health to lobby for additional appointments and the number of clinicians involved in the training has increased. This has been positively reflected in the experience of the students. Update in June 2018: Staffing issues have been addressed and the department activity offers ample training opportunities. However, student experience remains variable and the School, in consultation with the LGH academic lead, is taking additional action in order to address the relevant issues with the start of the new academic year. Specifically, the following actions have been decided: 1. Professor Anulkumar will be based in Limassol (as opposed to Nicosia) for one week per clinical block. In this way, students at LGH will receive intensive and concentrated academic support on site and their learning will be significantly enhanced. At the same time, clinical trainers at LGH will benefit from Professor Anulkumar's presence and will receive important support. 2. An external, experienced Obstetrician and Gynaecologist will provide regular, dedicated clinical teaching sessions to students in the clinical environment to supplement teaching from the in-house team. 3. The daily routine of the attachment will be modified to allow students to benefit more from the learning opportunities in the department with the use of fixed debrief sessions. 4. The structure and content of the afternoon tutorials will be reviewed and adapted further. The School will closely monitor the impact of these additional initiatives. Moreover, the School is closely monitoring progress with the legislation that will allow clinical academic appointments in public hospital departments. GMC response: Please continue to monitor this item - we await further updates in due course.	We have scheduled the Obstetrics & Gynaecology attachment to commence later in the academic year, to allow time to implement initiatives. Professor Anulkumar has already shifted his base to Limassol, and further clinical support was brought into the department.	We will be continuing to monitor this item once the MBBS students commence the attachment.	31/07/2019	Progress being monitored	Chair, Clinical Education / Course Director	n/a	n/a	
SQL1819-p002	Concern	St. George's Hospital			Penultimate Year (M5 Year 4/M4 Year 3)	Theme 5 Developing and implementing curricula and assessments	In October 2017, responsibility for the running of the existing sexual health service, provided by Wandsworth Integrated Sexual Health Services (WISH) at St. George's Trust transferred to Central London Community Healthcare NHS Trust (CLCH). CLCH expected to be able to deliver the same GUM in-clinic teaching as had previously been provided by WISH, and as was outlined in their tender, but this has not been the case. Throughout the remainder of 2017-18 students on the Obstetrics & Gynaecology placement at St. George's Trust were not provided with any GUM clinics, although GUM related lectures were still provided by St. George's Trust staff. The issue has continued into 2018-19.	01/11/2017	Via O&G Lead - raised at Penultimate Year Committee meeting	new item		See previous column - work is ongoing rescheduling GUM clinics. It's hoped that the new provider (CLCH) will be able to provide the GUM clinic teaching on a permanent basis from academic year 2019-20.	01/09/2019	Plan in place	Deputy MBBS Course Director	CLGH and other partner NHS trusts supporting the interim solution	n/a	
SQL1819-p003	Concern	St. George's Hospital			Penultimate Year (M5 Year 4/M4 Year 3) and Final Year (M5 Year 5/M4 Year 4)	Theme 1 Learning environment and culture	Complaint from student regarding the negative working environment created by one specific individual in Surgery. Issues revolve around inappropriate questioning of students' private lives, suggestions of unprofessional attitudes and attempts to intimidate to prevent students from complaining.	Various	Student feedback and student complaint	new item	The concerns were raised with the Trust and there is currently an investigation underway. Students have been removed from learning environments which would have included teaching or direct working contact with the particular individual concerned. Learning opportunities for students have not been significantly impacted with other departmental colleagues covering the teaching and clinical supervision. Two assistantship surgical placements have been reallocated.	Further actions will be considered when St George's Trust report back to the medical school on the outcome of the investigation.	Trust dependent	New concern identified	MBBS Course Director	St George's NHS Trust	n/a	
SQL1819-p004	Concern	St. George's Hospital			Transitional Year (M5 Year 3, M4 Year 2) and Penultimate Year (M5 Year 4/M4 Year 3)	Theme 1 Learning environment and culture	Following the announcement from HEE that Cardiothoracics at the Trust was deemed an unsuitable training environment and the independent review of cardiac surgery commissioned by the Trust, the decision was taken to remove students from all CT surgery limited activity.	01/11/2018	Raised by the Trust's Director of Medical Education at the monthly Joint Undergraduate Committee (which includes key staff from the Trust and the medical school)	new item	To replace the CT surgical sessions, students instead undertook cardiology ward based learning, involving ward rounds and clerking patients. The Cardiology Clinical Teaching Fellow has also been assisting with covering CT teaching, albeit not in a theatre environment. At the most recent Joint Undergraduate Committee (Dec 2018) discussions took place regarding the potential to reintroduce students into Cardiothoracics. It was felt that it would be preferable to start with the Penultimate Year students and their 2 half day CT surgery theatre sessions and closely monitor feedback. If student feedback, combined with updates from the Director of Medical Education is favourable, the medical school will consider re-establishing CT as one of the specialties to host Transitional Year students for a five week surgical placement.	The Cardiology Clinical Teaching Fellow will continue to assist the cover of CT teaching until the issue is resolved at HEE/Trust level. We are considering exposure to thoracic surgery at St George's Hospital and cardio-thoracic at one other partner NHS Trust site.	HEE/Trust dependent	Plan in place	MBBS Course Director	HEE and St George's Trust	n/a	
SQL1819-p005	Concern	Epsom & St Helier NHS Hospitals	St. Helier		Penultimate Year (M5 Year 4/M4 Year 3)	Theme 1 Learning environment and culture	Issues raised regarding the attitude and behaviour of one individual towards students.	27/03/2018	Via the Trust's Clinical Sub Dean	new item	Alternative provision was made with students being reallocated to other clinical teams and supervisors. The Trust undertook a formal investigation. The member of staff concerned has since left the Trust for employment elsewhere.	none required	n/a	Resolved	MBBS Course Director	Epsom and St Helier Trust	n/a	
SQL1819-p006	Good practice	Surrey & Sussex Healthcare NHS Trust	East Surrey Hospital		Penultimate Year (M5 Year 4/M4 Year 3) and Final Year (M5 Year 5/M4 Year 4)	Theme 3 Supporting learners	In April 2018, East Surrey Hospital launched their new education website SaSH Education Campus. The useful, single pot of call for all students (irrespective of cohort year or medical school) can view general information about the Trust, the teaching/learning facilities available, information and contact details of key staff (both clinical and administrative), copies of handbooks and sample timetables for each attachment many weeks/months before the placement actually starts as well as details about the facilities available to students throughout their placement. Students can also read samples of comments left from previous students who have been placed at the Trust. Having a resource that is so well put together (clear and concise but informative) and available to any student well in advance of their placement start date is a very positive area of good practice and an excellent introduction for students who will be on placement at the Trust. In creating this resource, the Trust are able to showcase their excellent range of facilities and learning opportunities to students and establish a friendly, welcoming and student focused experience from the outset.	05/04/2018	Via Education Centre, SaSH	new item	Shared at Sub-Deans' meeting.	Linked on Canvas so that students can easily access and continue to share with partner Trusts.	n/a	n/a	n/a	MBBS Course Director	SaSH Education Campus	n/a
SQL1819-p007	Good practice	Frimley Park Hospital			Penultimate Year (M5 Year 4/M4 Year 3) and Final Year (M5 Year 5/M4 Year 4)	Theme 1 Learning environment and culture	As the introduction of 'scrubs' or a uniform for medical students to wear during their Emergency Medicine placement has been such a success (with a number of other Trusts following suit), Frimley have rolled this provision out to students on ALL placements at the Trust. Students now receive three sets of uniform/scrubs, to be worn during placement. This helps foster a sense of inclusion, and allows all members of the clinical team to clearly identify students as such. This has been met with positive feedback from students. Students self launder.	27/06/2018	During QA visit (June 2018)	new item	Shared at Sub-Deans' meeting.	none	n/a	n/a	n/a	MBBS Course Director	none	n/a
SQL1819-p008	Concern	Nicosia and Limassol General Hospitals			Final Year (Year 4)	Theme 3 Supporting learners	Taking into consideration the intense workload and the shift-based nature of clinical work in Emergency Medicine, clinical tutors expressed concern that teaching may be affected by time constraints. In collaboration with the relevant Curriculum Leads, Directors of A&E Departments and the Academic Leads of the sites, we introduced dedicated clinical teaching by clinicians (the same clinical tutors of the same department) outside their normal shift hours.	12/09/2017 (LGH)	Through Clinical Lead feedback	new item	The A&E departments at Nicosia General Hospital and Limassol General Hospital are high pressure environments and dedicated clinical teaching time allows the clinical tutors to teach the students when they are not directly involved with clinical duties. Student feedback and clinical tutors feedback following this implementation has been positive. This approach has resulted in consistent high satisfaction ratings by students and has become established practice.	Where appropriate, this model may be considered for other sites and/or clinical attachments if required.	01/09/2019	Changes sustained	Chair, Clinical Education / Course Director	n/a	n/a	
SQL1819-p009	Concern	Swedish Covenant Hospital and Sheba Medical Center			Penultimate Year (Year 3)	Theme 3 Supporting learners	Request for improved quality of teaching materials	31/05/2018	Via Academic Clinical Leads (at committee level)	new item	Following requests from the clinical training sites for material of improved quality to be made available to both students and clinical tutors at the sites we have proceeded with an initiative to formally record all P year introductory lectures using the facilities of the Distance Learning unit. This aims to provide high quality audio linked to the powerpoint presentations, available as one consolidated set of materials for all students, and we hope will further enhance the uniformity of curriculum delivery for all sites.	Monitor the implementation of this initiative. Thereafter, consider extending to the F Year attachments.	31/07/2019	Progress being monitored	Chair, Clinical Education, Director of Clinical Education and Programme Management	n/a	n/a	