

Visit report on Peninsula College of Medicine and Dentistry

This visit is part of the South West regional review to ensure organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#).

Education provider	Peninsula College of Medicine and Dentistry
Sites visited	North Campus, Plymouth St Luke's Campus, Exeter
Programmes	Bachelor of Medicine, Bachelor of Surgery (BMBS)
Date of visit	3, 4, 5 & 6 May 2016
Key Findings	<ol style="list-style-type: none"> 1 Peninsula College of Medicine and Dentistry (PCMD) was established in 2000 as a joint venture between Plymouth and Exeter Universities. In 2012, the two universities separated and developed their own medical schools: Plymouth University Peninsula Schools of Medicine and Dentistry (PU PSMD) and University of Exeter Medical School (UEMS). Now only the Year4 and 5 cohorts remain at PCMD as the disaggregation process continues. 2 During the review of the South West region, we conducted a student survey, and visited PU PSMD, UEMS and four local education providers (LEPs). While the focus of our visits was to explore the development of the two new schools, we also met with PCMD students and staff to review the teach-through process, and to ensure the Year 4 and 5 cohorts are being educated according to our standards. 3 We found the disaggregation of PCMD is being well managed. Students were generally positive about how they are being supported throughout this period and did not note any detrimental impact on their education. Educators

and other staff continue to work closely together to make sure the disaggregation does not affect the quality of education.

Areas that are working well

We note areas that are working well where we have found that not only our standards are met, but they are well embedded in the organisation.

Number	Theme	Areas that are working well
1	Theme 1: Learning environment and culture (R1.20)	The involvement of undergraduate students in the simulation sessions with foundation doctors. (See paragraph 16)
2	Theme 2: Educational governance and leadership (R2.3)	The disaggregation of PCMD is being well managed. (See paragraph 19)
3	Theme 3: Supporting learners (R3.2)	PCMD continues to support and address the needs of students throughout the teach-through period to make sure their education is not adversely affected by disaggregation. (See paragraph 28)
4	Theme 3: Supporting learners (R3.5)	The involvement of junior doctors in teaching and mentoring is valued by students. (See paragraph 31)
5	Theme 5: Developing and implementing curricula and assessments (R5.3)	The lack of a culturally and ethnically diverse population in the region is being addressed with lectures and through small group teaching. (See paragraph 44)

Requirements

When the requirements that sit beneath each of our standards are not being met, we outline where targeted action is needed and map to evidence we gathered during the course of the visit. We will monitor each organisation's response to these requirements and will expect evidence that progress is being made.

Number	Theme	Requirements
1	Theme 5: Developing and implementing curricula and	The School must review how 'on the spot' judgements are used and how they

	assessments (R5.6)	communicate their educational validity to students. (See paragraph 52)
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Findings

Theme 1: Learning environment and culture

Standards

S1.1 *The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.*

S1.2 *The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Raising concerns (R1.1); Dealing with concerns (R1.2)

- 1** The PCMD students we spoke to at the schools and LEPs told us that they feel empowered to raise concerns due to their supportive learning environments. We heard that students feel comfortable raising concerns and are confident they would be appropriately dealt with.

Supporting duty of candour (R1.4)

- 2** All the students we met across the localities were aware of their duty of candour. As well as receiving teaching in small group sessions, students have seen the duty of candour in practice while on placement. At the Royal Devon and Exeter NHS Foundation Trust, we heard an example of a student being open with a patient after they had made a mistake.

Seeking and responding to feedback (R1.5)

- 3** Most of the students who responded to our survey agreed or strongly agreed that the School responds effectively to their feedback about the programme. This reflects what we heard during our visits. Students praised the School for its responsiveness to their feedback. We heard the School takes their concerns seriously and acts where appropriate. We were given examples of where aspects of the programme had been changed as a result of student feedback, such as increasing careers advice in earlier years.
- 4** The School recognises that the student voice is strong and has engaged frequently with the student parliament to help resolve concerns. In addition, students complete an annual quality monitoring survey from which an action plan is produced and managed. Staff and students can access the findings of the survey on the School's virtual learning environment.

Educational and clinical governance (R1.6)

- 5** Students receive lectures and small group teaching to help them identify patient safety concerns. Recently, they have also been given reference cards detailing who to contact and a flowchart of the process of raising a concern. All of the students we met confirmed they knew what to do if they have concerns about the quality of care while on placement.

Appropriate capacity for clinical supervision (R1.7); Appropriate level of clinical supervision (R1.8)

- 6** All the students told us that they are generally able to access appropriate clinical supervision. For the most part, clinical supervisors, doctors in training, and other healthcare professionals were felt to be supportive and helpful. However, PCMD students at the Royal Devon and Exeter NHS Foundation Trust explained that not all departments offer designated teaching clinics with a student interview room, which the students felt restricted them to observing patient consultations.
- 7** The clinical supervisors at Torbay and South Devon NHS Foundation Trust and Royal Devon and Exeter NHS Foundation Trust recognised the increasing difficulty providing adequate supervision due to service pressures. While supervision remains a priority for them, some clinical supervisors explained they do not always have enough time to observe students and carry out workplace based assessments.

Appropriate responsibilities for patient care (R1.9); Identifying learners at different stages (R1.10)

- 8** Students explained their clinical supervisors and other staff are generally aware of their level of competence. We did hear of some instances of students being asked to work beyond their competence, but the students reported being confident in refusing and seeking support. This reflects the findings in our student survey, where almost all the respondents confirmed they had not been asked to carry out a clinical procedure without appropriate instruction or supervision.
- 9** We did not hear any concerns from clinical supervisors about identifying students' level of competence. Supervisors at Torbay and South Devon NHS Foundation Trust told us they are very aware of competencies of students, and would not allow them to work beyond their competency. At the Royal Devon and Exeter NHS Foundation Trust, students are clearly identified by their name badges and the colour of the scrubs they wear in certain clinical environments.

Induction (R1.13)

- 10** Most of the students we met told us that their placements inductions are working well. However, we did hear there is some variation in the quality of departmental inductions.

Multiprofessional teamwork and learning (R1.17)

- 11** All of the students we surveyed agreed that the programme offers good opportunities to work with and learn from other health and social care professionals. However, more than a third of respondents said there were not good opportunities to work with and learn from other health and social care students.
- 12** We heard that students in Year 4 are working alongside specialist nurses, occupational therapists, physiotherapists and midwifery students. Year 5 students explained that interprofessional learning is integrated into their simulation sessions. In addition, students told us they receive lectures from other healthcare professionals and work with other groups on placement. Interprofessional learning is formally assessed through the Year 3 Special Study Unit (SSU) '*Working together with other allied healthcare professionals*'.

Capacity, resources and facilities (R1.19)

- 13** Students told us they are satisfied with the facilities and resources available to them. We heard there is good access to computers, teaching space, libraries and that cancelled teaching sessions are almost always rearranged.
- 14** While we found disaggregation has generally not impacted on capacity and resources, we heard of issues with the virtual learning environment. Some students told us it is difficult to find information about placements or assessments on the system. The students acknowledged that the School had listened to their feedback about the virtual learning environment and that changes are being made.
- 15** Students also reported some concerns with capacity at Plymouth Hospitals NHS Trust and Torbay and South Devon NHS Foundation Trust. We heard from students that they felt the provision of placements for Physician's Associate students has had a negative impact on their own placements and resulted in the two groups competing for learning opportunities. The timetabling of these placements has since been changed so medical and Physician's Associate students are not on the wards at the same time.

Accessible technology enhanced and simulation-based learning (R1.20)

- 16** The students we met told us they have good access to simulation-based learning opportunities. We were impressed that students were able to attend simulation sessions alongside foundation doctors. Students felt that this will help prepare them for the Foundation Programme.

Area working well 1: The involvement of undergraduate students in the simulation sessions with foundation doctors.

Theme 2: Education governance and leadership

Standards

S2.1 *The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.*

S2.2 *The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.*

S2.3 *The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.*

Quality manage/control systems and processes (R2.1); Accountability for quality (R2.2)

- 17** The School is governed by various committees, which ensure the ongoing quality of the programme. These include the Medical Programmes Management Committee, the Medical Placements Sub-Committee and the Curriculum and Learning Group. The Medical Programmes Management Committee is governed by a disaggregation agreement and is chaired by PCMD representatives from both PU PSMD and UEMS on a rotating basis.
- 18** The School is overseen at a university level by the Joint Approval and Review Board, which will remain in place until the final cohort of students graduate in July 2018. The board meets once a term and considers the activities of the Medical Programmes Management Committee and the Curriculum and Learning Group. The board also discusses ongoing plans and practicalities for the remaining cohorts.

Considering impact on learners of policies, systems, processes (R2.3)

- 19** Before our visit, the School told us that it recognises the disaggregation of PCMD has increased workload and complexity for its core staff. They said the dual processes and the need to setup professional services to support the new programme have been demanding. However, none of the educators or staff we met raised such concerns and we found that the disaggregation is being well managed. Students and educators explained they had not seen any significant impact as a result of the disaggregation.

Area working well 2: The disaggregation of PCMD is being well managed.

- 20** While we found that disaggregation is being well managed, a few students felt some changes could have been better communicated. We also heard that some students would find it helpful to have more face-to-face discussions with the School about the disaggregation.

Systems and processes to monitor quality on placements (R2.6)

- 21** Students have placements over five different locations: Exeter, Plymouth, Barnstaple, Torbay and Truro. We heard in our meeting at the School that the year leads are responsible for making sure students receive an equitable experience across these localities and that this is monitored by the Curriculum and Learning Group.
- 22** The School has service level agreements (SLAs) with each of its LEPs; these SLAs are signed with individual departments. The NHS liaison managers and hospital sub-deans meet annually to review the agreements. We heard that when concerns about the quality of placements are made, the School tries to work with the provider to resolve problems before they consider removing students.

Sharing and reporting information about quality of education and training (R2.8)

- 23** We heard that many of the staff at PCMD have assumed similar or identical roles in the new medical schools. This enables learning to be passed from PCMD to the new schools, and for new School initiatives to be shared with PCMD. This overlap also aids the early identification and resolution of concerns that may impact on both schools.
- 24** The School told us it has a good relationship with Health Education England, working across the South West, and that it is represented on the local foundation School board. We heard that both parties share their concerns and areas of interest with each other.

Sharing information of learners between organisations (R2.17)

- 25** The School has already passed all of its student data to the new schools, and updated their paper-based systems. We heard the overlap in staff between PCMD and the new schools has helped them share information where there are concerns about students.

Requirements for provisional/full registration with the GMC (R2.18)

- 26** The School is part of a regional group with Bristol, Exeter, Plymouth and Southampton medical schools. The group meets regularly to share anonymous cases and look at benchmarking.

Theme 3: Supporting learners

Standard

S3.1 *Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and achieve the learning outcomes required by their curriculum.*

Good Medical Practice and ethical concerns (R3.1)

27 The students we met were all aware of our core guidance for doctors, *Good medical practice*, and our other standards. They are encouraged to read and reflect on the standards, and apply them to their work. We also heard that they discuss these standards in their small group teaching sessions. This supports our survey, where almost every student agreed or strongly agreed that the standards expected of a doctor, as outlined in *Good medical practice*, are covered in the programme.

Learner's health and wellbeing; educational and pastoral support (R3.2)

28 The School continues to support and address the needs of students throughout the teach-through period to make sure their education is not adversely affected. All the students we spoke to agreed that they had been well supported and that the School responded to their needs; pastoral support was offered at the School and while on placement. This was also reflected in our survey, where almost all of the students rated the educational support as good or very good. Most of the students also rated pastoral support as good or very good.

Area working well 3: PCMD continues to support and address the needs of students throughout the teach-through period to make sure their education is not adversely affected by disaggregation.

29 Some students did not feel they received careers advice at an early enough stage or in sufficient detail. Students at Torbay and South Devon NHS Foundation Trust, however, noted that they had opportunities to meet with careers advisors, attended careers events and received regular careers advice by emails from the trust. Students recognised that careers advice had improved since their earlier years and suggested this was a result of their feedback.

Undermining and bullying (R3.3)

30 Some of the students told us they had witnessed undermining of doctors and other staff while on placements. We also heard of an isolated case of a student being undermined by a consultant at the Royal Cornwall Hospital NHS Trust. All of the students were aware of how to raise concerns about undermining and bullying.

Supporting transition (R3.5);

- 31** The School runs sessions for Year 4 students to help prepare them for their foundation programme applications. We also heard that students value the teaching they receive from doctors in training while on placement. In addition, there are schemes at some of the LEPs where foundation doctors mentor Year 4 and 5 students to help prepare them for the foundation programme.

Area working well 4: The involvement of junior doctors in teaching and mentoring is valued by students.

Student assistantships and shadowing (R3.6)

- 32** All of the students we asked confirmed that they felt prepared for their foundation training. The foundation doctors we spoke to at Torbay and South Devon NHS Foundation Trust and Plymouth Hospitals NHS Foundation Trust who had studied at PCMD told us the School prepared them well for the Foundation Programme. These former students had all taken part in the shadowing weeks and told us the assistantship was very helpful.

Information about curriculum, assessment and clinical placements (R3.7)

- 33** Almost all the students who responded to our survey said they received enough information about their placements before they started. The students we met during our visits explained that the information they received before starting their placements was variable. We were given examples of placements where students received their rotas and detailed guidance in advance, while other students relied on information from colleagues.

Out of programme support for medical students (R3.9)

- 34** We heard on our previous visits to UEMS and PU PSMD that the issue of intercalation had not yet been resolved. During this year's visits, we were told that the School had discussed this in detail, and decided it would be preferable for all intercalating students to remain together on their return to their final year. While this decision was met with some initial opposition from students, with some opting out of intercalation due to the locality change, the School engaged with the student parliament and this has now been resolved. All intercalating students will now return to Torbay for their final year.

Feedback on performance, development and progress (R3.13)

- 35** We found that students are generally receiving appropriate feedback on their performance, development and progress. However, we heard that some students feel that they would benefit from more specific feedback on the Applied Medical

Knowledge (AMK) test. Some students also noted that the feedback on their essays is not always constructive and can be very limited.

- 36** At the LEPs, we heard that students receive feedback and 360 degree appraisals at the end of their placements. Students also give each other feedback and get some feedback from patients.

Theme 4: Supporting Educators

Standards

S4.1 *Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.*

S4.2 *Educators receive the support, resources and time to meet their education and training responsibilities.*

Induction, training, appraisal for educators (R4.1)

37 Educators are receiving appropriate and timely inductions and training for their roles. Academic teachers are provided with excellent support for development, enabling them to meet their training needs.

Time in job plans (R4.2)

38 All of the educators we met confirmed they have enough time in their job plans to meet their educational responsibilities.

Accessible resources for educators (R4.3)

39 We found that educators have access to appropriately funded resources to meet the requirements of the curriculum. As an example of this, the academic teachers explained they had recently secured funding for Anatomage equipment.

Educators' concerns or difficulties (R4.4)

40 Educators told us the School supports them with concerns they have about students. We heard they are provided with details on how to signpost students to support mechanisms, and that if they refer students then support is put in place very quickly.

Working with other educators (R4.5)

41 We heard that educators are regularly liaising with each other to ensure a consistent approach to education. Educators told us their work is regularly benchmarked to ensure a consistent standard of teaching and assessment.

Recognition of approval of educators (R4.6)

42 The school confirmed they are on track to meet our requirements for recognising and approving trainers ahead of the July 2016 deadline.

Theme 5: Developing and implementing curricula and assessments

Standard

S5.1 *Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.*

S5.2 *Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.*

Undergraduate curricular design (R5.3)

- 43** Students explained they enjoyed the early contact they had with patients in Years 1 and 2. We heard this has increased in duration as they have progressed through the programme. Students also confirmed they have opportunities to experience a range of specialties and see patients with a variety of illnesses and conditions.
- 44** Everyone we met during our visits commented on the lack of ethnic diversity amongst the local patient population. However, we heard the demographic of the region is changing with Plymouth becoming a dispersal city for asylum seekers. We were told that students are learning about the needs of patients from diverse backgrounds through lectures and small group teaching. Students are also given a wide range of GP placements to increase the variety of patient groups they have contact with, such as migrant workers and the travelling community.

Area working well 5: The lack of a culturally and ethnically diverse population in the region is being addressed with lectures and through small group teaching.

- 45** Almost all of the students who responded to our survey agreed or strongly agreed that the programme teaches them the connections between basic science and clinical practice. However, some of the students we met said they would benefit from more teaching on anatomy and physiology. One Year 5 student told us that friends attending other medical schools were more knowledgeable about anatomy and other basic sciences and that they felt less prepared for the foundation programme.
- 46** Students get the opportunity to choose areas they are interested in studying via the special study units in Years 1 to 4 and an elective in Year 5. Some of the students told us the quality of teaching and assessment of their special study units is variable depending on the provider. The School acknowledged that some of the special study unit providers had not performed well and would not be used again. We also heard that the School is working to better benchmark how assessments are marked.

Undergraduate clinical placements (R5.4)

- 47** The students we spoke to at the LEPs told us that their placements provide them with a wide range of practical experiences sufficient to meet the needs of their curriculum. The students enjoy the longer clinical placements in Year 5 and consider these to be

more rewarding than week-long clinical pathway placements in Years 3 and 4. We heard that the brevity of each placement meant it was sometimes hard to immerse themselves within the speciality and departmental team within a week. In addition, bank holidays sometimes cut pathways short, which exacerbate these concerns.

- 48** We did hear some concerns from students about variation in experiences at some LEPs. At the Royal Devon and Exeter NHS Trust we heard examples of students carrying out tasks with little educational benefit. At Torbay and South Devon NHS Foundation Trust we heard of a disparity in working hours with some students being asked to leave early when there is nothing for them to do on the wards.

Assessing GMC outcomes for graduates (R5.5); Fair, reliable and valid assessments (R5.6)

- 49** Most of the students who responded to our survey agreed that the School's assessments tested the curriculum they were taught.
- 50** The Year 5 students we met saw the benefits of the AMK progress test. However, as it is set at the knowledge level of a newly qualified doctor, some explained that they found the first few years overwhelming and unsettling. Some students also suggested that they would benefit from more specific feedback on their performance in the AMK tests.
- 51** Students told us that they have a list of practical skills assessments that need to be completed during their placements throughout the year. We heard that it can be challenging to plan when to take these assessments, as some are more difficult to arrange at certain placements. We also heard that students sometimes struggle to find assessors to undertake these work place based assessments, and are somewhat reluctant to chase clinicians for fear of losing their goodwill.
- 52** While the students recognised the importance of professionalism and the excellent teaching they receive on this subject, we heard numerous concerns about professionalism judgements – primarily the 'on the spot' judgements. The School's assessment guides explain that professionalism judgements are used to assess personal and professional behaviours and are provided by different assessors in a variety of learning environments throughout the year. One of these judgments is provided by the locality associate dean, taking into account any 'on the spot' judgements that have been provided by anyone who interacts with the medical students. Some students that we met did not appear to understand or indeed value 'on the spot' judgements, and felt that they are unable to contest them. Students also questioned the fairness of 'on the spot' judgements as they believe there is inconsistency in how they are issued. In contrast, the School told us that students have the opportunity to meet with the locality associate dean to discuss the 'on the spot' judgements and the circumstances, and judgements are then either upheld or dismissed.

Requirement 1: The School must review how 'on the spot' judgements are used and how they communicate their educational validity to students.

Team leader/ Regional coordinator	Dr Peter Coventry (Plymouth Team Leader) Dr Barry Lewis (Exeter Team Leader) Professor Stewart Irvine (Regional Coordinator)
Visitors	Mr Nick Cork (Plymouth Team) Professor David Croisdale-Appleby (Plymouth Team) Ms Beverley Miller (Plymouth Team) Professor Janice Rymer (Plymouth Team) Dr Ahad Wahid (Plymouth Team) Mr Faisal Alam (Exeter Team) Prof Gillian Needham (Exeter Team) Dr Lindsey Pope (Exeter Team) Dr Niten Vig (Exeter Team) Mr Geoff Wykurz (Exeter Team)
GMC staff	Alexandra Blohm (Education Quality Assurance Manager) Emily Saldanha (Education Quality Assurance Manager) Lucy Llewellyn (Education Quality Analyst) Richard Taylor (Education Quality Analyst)
Evidence base	<ul style="list-style-type: none"> ■ Medical school Contextual Information Request ■ PCMD Raising Concerns Policy for Staff & Students 2015–16 ■ QA Placement Form Agenda Template 2015–16 ■ PCMD BMBS Quality Monitoring Report 2014–15 ■ PCMD Medicine NSS Action Plan 2013–14 ■ Foundation Training Appeals code of conduct 2014–15 ■ PCMD Committee organogram ■ Periodic Review Self Evaluation Document ■ Management & governance arrangements during teach-through ■ Locality Organisational Charts ■ PCMD Medical Education hierarchy management structure ■ PCMD Teach Through Risk Register (2015–16) ■ PCMD Locality Annual Reports 2014–15 ■ PCMD JARB minutes 4 Nov 2015 ■ PCMD Codes of practice ■ BMBS Assessment Technical Manual 2015–16 ■ PMS Committee Structure diagram ■ PCMD Academic Regulations 2013–14

- PCMD QA manual 2015–16
- TSDNT visit reports QA activity ED, ENT, ICU, Sexual Health
- PCMD BMBS Annual Review report 2013–2014
- Truro visit reports QA activity in ED & Gastro
- Exeter visit reports QA activity in AMU, ED, Cardio & Gastro
- Plymouth visit reports QA activity in MAU, ED, Gastro & Resp
- PU Equality Scheme & Equality and Diversity Policy 2011–16
- PCMD University of Exeter Equality and Diversity policy
- PCMD Programme Handbook 2015–16
- PCMD BMBS Years 4–5 Annual Timetables 2015–16 & 2016–17
- Summary of PCMD BMBS Course
- Clinical Skills Teaching and Learning at PU PSMD 2015–16
- A Guide to Clinical Skills Assessment and Standard Setting
- Year 4 Student Assessment Guide 2015–16
- BMBS Year 5 Assessment Summary Booklet 2015–16
- PCMD Booklet of BMBS Assessment Dates 2015–16
- Progress Test PLAB blueprint 2012
- PCMD Core Messages for Year 5 Students 2015–16
- AMK PT44 & PT48 Test Reports
- Year 4 ISCE 2012–13, 2013–14 Reports
- Year 5 PAB Data 2012–13 and 2013–14
- PCMD BMBS Annual Quality Monitoring Questionnaire 2013–14
- PCMD NSS summary 2013–14
- PCMD BMBS Annual Review report 2013–14
- PCMD Locality Annual Reports 2013–14
- PU PSMD PCMD PHNT Service Level Agreement 2015–16
- PU PSMD PCMD GP Practice Service Level Agreement 2015–16
- Exemplar PA allocation and Teaching activity – Exeter 2015–16
- PCMD Truro exemplar SLAs – ED & Gastro 2015–16
- PCMD TSDNT exemplar SLA – ED 2015–16
- Exemplar transfer of information forms PCMD/PUPSMD
- Transfer of information to placement providers
- Exemplar student support documents
- Raising concerns 2014–15
- Raising concerns 2015–16 to March 2016.