

Action Plan for Plymouth University Peninsula Schools of Medicine and Dentistry

Requirements

Report Ref	Due Date	Description	Action taken by medical school to date	Further action planned by the medical school	Timeline for action (month/year)	School lead
PU PSMD 1	To be reviewed over the next visit cycle and through next scheduled report to the GMC.	On the Spot judgements are now used in a summative manner for students in Year 3 and above. The School must review this to ensure that professionalism judgements are given in a fair and impartial manner.	In response to the GMC requirement a group was set up to look into the process and rationale of the OTS judgements. The group undertook a literature review and consulted with other stakeholders, and the review process involved lay persons and student representatives. We have now developed an enhanced system which encourages students to aspire to high professionalism standards, whilst offering the opportunity to provide formative feedback to encourage improvement in behaviour. The system is formative and does not contribute to any summative professionalism judgements. The pathway provides a system to detect, monitor and invoke action where multiple concerns, including "low level" concerns, have been identified, over a period of time that can bridge	Students will shortly be informed about the new system, including the change to formative assessment. Training and promotion of the new system is planned. Ongoing	Spring 2017	Professionalism Lead

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			across academic years.	monitoring will be undertaken to ensure that the new system works effectively.		

Recommendations

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PU PSMD 1	To be reviewed over the next visit cycle and through next scheduled report to the GMC.	The School should review its systems for monitoring the educational capacity of their providers to ensure effectiveness if new threats to clinical placements emerge.	We are very confident that we have more than adequate placement capacity for both BMBS and Physician Associate students, and have mechanisms in place to ensure that, as far as possible, unplanned overlap of placements between student groups is avoided. However, there are instances where overlap is designed and desirable to allow for interprofessional learning and appreciation of the scope of practice of both medical students and physician associate students This is particularly important in the preparedness of our graduates for practice in a new healthcare environment where Physician Associates will also be practicing. We have a robust strategy to deliver long and short term additional capacity for particular components, including delivering learning outcomes in a different	Ongoing review and development		Associate Dean for Strategic Planning and Liaison

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			<p>environment. Our quality assurance visits to placements explicitly examine educational capacity in the context of all learners attending the placement, including those from other healthcare professions and at different stages of medical education. Primary care visits are often made jointly with the foundation school and/or deanery which further facilitates discussions on capacity, and information concerning educational commitments for each placement is shared to ensure capacity issues are considered.</p> <p>In response to the GMC recommendation, PU PSMD set up a clinical placement capacity group. We mapped clinical placement capacity in clinical environments at PHNT through detailed discussions with clinical teacher leads. The outcome of this exercise has demonstrated capacity for more medical students in addition to the physician associate students. The BMBS programme team is working with the Physician Associate programme team to ensure that there are adequate opportunities for interaction and inter-professional learning between medical and physician associate students.</p>			
PU PSMD 2	To be reviewed over the next visit cycle and through next scheduled	The School should explore how it addresses student concerns about the progress tests, which	<ul style="list-style-type: none"> • Additional emphasis on progress testing in induction session. • Created a new module handbook, clarifying the role of progress testing. • Specific tutorial agenda items in years 1 & 2 which cover understanding progress test results and feedback, 	Ongoing review and development		Module Lead and Deputy director of Assessment

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	report to the GMC.	were raised by students in the early years of the programme.	<p>and training of tutors to explain these.</p> <ul style="list-style-type: none"> • Involve senior student reps in the progress test debriefing plenary which follows the first progress test in year 1. This plenary facilitates the senior students in providing reassurance when we address questions from the students in year 1. At this plenary we also re-emphasise approaches to preparing for, and taking of, progress tests. • Initiated a request for student feedback about each test (including queries about specific questions) prior to each post-test meeting where staff agree responses; communications are co-ordinated by student reps for assessment and submitted to PSMD assessment email account. • Actively solicit student assessment reps views on processes, and involve student reps in the development of progress testing. 			