

## Visit to Plymouth University Peninsula Schools of Medicine and Dentistry

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

### Summary

<b>Education provider</b>	Plymouth University Peninsula School of Medicine and Dentistry
<b>Programmes</b>	BMBS
<b>Date of visit</b>	03 & 04 May 2016
<b>Key Findings</b>	<ol style="list-style-type: none"> <li><b>1</b> Plymouth University Peninsula Schools of Medicine and Dentistry (PU PSMD, the School) was formed when the two universities of Peninsula College of Medicine (PCMD), the University of Plymouth and University of Exeter, made the decision to establish separate medical schools. The School is currently in its third year of the decoupling process with only Years 4 and 5 remaining of the PCMD cohort.</li> <li><b>2</b> Overall, the GMC visiting team were impressed with the School's progress and felt that it was on track to becoming an independent medical school. Several areas were considered to be working well; these included the School's responsiveness to student feedback and processes for raising concerns.</li> <li><b>3</b> Nevertheless, the team identified certain areas that require improvement, such as the 'On the Spot' judgements and monitoring of educational capacity.</li> </ol>

## Areas of good practice

We note good practice where we have found exceptional or innovative examples of work or problem-solving related to our standards that should be shared with others and/or developed further.

Number	Theme	Good practice
1	Theme 1: Learning environment and culture (R1.1; R1.6)	The School's processes for raising concerns are highly effective, and awareness within the student and staff bodies is evident. In addition, the School has developed a culture where students feel able to raise concerns. <a href="#">See paragraph 1 and 10.</a>
2	Theme 1: Learning environment and culture (R1.5)	The School is very responsive to student feedback, with students able to demonstrate where the School had taken action. <a href="#">See paragraph 6.</a>

## Areas 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 working well
1	Theme 2: Educational governance and leadership (R2.3)	Public Patient Involvement (PPI) is well embedded within the School's strategy, and through effective processes has real impact. <a href="#">See paragraph 32.</a>
2	Theme 2: Educational governance and leadership (R2.5)	Equality and Diversity (E&D) data is collected and used effectively to facilitate change. <a href="#">See paragraph 36.</a>
3	Theme 2: Educational governance and leadership (R2.6)	The quality management of clinical placements through site visits and the SNAG spreadsheet allows the School to rapidly identify and resolve issues. <a href="#">See paragraph 39.</a>
4	Theme 2: Educational governance and leadership; Theme 3: Supporting learners (R2.16; R3.2)	The School's approach to academic and pastoral support, including the identification of academic concerns, is working well. <a href="#">See paragraphs 54 and 65.</a>

5	Theme 4: Supporting educators (R4.1)	Academic teachers are provided with excellent support for development, enabling them to meet their training needs. <a href="#">See paragraph 85.</a>
6	Theme 5: Developing and implementing curricula and assessments (R5.1)	The School's approach to curriculum development is measured and thoughtful, and is underpinned by an evidence seeking approach. <a href="#">See paragraph 97.</a>
7	Theme 5: Developing and implementing curricula and assessments (R5.3)	The spiral curriculum achieves a smooth trajectory from early to full clinical years, and is well understood by students. <a href="#">See paragraph 99.</a>

## 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 assessments (R5.6)	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. <a href="#">See paragraph 113.</a>

## Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations explain what an organisation should address to improve in these areas, in line with best practice.

Number	Theme	Recommendations
1	Theme 2: Educational governance and leadership (R2.6)	The School should review its systems for monitoring the educational capacity of their providers to ensure effectiveness if new threats to clinical placements emerge. <a href="#">See paragraph 38.</a>
2	Theme 5: Developing and implementing curricula and assessments (R5.6)	The School should explore how it addresses student concerns about the progress tests, which were raised by students in the early

		years of the programme. <a href="#">See paragraph 119.</a>
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## Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards. Please note that not every requirement within *Promoting Excellence* is addressed; we report on 'exceptions,' such as where things are working particularly well or where there is a risk that standards may not be met.

### Theme 1: Learning environment and culture

Standards
<b>S1.1</b> <i>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.</i>
<b>S1.2</b> <i>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.</i>

*Raising concerns (R1.1); Dealing with concerns (R1.2); Learning from mistakes (R1.3)*

- 1** The School has developed a culture of enabling students to raise concerns. In addition to providing students with guidance on the process, we heard in our quality management meeting that the School actively encourages students to use it. In addition to the formal reporting processes, students feel that they can discuss incidents in an open and supportive forum during their small group and clinical skills sessions.

**Good practice 1:** The School's processes for raising concerns are highly effective, and awareness within the student and staff bodies is evident. In addition, the School has developed a culture where students feel able to raise concerns.

- 2** The School tries to promote the raising concerns policy as a supportive measure. All students who raise a concern meet with a School Lead to discuss any support needs. Any concerns raised are reported back to the board, and data is collected and shared anonymously to ensure students are aware that concerns are investigated and resolved. Students who raise a concern are also provided with feedback dependent on the nature of the concern.
- 3** All students we spoke to told us that they felt able to raise concerns. The Year 3 students gave us examples of times when they had done so and told us that the School had supported them.

### *Supporting duty of candour (R1.4)*

- 4 The Year 1 and 2 students we spoke to were not aware of the duty of candour, whilst the Year 3 students had heard of the term and had seen some GMC guidance but were unable to explain the concept in detail. The Year 4 and 5 PCMD students we met with were all aware of the duty of candour via small group teaching and clinical placements. This suggests that a better understanding of the principle may develop as students progress through the programme; we will revisit this on future visit cycles.
- 5 We heard in our curriculum meeting that the duty of candour is taught through small group teaching. In addition, a situational judgement role play has been planned for Year 4 which will look at the duty of candour.

### *Seeking and responding to feedback (R1.5)*

- 6 Throughout the visit we heard many examples of the School proactively collecting and acting upon evaluation; it was clear that students felt encouraged to provide feedback and that the School took real action. We were given the example of Year 3 students advising the School that they were concerned that their paediatrics placement was not of the same quality as the corresponding Year 4 PCMD placement. The School spoke with the students, using the relevant timetables and rotas. Students accepted this explanation, and their evaluation of the next round of paediatrics placements was more positive.

**Good practice 2:** The School is very responsive to student feedback, with students able to demonstrate where the School had taken action.

- 7 The Year 1 and 2 students we met with told us that they felt that too much feedback was collected: although the purpose of collecting evaluation was understood, students felt that there was 'overkill'. Despite this, all students did recognise that the School was very responsive to their feedback, and took action where possible.
- 8 We heard in our quality management meeting that the School collects feedback in a variety of ways. General feedback is collected via a universal survey; through placement surveys; and ad hoc evaluation that students can provide in a variety of ways such as through their student app. This enables the School to identify areas of concern and look deeper into the mid-range and ad hoc feedback to fully explore the issues.
- 9 The School collates quality monitoring data, including data from the National Training Survey and other student feedback, and considers this at the Teaching, Learning and Quality committee. This informs the action plan, which is passed to the module and clinical leads to take appropriate action. Student feedback is also collected in advance of the School's quality management visits to placement settings in order to inform these visits and allow the School to triangulate concerns.

*Educational and clinical governance (R1.6); Concerns about quality of education and training (R2.7)*

**10** The School is confident that students are aware of the process used to raise concerns. We heard in our quality management meeting that Year 1 students have a patient safety plenary in their induction week which talks about how students can raise concerns. Students are also provided with a flowchart that shows this process; this is shared with clinical and teaching staff.

**Good practice 1:** The School's processes for raising concerns are highly effective, and awareness within the student and staff bodies is evident. In addition, the School has developed a culture where students feel able to raise concerns.

**11** The School told us that students also use the School raising concerns process while on placement; if they report an incident via Datix they are asked to share this with the School so that there is a record. The policy is advertised on the Plymouth Hospitals NHS Trust (PHNT) intranet for both staff and students; awareness is also raised through training at staff development events and regular email notifications. We heard that clinical teachers are obliged to use this School route to raise any concerns affecting students so as to ensure a clear record of incidents. Areas of concern that are raised are also shared with the Trust so that any issues that may affect aspects of postgraduate training can be managed.

**12** All students we met confirmed that they had received the raising concerns flowchart, and told us that they receive an email each term with a reminder of the process. As a result, all felt confident that they could take the appropriate steps to raise a concern.

*Appropriate capacity for clinical supervision (R1.7)*

**13** We heard in our introductory meeting that junior doctor industrial action had had a negative impact on the Trust's ability to accommodate students: supervisors were unable to supervise and teach on these days. Despite this, the School had put in place its contingency plans for work place based assessments, and told us that all those that had been missed were now completed.

*Appropriate level of clinical supervision (R1.8)*

**14** We heard from the Year 3 students that supervision can be dependent on the weekly placement pathway; however, all students agreed that they were able to access support and appropriate supervision when needed. In addition, the School Clinical Liaison office at PHNT was reported to be very responsive: if a supervisor or teacher does not turn up, students contact the office and the situation is rapidly resolved.

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

- 15** The Year 1 and 2 students we spoke to told us that they had never been asked to work beyond their competence. However, this group felt that trainer understanding of competencies could vary, and noted that GP teachers in particular were not always aware. The Year 3 students told us that some placements at PHNT take students from Years 3, 4 and 5, and as such supervisors may confuse which year they are in.
- 16** Nevertheless, the School makes it clear to students that they must tell supervisors if they are not or do not feel competent to undertake a procedure. No student we met had felt pressured to carry out procedures they were uncomfortable with, and they were aware that they should raise any incidents of this nature with the School. In addition, we heard in our placements meeting that the School is prescriptive with the clinical teachers about what students are able to do at each stage of training, and provides guidance on what to expect in terms of ability from each year.

*Induction (R1.13)*

- 17** We heard from the Year 3 students that they are given an induction week at the end of Year 2 to introduce them to their hospital placements, as well as a central Trust induction at the beginning of Year 3. Students are also formally assessed on basic life support on an annual basis. The Year 1 students have mandatory training for placements, some of which is undertaken prior to entering the clinical environment.
- 18** Assessment and student support staff told us that the School induction includes information on assessment and an introduction to the pastoral team. Students receive guidance on the skills and processes for sitting exams, as well as rules for progression.

*Multiprofessional teamwork and learning (R1.17)*

- 19** We heard in our curriculum meeting that the School has recently appointed an inter-professional learning (IPL) Lead and undertaken a scoping exercise to identify opportunities in the programme. This has shown that IPL is currently top loaded in the later years, with other possible learning points ill-defined. As such, the School will undertake a mapping exercise to enable students to identify these opportunities, and longer term will look to increase the options available.
- 20** Year 3 students told us about the student group 'Bridges', which has been set up to improve access to IPL. The group organises events and workshops, and students were positive about the effect these have had on their learning.
- 21** The students we spoke to told us of other opportunities they have to work and learn with other professions, such as working alongside play specialists and midwives on placement. The Special Study Unit (SSU) in Year 3 focuses on working with other

professions, and we also heard of a problem based learning (PBL) session for Year 3 students where law and medical students look at ethical issues.

- 22** Whilst the School recognises that further development of its IPL strategy is needed, we heard that the schools within the Faculty are increasingly working closer together, which can facilitate these opportunities.

*Capacity, resources and facilities (R1.19)*

- 23** We heard in our meeting with quality management staff that the PU PSMD annual cohort is larger than the previous PCMD cohorts. As a result, the School recognises that it needs to review the space it has to accommodate its students. However, we heard that rooms available at the Faculty must be booked through the medical school, which provides them with some measure of control.
- 24** The Year 3 students we spoke to felt that they were lucky to study at a school that could offer the opportunities that they had, especially at PHNT. However, it was recognised by these students that workload and staffing was a concern in some areas, such as psychiatry. Year 3 students also reported that they were unable to rotate through dermatology due to service pressures, but that the School had instead provided a plastic surgery pathway and encouraged students to look for dermatology cases during their GP placements.
- 25** The School is confident that there is sufficient placement capacity for students, and that their monitoring processes are robust. The School believes that any concerns would be raised immediately, in part due to the School's relationship and frequent communication with PHNT. However, we did hear of examples where teaching was limited, such as breast clinics. In addition, the clinical teachers we spoke to told us that they felt that they were at capacity, and would struggle were student numbers to increase.
- 26** We heard that students had had some concerns about the impact of the Physician Associates (PA) programme on their placements. This arose when the paediatrics placement in January was felt to be overcrowded, and was reported to the School. As a result the School changed the timetabling of the placement in order to avoid overlap; both groups now have set times on the wards. The Dean told us that the first qualified PAs will be in their roles by January 2017 and thus the School will be better placed to monitor capacity at this point; we will follow this up on future visits.
- 27** The Year 3 students we spoke to told us that the Discovery Library at PHNT provided them with a large amount of computers and books to aid their learning, which are available 24 hours a day. Students also had their own log in details for patient blood tests and other results, which they felt added to their learning experience.

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

**28** We heard in our meeting with the quality management team that the School has recently invested in 'Anatophage', a simulation device used for teaching anatomy. In addition, there is integration within the Faculty at the University so the School can access other Faculty facilities. The Year 1 and 2 students we spoke to confirmed that they have access to simulated training with staff.

*Access to educational supervision (R1.21); Educators for medical students (R2.13)*

**29** We heard from the Year 3 students that they meet their clinical lead at the beginning and end of each clinical pathway. The final meeting enables students to obtain feedback about their placement, and gives them the opportunity to present a case and reflect on what they have learnt.

**30** We heard that the School encourages students to provide feedback, both positive and negative, about teachers at the School and on placement. This is fed back to the relevant teachers, and the results of any actions are reported to the student who initially provided feedback.

## 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)*

**31** The School's action plan is monitored by the Faculty Teaching, Learning and Quality Committee, and is reviewed at each bimonthly meeting. Other quality monitoring data such as student feedback and the minutes of the Staff-Student Liaison meetings is also considered at this committee and informs the action plan; in turn, this plan feeds into the Faculty risk register and its RAG rating. Within the School, we heard that there are several specific committees that are monitored by risk registers and an appointed member of staff; however, not all of these risk registers have a RAG rating.

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

**32** The School has taken steps to develop its Public and Patient Involvement (PPI) programme, and has appointed a PPI Lead. As a result, PPI is embedded within the School's strategy, with effective processes and meaningful engagement. Since the development of the programme, the School has been shortlisted for a national award for student engagement.

**Area working well 1:** Public Patient Involvement (PPI) is well embedded within the School's strategy, and through effective processes has real impact.

**33** We heard in our final management meeting that the School has worked with Health Education England working across the South West (HEE SW) to access its panel of lay members and thus increase representation in various areas of the School management systems. There is now lay representation on all committees, with members rotating between committees and placement quality management to maximise the use of their expertise. All lay persons receive training before they begin their roles. We heard that the School has started a scoping exercise of medical PPI to see if further lay representation is required, and plans to undertake an evaluation of all related developments within three years.

- 34** We heard in our introductory meeting that students will now be involved with the School's quality management visits to placements; they will receive formal training for their role. Students are also represented on various committees, such as the BMBS Programme Committee and the Faculty Teaching, Learning and Quality Committee. We heard from students that they felt that this involvement meant that they had real impact on decision making, such as defining the intercalation entry criteria.
- 35** The School has undertaken GMC-funded research on differential attainment and launched a widening participation strategy with a designated Lead. The Lead has a range of responsibilities such as promoting medicine to low participation groups, monitoring protected groups, and monitoring any drop off at each point of selection. Since their appointment, the Lead identified that applicants from low participation groups dropped off at the UK Clinical Aptitude Test stage of the admissions process. The School now lowers the threshold for these applicants and has run sessions on unconscious bias for staff to raise awareness. We will explore the impact of this on future visit cycles.

*Collecting, analysing and using data on quality, and equality and diversity (R2.5)*

- 36** The School demonstrates an effective approach to their collection and use of E&D data. We heard that ethnicity, disability and gender data is looked at in detail for all summative assessments: the School groups assessments by type to see if the protected characteristics have any effect on progression. There is a clear policy and threshold for action should significant concerns arise, including a review of the support provided. We were told that through these steps the School identified that assessment practices differed in different localities, and have been able to put changes in place.

**Area working well 2:** Equality and Diversity (E&D) data is collected and used effectively to facilitate change.

- 37** The formal Fitness to Practise committee hearing numbers for PU PSMD have been very small, and as a result the School has struggled to collect valuable data. The School does collect E&D data for professionalism assessments however, and there is a monitoring list with the Health and Conduct Group where trends, such as gender, are considered.

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

- 38** The School is confident that the capacity of placements, including clinical teachers, is sufficient for its needs; there was a sense that its relationship with the Trust and monitoring processes would identify any issues should they occur. However, the GMC panel felt that the School should review its methods for monitoring education capacity in order to anticipate and respond to new threats, as there appeared to be little in the way of formal monitoring in this area.

**Recommendation 1:** The School should review its systems for monitoring the educational capacity of their providers to ensure effectiveness if new threats to clinical placements emerge.

**39** Nevertheless, the School's processes for quality assuring their existing placements appear to be highly effective, allowing concerns to be resolved rapidly. The School uses a SNAG spreadsheet (which gathers ad hoc and more formal student feedback) to monitor placements, which is refreshed and reviewed every morning so that the School can respond immediately. We heard in our introductory meeting that a concern had been identified with the cardiology placement through the SNAG spreadsheet. The School showed the teachers the feedback and discussed the issues, and the department has now made changes in order to improve the student experience. We heard that subsequent evaluation of the pathway has been positive.

**Area working well 3:** The quality management of clinical placements through site visits and the SNAG spreadsheet allows the School to rapidly identify and resolve issues.

**40** The School's quality management visit panel currently consists of the Clinical Liaison Manager, the clinical pathway lead or hospital sub-dean, and a lay member. From September 2016, the panel will also include a student. In advance of the visit, the panel collects student feedback, SNAG spreadsheet data, and soft data on the organisation and preparedness of the department. During the visit, the panel has a tour of the department and meets the clinical teachers and any students currently on placement. A placement quality management form is completed and from this a report is written, which rates the department using a traffic light system. If any concerns are raised the department is revisited within six to twelve months; in addition, if a red flag is raised this initiates immediate contact with the Trust for resolution. The issues identified are reported in the Medical School Annual Report and on the School's action plan.

**41** Much of the monitoring of placements at PHNT appears to be conducted via informal communications between School and Trust staff, with some School staff having additional roles within the Trust. However, the School told us that there are also monthly meetings with the clinical liaison team, and formal meetings between the Trust and the School each term. Immediate concerns are investigated and resolved between these meetings through the Clinical Sub-Deans.

**42** The School has taken steps to avoid the 'double teach' effect with PCMD in 2015/16 (where pathways currently teaching Year 4 PCMD students will also teach Year 3 PU PSMD students due to the new curriculum), and we heard no examples of this with the exception of the initial paediatrics placement concerns. We heard in our placements meeting that the School had tried to mitigate risks by working closely with the hospital placement providers to plan timetables for placements. This planning will also help to avoid clashes with the PA programme.

**43** Year 5 students will have placements at Torbay and South Devon NHS Foundation Trust (TSDNT) as well as at PHNT. We heard from the School that they already have a healthy relationship with TSDNT and that discussions have started for the Year 5 cohort through regular meetings. The School told us there is a strategy in place, and they have met with HEE SW and the University of Exeter Medical School to discuss plans for these placements.

*Sharing and reporting information about quality of education and training (R2.8);  
Collecting, managing and sharing data with the GMC (R2.9)*

**44** We heard in our final management meeting that the School now has an agreement with HEE SW, where HEE SW notifies the School when the Care Quality Commission (CQC) has a concern about a placement setting. In addition, the School told us that they share any concerns they have about placements with the relevant clinical leads and Medical Director. Trusts will also share the highlights of any CQC reports with the Faculty Dean in advance of their publication.

**45** We heard that the Faculty Dean is a guest on the board at PHNT. This is a non-Executive Director role, however we heard that they feel valued, and are able to contribute to the discussion and raise concerns about undergraduate education. In addition, they have access to information about the Trust that may affect the School.

**46** We heard from the Professional Accreditation Coordinator that the School has mapped the work of the School to *Promoting Excellence*. They felt that there was a very neat fit, and did not have any concerns.

*Monitoring resources including teaching time in job plans (R2.10)*

**47** We heard in our meeting with quality management staff that PHNT had approached the School for a working formula in order to determine how much time is required for supervisor job plans in each department. This allows the School to work with the Trust to resolve concerns about job planning and identify where changes may be required.

**48** Job plans for clinical teachers are monitored through curriculum working groups and the Teaching, Learning and Quality committee, whilst most direct teaching is monitored through the Service Increment for Teaching (SIFT) budget. We were told that the University also has workload planners to track academic teachers.

**49** The School is aware that funding from Health Education England and the NHS is constantly under pressure, which could adversely affect SIFT arrangements. The Associate Dean for Strategic Planning & Liaison and the Head of Peninsula School of Medicine sit on the NHS Finance Committee for the area, where SIFT arrangements are discussed. This allows the School to monitor and influence decisions.

**50** We heard from the Community Sub-Dean that the School meets with all groups who use GP practices as a training setting to discuss capacity and address concerns. In

addition, the School's quality management visit process for placement settings includes a review of the available resources and learning facilities.

#### *Managing progression with external input (R2.12)*

- 51** Each module has its own assessment panel to determine student results. The final exam board then considers whether students can progress to the next year. We heard in our assessment meeting that the exam board panel receives an anonymised student profile, and holistic reports for students that require discussion.
- 52** Student progression is dependent on passing four modules, including the progress test (with the exception of Year 1, who must pass either the End of Year 1 test or the progress test). If students fail one module they must retake the year, and may be asked to terminate their studies if they fail twice. Students may normally only retake two out of the five years of the course.

#### *Managing concerns about a learner (R2.16)*

- 53** The School's processes for the identification of academic concerns are effective. We heard in our student support meeting that the School uses the raising concerns policy and 'On the Spot' (OTS) judgements to identify concerns about students. Once raised, these are passed to the appropriate channels for action and monitoring. Professionalism judgements can also indicate concerns, which the School will investigate as appropriate.
- 54** We heard from the School that they proactively seek to identify concerns about students in order to intervene at an early stage. The Academic Review Group meets once a term, usually after the progress test, and discusses every student. Students' progress is reviewed to look for signs of concerns, which enables the School to signpost and provide support as necessary. The group has access to the students' support history to aid decision making.

**Area working well 4:** The School's approach to academic and pastoral support, including the identification of academic concerns, is working well.

#### *Sharing information of learners between organisations (R2.17)*

- 55** We heard from the clinical teachers and supervisors that there is usually no formal mechanism of transferring information about students with needs from the School to supervisors on placement. However, due to the high level of communication between staff, it is considered the norm that this information would have been shared on an informal basis. If supervisors felt that students were posing a patient safety threat due to a support need while on placement then this would be raised with the School, with occupational health services involvement, ensuring that there is a transfer of information. The School encourages students to talk to providers about any problems they may encounter and the support they may need.

**56** The School told us that there is a formal written transfer of information for the foundation programme. The School offers meetings to students in order to discuss what they need to declare on the form and how this information will affect them. Once the forms are completed, they are reviewed by the School alongside the data held about students, and the School will contact the Chair of the Health and Conduct Group if insufficient information has been declared.

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

**57** The School has been developing its policies and corresponding guidance, with a further review due to report this summer. A flowchart has been developed in order to improve student and staff signposting, which is available on the Digital Learning Environment (DLE) and promoted at staff development days. The School has also undertaken work to align its policies with the School of Nursing's processes to better ensure that any sanctions imposed are standardised.

**58** We heard that there were three levels of concerns: at the first level the Dean nominates a staff member to investigate emerging concerns; ongoing concerns are the second level; and the third level manages immediate concerns and suspensions. There are multiple feeds into the Fitness to Practise process from various areas such as the Disability Office and pastoral tutors.

**59** The School is part of a Fitness to Practise regional group with Bristol, Exeter, Southampton and PCMD medical schools which promotes good practice and learning. A recent meeting was held where the schools discussed anonymous cases and benchmarking.

**60** All students we spoke to were aware of the School's Fitness to Practise procedures and thresholds, and knew where to look or who to speak to should they require further information.

### Theme 3: Supporting learners

Standard
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<b>S3.1</b> <i>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.</i>
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#### *Good Medical Practice and ethical concerns (R3.1)*

- 61** The Year 1 and 2 students told us that GMC standards are integrated into their teaching in areas such as sociology lectures. We heard that the Professionalism Lead had encouraged the Year 3 students to create a newsletter based on different themes. In addition, the GMC has run social media sessions for students which will be repeated each year with students completing a reflective portfolio piece.
- 62** Professionalism is assessed at several points throughout the curriculum, including professionalism judgements during each clinical pathway. Students also reflect on this area in their small group teaching sessions, and are now required to complete reflective pieces for their portfolio twice a year.
- 63** We heard of a Humanities theme in our E&D meeting that runs throughout the programme. This encourages students to celebrate diversity through events such as the Medical Humanities Festival. All students receive E&D training, which explores areas of sociology and psychology (such as gender, sexuality and domestic violence). Situational judgement tests are used to reinforce these themes.

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

- 64** The School's approach to academic and pastoral support is highly effective. We heard from the School that there are various levels of academic support, both reactive and proactive. Students are supported through the remediation programme, with the Associate Dean for Strategic Planning and Liaison taking responsibility for students with complex requirements to oversee the coordination of support and monitoring. In addition, mental health reporting triggers an immediate referral to occupational health.
- 65** The academic teachers we spoke to told us that each student is allocated an academic tutor, who they meet with at a minimum four times per year or more if necessary. At these meetings all assessments are reviewed.

**Area working well 4:** The School's approach to academic and pastoral support, including the identification of academic concerns, is working well.

- 66** All students meet the pastoral team at their induction and have access to the full team; they are not allocated a specific tutor. This year the School added photographs of the pastoral team to the intranet to try to make it easier for students to access

support. Academic teachers told us that they refer students to pastoral tutors should the need arise.

- 67** We heard from the School that they take action around students in crisis, and are looking to install a culture of wellbeing and mental health awareness to try and prevent students reaching this crisis stage. The School collects data from the central University about students accessing support which informs the School's awareness of pressure points throughout the programme.
- 68** All students we spoke to were positive about the level of support they received from the School, both centrally and while on placement. The small size of the School was noted to be conducive to a supportive environment, as students and staff know each other personally. We heard of students using the support mechanisms available, such as occupational health, and having positive experiences.
- 69** We heard in our various meetings with staff about the School's plan for careers advice. A careers strategy is now in place spanning the 5 years of the programme, including events with various specialties represented. The School told us they are working to encourage career paths that have traditionally been less popular and have developed a GP strategy as a result. GP learning outcomes have been established and students have recently started attending Saturday flu clinics at GP practices, which have been positively evaluated.
- 70** All students we spoke to were positive about the careers advice they have received. We heard of careers evenings and meetings with specialty representatives that were arranged by the School, HEE SW and student-led societies.
- 71** The Year 3 students we spoke to told us that there is a free bus that runs from the university in the centre of the city to the northern campus and PHNT. In addition, students travelling over 5 miles to placements can apply to be reimbursed for travel costs, although we heard that the funding does not fully cover students' expenditure.

### *Undermining and bullying (R3.3)*

- 72** We heard of one instance of undermining behaviour by a supervisor at PHNT. This was reported to the School, and the supervisor no longer teaches students. No other students reported any examples of bullying or undermining at the School or clinical placements, but told us that they knew who to approach should this behaviour arise.

### *Information on reasonable adjustments (R3.4); Support for learners in difficulties (R3.14); Reasonable adjustments in the assessment and delivery of curricula (R5.12)*

- 73** We heard from students that the School is accommodating and supportive when they require reasonable adjustments. The Year 3 students told us that they were aware of how to apply for reasonable adjustments, and knew of students who had had their requests approved.

- 74** The School leads work with Disability Assist, a central University service, to decide what adjustments are appropriate and to provide the School with advice on relevant areas. The School takes all student support requests for adjustments from the central University services and shares these with exam boards and locality offices. We were told that the majority of adjustments are for timed assessments.
- 75** In our introductory meeting, the School told us that they have established a working group across the Faculty to explore reasonable adjustments, and that the School is working with Birmingham Medical School to look at best practice.

*Supporting transition (R3.5)*

- 76** We heard in our student support meeting that PCMD runs sessions for Year 4 students to discuss the application process for the foundation programme. In addition, there is a mentoring scheme at PHNT where current foundation doctors speak to Year 4 and 5 students about the support they can access for their applications. The School plans to use the same initiatives for PU PSMD students.

*Student assistantships and shadowing (R3.6)*

- 77** The School is currently developing the shadowing element of their careers strategy. We heard that the Associate Dean for Strategic Planning and Liaison is responsible for approving the pre-foundation programme shadowing week. A Year 5 Lead for this initiative has now been appointed.

*Information about curriculum, assessment and clinical placements (R3.7); Adequate time and resources for assessment (R1.18)*

- 78** All students we spoke to were satisfied about the level of information they receive about their curriculum, assessments and placements. The Year 1 and 2 students told us that they were provided with guidance on the curriculum when they started the programme, with signposting for when they will revisit topics at later stages. They also receive their teaching and assessment timetables early in the year alongside marking criteria and assessment weightings. We heard from the Year 3 students that the School is planning to make the information available year or assessment specific, as currently some feel that too much information is provided.
- 79** We heard in various meetings that the School uploads a large volume of information for students to the VLE, including student module handbooks. Each pathway and module has its own area on the VLE in order to make it easier for students to navigate. Whilst the course is self-directed, the School feels that students are supported and the curriculum is structured and guided.

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

- 80** We heard in our student support meeting that the School will adopt the PCMD system ~~—for supporting students on their electives, which includes a 24 hour emergency on—~~

call system. Students contact the University security system and are transferred to the relevant staff: there is a second and third tier of call takers to ensure that all students are able to contact the School. During the day there are staff responsible for responding to emails. Before beginning their electives, students have safety and ethics training, and must submit a comprehensive risk assessment and map their elective to the learning outcomes. In addition, all students meet with an elective advisor before they leave.

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

- 81** The students we spoke to told us that they receive scores from their summative assessments for each theme and are given the trend of their scores for previous assessments, as well as extensive formative feedback. Students also receive feedback from their professional judgements and from their meetings with their supervisors at the end of each pathway.
- 82** We heard in our assessment meeting that feedback is provided in different ways depending on the assessment. For example, the School uses the Active Teaching, Learning and Assessment Space to provide feedback on the progress test, which enables students to see their scores and where they sit in relation to their cohort. In addition, patient feedback is offered to students on clinical placements and after the Integrated Structured Clinical Examination (ISCE). The School is looking to streamline its feedback onto one dashboard in order for students to more easily track their progress.

## 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); Recruitment, selection and appointment of learners and educators (R2.20)*

- 83** In our meeting with clinical supervisors and teachers we heard that many had approached the School personally with a wish to become involved with teaching. We also heard in our quality management meeting that the School contacts any new consultant at the Trust in order to involve them in the delivery of undergraduate teaching and learning. In contrast, we heard that there is a vigorous appointment process for academic teachers. Once selected, they are expected to apply for sub roles and take on teaching-focused activities.
- 84** On appointment, educators receive clinical teaching training and are offered a choice of workshops. Academic teachers receive training twice year, which is run by the School and based on themes (such as student support). In addition, the School offers bespoke training based on each teacher's needs.
- 85** We heard in our final management meeting that it is a requirement for all new teaching staff to obtain either a postgraduate certificate or a master's degree in clinical education within the probation period (usually 12 months). The School has in the past extended the probation period to enable staff to complete this, or have terminated employment if this standard has not been reached.

**Area working well 5:** Academic teachers are provided with excellent support for development, enabling them to meet their training needs.

- 86** E&D training is required by the School and must be updated every three years, with teachers also receiving yearly updates from PHNT. We heard that the locality team records when training requires updating, and the School monitors compliance with this. Compliance rates for E&D training currently stand at 81% for GPs, and close to 100% for staff employed at PHNT.
- 87** GP tutors are appraised within their GP appraisal process, and clinical teachers with a significant role within the School receive a School appraisal every two to three years. Other appraisals are undertaken in conjunction with the School and PHNT to ensure information is appropriately shared.

**88** The School told us in the quality management meeting that there is a new faculty training initiative involving doctors in training. Participants are not paid for this initiative; however we heard that there has been a good uptake. We will explore this further in future visit cycles.

#### *Time in job plans (R4.2)*

**89** The clinical and academic teachers we spoke to told us they had clearly defined job plans for the different areas of their work. The academic tutors receive a spreadsheet showing the number of hours associated with each role; these roles have a tariff and staff are required to explain to the School what they have spent time on. We heard that the roles are often intermeshed with staff responsible for multiple areas, but staff did not find that this made balancing tasks problematic. Additionally, the clinical teachers told us that if they are struggling with the time they are allocated, the School is flexible and will work with educators to resolve job plan difficulties.

#### *Accessible resources for educators (R4.3)*

**90** The clinical supervisors and teachers told us that they have access to an academic medical education group, and could call on support from the multi-professional team. We also heard from the academic teachers that they feel able to apply for funding for resources, and were recently successful in bidding for the Anatomage equipment.

#### *Educators' concerns or difficulties (R4.4)*

**91** Staff felt that the School supported them with concerns they have about students. We heard from the clinical supervisors and teachers that 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)*

**92** The academic teachers we spoke to told us that in addition to attending training together, they also undertake reflective exercises together. We heard from all teachers that their work is regularly benchmarked to ensure a consistent standard of teaching and that assessments are marked fairly.

**93** We heard in our assessment meeting that the School provides comprehensive training, alongside the aforementioned benchmarking sessions. Teachers also receive briefings in advance of assessments and peer review of assessments across the board, and the School is looking to put together summaries of marking history so that teachers can monitor the variability of their marking over time.

#### *Recognition of approval of educators (R4.6)*

**94** We heard from the Associate Dean for Strategic Planning and Liaison that the School ~~previously co-ran a pilot for managing the recognition of trainers. It was confirmed~~

that staff with senior roles in the School or on placement have all been approved. The School has met with both PHNT and HEE SW to look at ways to reduce the potential duplication of training requirements across the two organisations.

## Theme 5: Developing and implementing curricula and assessments

### Standards

**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.*

#### *GMC outcomes for graduates (R5.1)*

- 95** The School has avoided making large scale changes to the PCMD curriculum and structure. We heard in our various meetings over the visit about the amendments that have taken place over the last academic year; this includes the Year 1 life science sessions and the structure of clinical pathways in Year 3. These pathways take the format of one foundation week (which develops students' learning skills) plus 10 weeks of placements in different specialties. In addition, one SSU has been moved from Year 4 to Year 3 to provide students with more time to complete their foundation programme applications. The Year 5 curriculum is still being developed; this will be explored on future visit cycles.
- 96** The School has reviewed its PBL cases, a process that has been ongoing since before the decoupling process. This review reflects changes to Good medical practice, which the jigsaw curriculum is mapped to. The School is looking to make the cases more patient-centred, and to encourage students to consider the wider role of a doctor and the social elements of care.
- 97** The School's approach to curriculum development is measured and thoughtful, and is underpinned by an evidence seeking approach. All innovations must be in line with the School's principles, and are first piloted before they are integrated into the curriculum. The School uses student feedback to inform their development.

**Area working well 6:** The School's approach to curriculum development is measured and thoughtful, and is underpinned by an evidence seeking approach.

#### *Informing curricular development (R5.2)*

- 98** We heard in our curriculum meeting that lay persons are included on the programme committee and have input into curriculum development. In addition, patients have been involved in developing psychology and sociology lectures, whilst the Staff-Student Liaison Committee has also been crucial to curriculum development.

#### *Undergraduate curricular design (R5.3)*

- 99** The spiral curriculum achieves a smooth trajectory from early to full clinical years, ~~and is well understood by students: students told us that they were clear when they~~

will revisit topics later in the programme. We did hear from Year 3 students that the weeklong pathways can make it difficult to fully integrate themselves within clinical teams, and that they enjoy the longer obstetrics & gynaecology and GP placements. The School is aware of this feedback, and recognises the difficulty of balancing breadth and depth.

**Area working well 7:** The spiral curriculum achieves a smooth trajectory from early to full clinical years, and is well understood by students.

- 100** The early contact with patients in a community setting in Years 1 and 2 means that students feel prepared for their secondary care placements in Year 3, something we heard from all groups we spoke to. Students also undertook a pilot of longitudinal projects, where they return to a specific department one day per week for ten weeks, to ensure continuity.
- 101** The Year 3 students we spoke to told us that their experience of seeing a wide variety of patients is restricted somewhat by the local population, which tends to be formed of older, lower socioeconomic groups and is not racially or culturally diverse. The School is looking to embed its widening participation agenda via community placements with groups such as the homeless and in drug and alcohol clinics. Students are also given a wide range of GP placements in order to increase the variety of patient groups they have contact with. We heard that students must log a minimum of three patients per week, taking note of their demographic in the records. This is reviewed by the School who may suggest different groups for students to see if the recorded demographic is narrow.
- 102** No PU PSMD students have yet completed their assistantship. The School plans to use the PCMD structure, which takes the format of one assistantship week at the end of each six week block. The School will make minor tweaks to this structure where necessary, using student feedback.
- 103** The Year 1 and 2 students we spoke to told us that they were given four choices for their SSU, which were randomly allocated. Students from all year groups told us that the quality of the provider and therefore the experience of the SSU is variable, with differences in the marking of essays. We heard that this has discouraged students from choosing what they want to study in order to maximise potential results. The students have fed this back to the School, who are continuing to provide benchmarking training to SSU facilitators.
- 104** The Year 3 students had recently finished a two week block working with other healthcare professionals and a research project, which marked a shift away from shorter placements. The students were pleased that this had been moved to Year 3 in order to provide more time for finals preparation in Year 4.
- 105** We heard in our curriculum meeting that the School is working to better link basic and clinical sciences, and make teaching more clinically relevant. Biomedical teaching

has been increased in Years 3 and 4, which reiterates learning from Years 1 and 2. In addition, all life sciences sessions have learning objectives and are linked to the outcomes. The School has also introduced grand rounds in Years 3 and 4 after a pilot with PCMD; these allow students to explore research that is not covered in the core curriculum. During the rounds students clerk a patient and work with the clinical skills staff to discuss diagnosis and management.

#### *Undergraduate clinical placements (R5.4)*

**106** We heard in our curriculum meeting that each placement is mapped to the curriculum and has specific learning objectives. The 'double teach' threat has provided the School with opportunities to review the placements and amend some problem areas. We heard that neonatology medicine has been moved to Year 4 as a result.

**107** Whilst the Year 5 curriculum is not yet complete, the School does not plan to make any major changes to the current structure of five clinical blocks each lasting six weeks, of which the final week is a student assistantship. All secondary care placements in Year 3 and 4 take place solely at PHNT, where the School has a monopoly use. Year 5 students will be split between PHNT and TSDNFT.

**108** During placements, students complete a clinical log to build up a personal record of the cases they have seen; students are required to reflect on cases and identify learning outcomes. The log is reviewed by the Academic Tutor in order to identify gaps in student experience, and forms part of the summatively assessed portfolio in Years 3 to 5.

**109** The Year 3 students we spoke to all enjoyed their placements at PHNT, and felt that they received a good range of experience in different areas. The skills they could use differed depending on which placements they are on, but the students noted they could be proactive and speak to colleagues in order to practice procedures.

**110** Students could tell us about the multidisciplinary and simulated learning that they take part in whilst on placement. Please see requirements 1.17 and 1.20 for further details.

#### *Assessing GMC outcomes for graduates (R5.5)*

**111** The School employs continuous assessment, with a higher frequency of lower stakes assessment. The School reiterates its assessments philosophy frequently to students in order to improve understanding of the assessment programme, and rapid remediation is put into place when failure occurs to ensure learning.

**112** We heard in our assessment meeting that the School releases 125 formative questions that have been reviewed by the clinical and module leads; the School told us that this was popular with students. In addition, students have a formative assessment in advance of each type of summative assessment they experience for the first time.

*Fair, reliable and valid assessments (R5.6)*

**113** The School values the importance of professionalism teaching and assessment, and continuously reviews how best to promote professional behaviour. As discussed under requirement 3.1, professionalism is assessed at various points throughout the programme. We had explored one aspect of this assessment, the use of OTS judgements, with the School on previous visit cycles, where we had been told that these were a formative way of assessing professionalism. In our final management meeting, we heard that these judgements are now summative for Year 3-5 students, whilst remaining formative for Years 1 and 2. The School believes this will allow them to capture data on professionalism throughout the programme, and assess areas where they are aware there are weaknesses. As any School or placement staff can issue OTS judgements, we heard that there has been a large volume of training, with more planned for administration staff across the localities.

**Requirement 1:** 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.

**114** We heard that if an OTS judgement is issued, it is passed to the On the Spot Professionalism Group for consideration and the student has the opportunity to meet with the Lead for Professionalism or the Associate Dean for Strategic Planning and Liaison to discuss the circumstances. It is only at this point that the judgement is officially issued or dismissed. The exam board will then meet to look at the number and nature of the OTS issued to decide whether these will affect students' professionalism grades.

**115** The School told us that the OTS judgements alone cannot stop progression: regardless of how many OTS are given each year, only one professionalism judgement can be issued, with the others coming from direct assessment of professionalism. Students will be unable to progress if they receive more than two professionalism judgements which are less than satisfactory, of which no more than one may be unsatisfactory. The School is currently considering whether the same system will be used for Year 5 students.

**116** We spoke to all students about their experience of OTS judgements. Whilst some students believed the process was fair, they told us that it was unlikely that the judgements themselves could be fair and objective due to different expectations and circumstances. It was felt that each individual would have their own interpretation of events, and thus the judgements could not be consistent or standardised.

**117** We explored the progress test with both students and staff. We heard in our assessment meeting that students sit the exam four times a year; students must pass in all years (except Year 1 when they must pass either the End of Year 1 test or the progress test) in order to progress. An aggregate grade for the four years is awarded to the student at the end of the programme. The School runs a session on the ~~progress test in the introductory week to try to prepare students to initially receive~~

low scores. The School then reviews each test with students to look for learning and to provide reassurance.

**118** The School told us that the progress test is written by clinical teachers who consider whether the knowledge tested is necessary and useful for a FY1 doctor, and is then tested by current FY1 doctors. The School uses a normative standard setting for Years 1 to 4, based on a percentage. The top 5% are awarded excellent, with the number of students receiving unsatisfactory scores getting lower as they progress through the programme.

**119** Students were mainly positive about the progress test, and could understand its purpose. The Year 3 students in particular could see the relevance of the exam as they had completed their first secondary care placements, and felt that it provided some guidance on where there may be gaps in their knowledge. Students recognised that the test often caused anxiety within the lower years: we heard that it could be a distraction and was not felt to be an accurate reflection of skills. Some students felt that they had to undertake additional work in order to pass, which was seen as unfair.

**Recommendation 2:** The School should explore how it addresses student concerns about the progress tests, which were raised by students in the early years of the programme.

**120** The School confirmed that all data at the exam board is anonymised. The board considers any extenuating circumstances, with a staff member there to ensure the accuracy of information provided to the board.

#### *Mapping assessments against curricula (R5.7)*

**121** The School has been working to make their teaching more clinically relevant. In order to do so, life sciences and anatomy are now explicitly branded in assessments.

**122** We heard in our assessment meeting that the blueprinting of clinical skills is based on *Tomorrow's Doctors (2009)*, with other blueprinting dependent on the type of assessment used. The School has looked at the learning outcomes and where they are assessed; some skills such as taking blood cultures have been moved to different years as a result.

#### *Examiners and assessors (R5.8)*

**123** We heard in our assessment meeting that examiners receive comprehensive training, further details of which can be found under requirement 4.5. The School is also looking to produce reports of the marks given by individual examiners in order to better track results. The School recognises that students have fed back negatively about the marking of SSUs and is working to benchmark these examiners.

**124** We heard in our meetings that the School uses both real and simulated patients for its assessments. These volunteers have a brief telephone interview followed by training on the assessments and the School's assessment philosophy. In addition, patients can give formative feedback during high stakes assessments such as the ISCE.

<b>Team leader/Regional co-ordinator</b>	Dr Peter Coventry Professor Stewart Irvine
<b>Visitors</b>	Professor David Croisdale-Appleby Mr Nick Cork Ms Beverley Miller Professor Janice Rymer Dr Ahad Wahid
<b>GMC staff</b>	Lucy Llewellyn (Education Quality Analyst) Alexandra Blohm (Education QA Programme Manager)
<b>Evidence base</b>	<ol style="list-style-type: none"> <li>1. GEN020.3 Raising Concerns Policy and Procedure FINAL 061015</li> <li>2. GEN083 PU PSMD PPIES Group ToR</li> <li>3. MED25.3 QA Placement Form Agenda Template 2015_16</li> <li>4. MED136.2 Clinical Teachers Development Programme 23.09.15</li> <li>5. MED153 PU PSMD Year 3 &amp; 4 Curriculum Newsletter Oct 2014</li> <li>6. Clinical Teachers Meeting Minutes</li> <li>7. MED168 Plymouth Locality Annual Report 2013-14 FINAL</li> <li>8. MED168.1 Plymouth Locality Annual Report 2014-15 FINAL</li> <li>9. School Action Plan 14-15</li> <li>10. Programme Action plan 14-15</li> <li>11. MED166.1 Minutes PU PSMD and PHNT May15 Oct15</li> <li>12. GEN23.4 Curriculum Leadership Structure (v6) 2015_16</li> <li>13. GEN028.4 Faculty Board Minutes and ToR 2015_16.docx</li> <li>14. MED121.7 PU PSMD Faculty Risk Register Nov 2015</li> <li>15. GEN086 PU PSMD Faculty Strategy Group ToR Sept 2015</li> <li>16. GEN088 Faculty TLQ ToR Sept 2015</li> <li>17. GEN025.6 PU PSMD Technical Operations Manual 2015.16 v4.0 26.11.15</li> <li>18. MED250 BMBS Programme Committee ToR 15-16</li> <li>19. MED251 Medical School TL&amp;Q ToR and Membership 15-16</li> <li>20. Plymouth University Quality Assurance Handbook</li> <li>21. Torbay visit reports QA activity _ED, ENT, ICU, Sexual Health</li> <li>22. Plymouth visit reports QA activity_ MAU ED Gastro Respiratory</li> <li>23. PU Equality Scheme</li> <li>24. PU Equality and Diversity Policy</li> <li>25. GEN013.1 PU PSMD Athena Swan Equality and Inclusion support_July_2015__v5_</li> <li>26. MED032.7 PU PSMD BMBS Programme Handbook 2015_16 moodle book</li> <li>27. PU Student handbook</li> </ol>

28. MED253 PU PMSD Curriculum diagram
29. PUPSMD BMBS Years 1-3 Annual Timetable 2015-16
30. Year 1-3 Booklet of BMBS Assessment Dates 2015-16
31. MED038.1 Clinical Skills Teaching and Learning at PU PSMD 2015-16
32. MED066.5 PU PSMD Student Assessment Guides 2015-16
33. MED087.1 PU PSMD Assessment Strategy (Medicine) April 2013 v4
34. MED252 Progress Test PLAB blueprint 2012
35. MED056 Student Assistantships at PU PSMD
36. GEN010.1 PU PSMD Standards of Dress and Religious Observance
37. GEN018.2 PU PSMD Consent Policy - Nov 13
38. GEN019.2 PUPSMD Fitness to Practise Policy and Procedures v2 - Dec 14
39. MED068.2 Regulatory Framework for Medical Undergraduate Awards 2014\_15
40. PU Academic regulations
41. PU Complaints & Appeals
42. PU Exam Rules and regulations
43. PU PSMD Curriculum Map Outcome 1
44. PU PSMD Curriculum Map Outcome 2 part 1
45. PU PSMD Curriculum Map Outcome 2 part 2
46. PU PSMD Curriculum Map Outcome 3
47. MED056 Student Assistantships at PU PSMD
48. MED062.1 AMK EOY1 1314 Test Report [v2.0]
49. MED257 PU PSMD Yrs 1 AAB Data 1314
50. MED203 Student Perception Questionnaire 2013-14
51. MED048.4 PUPSMD BMBS Years 1-3 Annual Timetable 2015-16 Final
52. MED006.2 PU PSMD PCMD GP Practice Service Level Agreement 2015-16
53. MED005.2 PU PSMD PCMD PHNT Service Level Agreement 2015\_16
54. Exemplar Transfer of Information forms PCMD/PUPSMD
55. Transfer of information to placement providers
56. Exemplar Student support documents
57. Raising Concerns 2014-15 (PCMD cases)
58. Raising concerns 2015-16 to March 2016
59. PUPSMD mapping against GMC Promoting Excellence

## Annex A - Rolling quality assurance actions

### Actions from previous reports

	Actions	Comment	Status
1	<p><b>Recommendation</b> - The School should continue to improve upon the number of GPs who have completed recent equality and diversity training. We note significant improvements in this area, and the School's plans to improve this further.</p>	<p>In their 2015 annual return, the school explained they are implementing a strategy of enhancing and regularly updating equality and diversity training provision for their clinical educators. At the time of their annual return, 77% of our GP teachers had undertaken Equality Diversity and Inclusion training (up from 67% as at 2014 MSAR). During the visit, we heard that this has increased to 81%. We will continue to monitor this in future visit cycles.</p>	Open
2	<p><b>Recommendation</b> - The School should ensure that communication with students regarding the Fitness to Practise process is effective, and that all students have an understanding of the Fitness to Practise procedures.</p>	<p>In their 2015 annual return, the School told us it is aiming to increase explicit awareness of the Fitness to Practise policy within activities undertaken as part of the professionalism modules. They also reported that they are developing a flow chart for Fitness to Practise to increase the understanding of students and staff of situations that could lead to instigation of the Fitness to Practise procedure. During this year's visit, all students we spoke to were aware of the School's Fitness to Practise procedures and thresholds. We will continue to monitor this in future visit cycles to ensure this level of understanding is sustained.</p>	Open