

Visit Report on Scottish Graduate Entry to Medicine programme (ScotGEM)

This visit is part of the new schools/programmes quality assurance annual cycle.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting excellence: standards for medical education and training](#).

Summary

Education provider	University of Dundee School of Medicine/University of St. Andrews School of Medicine
Sites visited	St. Andrews School of Medicine
Programmes	Scottish Graduate Entry to Medicine (ScotGEM)
Programme summary	<p>ScotGEM is a 4-year graduate entry programme which is run and administered by a combination of the Universities of St. Andrews and Dundee (referred to as 'the School' throughout this report).</p> <p>The programme is mainly community based, with students being exposed to remote and rural medicine, and has been designed to help meet the future workforce needs of NHS Scotland.</p> <p>We undertook a virtual quality assurance visit in March 2021. This included meeting with students, General Clinical Mentor's (GCM'S), GP Tutors and senior management staff. Following this, we also met with health board representatives.</p> <p>Overall, the visit was a positive one. The students that we met with spoke very highly of the support they receive from the GCMs. The programme has proved to be a resilient one,</p>

having adapted well to the pressures and challenges presented by COVID-19. Educators spoke very highly of the work ethic and resilience of the students.

We will be continuing a rolling cycle of annual quality assurance visits to the programme until the first cohort of students have graduated. We look forward to visiting the programme in the next academic year to obtain an update on its progress and to gain updates on the areas outlined in this report.

Update on open requirements and recommendations

Theme	Requirement	Update	Report paragraph and status
2 (R2.3)	The School must consider formalising ScotGEM staff and student representation on school committees.	<p>During the meeting, we heard that ScotGEM students are now represented on both St Andrews and Dundee's student staff liaison committees.</p> <p>Due to the work undertaken in this area, this requirement can now be closed.</p>	Closed
4 (R4.2)	The School must continue to monitor time in job plans for staff, in particular the GCMs, as we heard concerns as to whether the current workload is sustainable.	The regional GCM is now in place, and we heard that this has provided reassurance to the current GCMs. However, we also heard that due to COVID-19, the impact of this has been limited. We will revisit this requirement in the next QA cycle.	Open
Theme	Recommendation	Update	Report paragraph and status
1 (R1.19)	The School should continue to monitor and	Analysis of the physical space is underway, with a hybrid solution	Open

	seek to address issues with physical space for learning.	being explored to tackle this issue. The school believes that flexible working will allow them to address this. However, we heard that physical space remains an issue in St Andrews in years one and two. We will continue to explore this in the next QA cycle.	
2 (R2.6)	The School should continue engagement with stakeholders in its development, e.g. the University of the Highlands and Islands (UHI) and health boards.	Engagement with stakeholders has continued to progress well, with a formal structure to encourage wider participation in the programme and strategic boards. Progress has also been made in engagement at finance and planning levels with the wider NHS. As engagement with stakeholders is progressing well, this recommendation can be closed.	Closed
5 (R5.1)	The School should consider the development of a whole programme curriculum map.	We are aware that this is in progress and we will obtain an update in the next QA cycle.	Open
3 (R3.3)	The school should review how they encourage students to report any instances of bullying or undermining, and how these instances are dealt with.	Students that we met with told us they were aware of how to raise concerns, but some felt that the online form for raising concerns was daunting for sensitive concerns. We will obtain an update in the next QA cycle.	Open
5 (5.7)	The school should review the mapping of assessments to ensure that they are fair and appropriate.	Students that we met with told us that the guidance they received on assessments was accurate and helpful, and they felt exams were clearly aligned. Some felt that further information would be useful, including a blueprint and access to previous or example papers. We will	Open

		obtain an update in the next QA cycle.	
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New areas of note

Areas that are working well

We note areas 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	Report paragraphs
1	Theme 3: Supporting learners R3.1, R3.5	Student support from GCMs and GP tutors.	33 - 35, 39 - 43
2	Theme 5: Developing and implementing curricula and assessments R5.4	The resilience of the programme and how the schools have responded to the challenges presented by COVID-19.	65 - 69

Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirements	Report paragraphs
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		No new requirements have been identified	
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Recommendations

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

Number	Theme	Recommendations	Report paragraphs
1	4 (4.5)	The school should consider formalising networking and support between GCMs and GP tutors.	58 - 63
2	5 (5.4)	The school should monitor student placements to ensure equity of experience.	70 - 74

Findings

The findings below reflect evidence gathered during the 2020/21 academic year, mapped to our standards.

Please note that not every requirement within *Promoting excellence* is addressed. We report on 'exceptions', e.g. 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
S1.1 <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>
S1.2 <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) and addressing concerns (R1.2)

- 1** Students that we met with told us that they are aware of how to raise concerns, both whilst at the school and whilst on placement. They told us that they would speak to their personal tutor in the first instance. They also informed us that the GCMs reassured them that if they weren't sure how to raise the concern, they could speak to them and they would point them in the right direction.
- 2** Year one students that we met with also told us about the anonymous raising concerns form on SOLAS named 'Student Voice'. Some stated that they found this incredibly useful. Some students felt that the 'Student Voice' was not being promoted enough as some of the cohort had not heard of it. However, year two students that we met with told us that they found the online form slightly daunting as they knew that this went to trusted members of staff, especially if this contained sensitive information. The students stated that they would instead go to their personal tutor.
- 3** When asked if they knew how to raise concerns about bullying or undermining behaviours, they told us that they had three options: through their GCM, their portfolio advisor and their personal tutor.
- 4** Year one and two GCMs are aware of how to find information on how to raise concerns and felt confident in being able to support students. Educators we met with stated that they would refer students to Student Voice to raise a concern, or if the concern was immediate, they would raise this with the local lead.

- 5** Some of the health board representatives we spoke to also gave us examples of when they had raised concerns with the ScotGEM team and had seen changes implemented as a result. Some of those who had not raised concerns expressed that they would feel very comfortable raising concerns if they needed to, describing the ScotGEM team as very approachable. However, some health board representatives told us that the implementation of changes can be variable and can often take longer than they felt necessary.

Seeking and responding to feedback (R1.5)

- 6** The senior management team told us that feedback is constantly collected throughout the year, especially with COVID-19. They felt it was important to routinely check in with students, both formally and informally, to ensure continued engagement and health and wellbeing. The school ran a survey at the end of semester one, and module evaluation questionnaires at the end of every module.
- 7** When students are in practice, meetings are held with them every 6-8 weeks. Year one students told us that this meeting was very useful, stating that it was a good opportunity to raise feedback and get clear action points from this. Students stated that it is evident that staff aim to act on feedback they provide, which is reassuring. Students also stated that they are always provided with a response when feedback is raised through formal mechanisms, such as emailing 'Med Support'.
- 8** We were provided with an example of how student feedback had been acted upon where a particular issue was raised with a GCM regarding struggles with cardiovascular exams. In response, the GCM put on an extra session to provide extra support for students on this topic.

Induction (R1.13)

- 9** The year one students told us that the induction they received was very informative. This included multiple introductory lectures, ranging from dissection room rules to campus safety. The students also had a GCM meeting as an 'ice breaker' to introduce them and build a rapport, which they found very helpful.
- 10** The year one students told us that there were limited opportunities to meet with other ScotGEM students and other St. Andrews or Dundee students due to COVID-19.
- 11** Year two students told us that they have an induction with each new GCM including setting out what individual GCMs expect. They felt that this was a very supportive way to set out expectations for the year.
- 12** We were provided with an example of other arrangements being made for missed inductions. A student had missed the induction due to logistical issues and they were

given access to a recorded induction. We were also told of some issues with the induction in Inverness, however we heard that these were raised, listened to and plans were put in place to improve this.

- 13** Year three students told us that the induction with Dundee School of Medicine was online, covering things like significant event analysis, deadlines for portfolio and assessments etc. Year three students also told us that at the stage of the first week induction with Dundee they were still sorting out some practice placements due to COVID-19. Some students told us that they did not have introductions to Dundee staff and were not aware of the job roles or who to contact. The GMC visit team felt that a handbook or information pack containing this information, similar to that which St. Andrews provides, would have been useful at this stage.
- 14** Year three students told us that their initial regional induction was largely clinical skills based, which was very helpful as they had missed out on a lot of experience due to COVID-19. The following week of induction was based in practice, where they got to learn the specifics about the practice and the GPs. Where things were missed in the induction due to COVID-19, such as tours of practices and hospitals, the school let them know that these aspects were cancelled but the students didn't feel as though they had missed out on anything.

Resources and facilities (R1.19)

- 15** There is an open recommendation that the school should continue to address concerns over physical space for learning. The management team told us that they have adapted the furniture layout and the timetable to help address the issues. Further analysis of physical space may be looking at a hybrid solution to tackle any issues in the future.
- 16** Year one students told us that access to facilities has been difficult due to COVID-19, with facilities such as libraries opening and closing and restrictions on space. The students also said they had access to facilities in Dundee as well, including non-bookable study space, which they find beneficial.
- 17** Year two students stated that previously Wi-Fi would often drop out in their accommodation, and the connection was unstable. However, they said they raised this with the school and the issues had been resolved. They also mentioned that the study space at Dundee is useful.

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.*

Considering the views of learners and educators on policies, systems and processes (R2.3)

- 18** There is a requirement for the school to review staff and student representation on school committees, that we have agreed to close. The senior management team told us that they formally gather the views of students through the staff student liaison committee (SSLC). This is held approximately every eight weeks. ScotGEM students are represented on both St Andrews and Dundee's committees. This is one way in which the team inform students of policy changes and feedback.
- 19** The senior management team also informed us that they hold feedback sessions following all formative assessments to provide students with general feedback and allow them to raise any points they wish.
- 20** Year one and two GCMs told us that at the end of their first year they had an end of year review. They also told us that they have been involved in the exam board to review questions to ensure that they are suitable as well as writing questions for the programme.
- 21** Health board representatives told us that the ScotGEM team has several mechanisms for collecting their views and spoke positively of their involvement so far. They have regular curriculum liaison group meetings to be kept up to date and where they can voice their opinions. They also have informal communications with the team to discuss ideas. Some representatives also told us of development groups for year one/two and two/three, as well as case and learning outcome development involvement.
- 22** However, some health board representatives found that there is sometimes contradictory information available regarding policies and processes from the university. We heard that unclear communication from the universities could lead to last minute implementation or changes to secure successful delivery of the programme.

Evaluate and review curricula and assessment frameworks (R2.4)

- 23** During the meeting with educators, we were told that some changes had been made to the assessments following a review. The major change has been the move to open book exams for year two students. They also explained that they are expanding their question bank, asking individuals to write questions for single use. We heard from year one and two GCMs that they have been involved in question writing.
- 24** We also heard that the Agents of Change assessments have remained largely the same. The work submitted by students is mainly practice based and have remained in place during COVID-19 to allow students to gather summative experience.
- 25** Year one students that we spoke with told us that the Anatomy and OSCE exams in December 2020 were changed from summative to formative with only two weeks' notice, which they were surprised by as they felt that more notice would have been preferable.
- 26** Year two students that we spoke with told us that all assessments they had taken so far had been online, and that it was often hard to find motivation for them due to the feeling of detachment created by extended online studies. They also told us that they weren't yet aware of what form summer exams would take.

Engagement with stakeholders (R2.6)

- 27** During the meeting with the senior ScotGEM team, we discussed the progress being made regarding the recommendation of continue engagement with stakeholders during the development of the programme. We heard that the engagement has continued to progress well, with a formal structure in place to further encourage participation in the programme and strategic boards. We also heard that significant progress has been made by the programme director around NHS engagement at finance and planning level.
- 28** The team stated that the improvements have been aided by the formal committee structures that have been embedded into the programme, including the regional ACT working groups. Furthermore, the formal routes of communication have also been supported by informal mechanisms as relationships are developing.

Access to clinical supervision (R2.14)

- 29** During the year three student session, students told us that supervision arrangements develop throughout the Longitudinal Integrated Clerkship (LIC) year. Initially, they observe the GP completing a consultation and then they are observed before they can complete this by themselves. From this stage, they complete the history taking and report back to the GP. The GP will assess the patient and discuss a

management plan with the student. The students felt very comfortable with this arrangement, expressing that it works well.

- 30** Students in remote placements also have similar arrangements. Students told us that this system also applies to telephone consultations.
- 31** The GCMs that we spoke with clearly understand their role, viewing this as purely educational and feeling able to dedicate their time to supervising their students.
- 32** Health board representatives told us that they were informed of the clinical supervision requirements prior to the students being placed with them to ensure that they have the correct supervision at all times. Some felt that further clarification regarding the secondary care placement needs would have been beneficial.

Theme 3: Supporting learners

Standard

S3.1 <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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Learner's health and wellbeing; educational and pastoral support (R3.1, 3.2, 3.5)

Area Working Well 1: Student support from the GCMs and GP tutors

- 33** Year one students told us that they have been very happy with the organisation of the course so far and the effort that the ScotGEM team and GCMs have made. Some students stated that there was some uncertainty starting the course as to what the teaching would be like, but the course so far has worked well. The students stated that their personal tutors were very easy to access, and their portfolio supervisors were also very helpful.
- 34** Students in year two told us that their second year has been going very well, largely because of the GCMs. They stated that the GCMs have been able to supplement gaps in their knowledge. They felt that the GCMs have been very dedicated to their learning. They stated that moving around for placements can often be a challenge, but the GCMs worked hard to establish a relationship quickly, allowing them to maintain continuity between placements and spot any gaps. Students also stated that it felt as though the GCMs were well prepared when they arrived, knowing where they were up to and putting in a lot of effort to get to know them as people. They felt that the GCMs were a fantastic resource and provided them with a lot of support.
- 35** Year three students that we met with were very positive about the support they received from their GP tutors. Some students told us that their tutors arranged for them to complete extra experience in secondary care due to their links with the hospitals/consultants.

Bullying and undermining (R3.3)

- 36** During the meeting with year one students, we asked if they were aware of how to raise bullying and undermining concerns. The students stated that they felt confident in going to any one of the three supervisors (GCMs, personal tutors and portfolio supervisors) or they could go to the medical support line. However, some students were not aware of the medical support line.
- 37** Year two students that we met with also told us that they understood the process for raising concerns about bullying and undermining, including the online form on SOLAS, although some did note that it felt daunting to put sensitive information on an online form and therefore they would probably speak to their personal tutor as a first point of call.

- 38** There is an open recommendation that the school should review how they encourage students to report any instances of bullying or undermining, and how these instances are dealt with.

Supporting transition (R3.5)

- 39** Year three students told us that the transition to the LIC was slightly disjointed in places. Some students felt that they didn't have the appropriate information from Dundee to start the year. Arrangements for induction to the practice were made directly with the practice rather than through the school, and they received their timetables very close to their start. Some students held the view that the transition was handled well by the local team at the health board, but comparatively poorly by the medical school.
- 40** Year three students also stated that they assumed all induction materials would be recorded on SOLAS; a system that mirrors GALEN at St. Andrews. However, when induction started some of the information was sent to them via email and they were told that Dundee weren't using SOLAS. The students felt that they had to search for the relevant information as it wasn't easily accessible, which made the transition more challenging.
- 41** The senior management team stated that they felt the transition from St. Andrews to Dundee has gone well, and that the LIC has exceeded their expectations. They felt that the transition through COVID-19 has demonstrated the resilience of the course.
- 42** Educators told us that students had fed back to them that the transition from year two to three has been difficult, due to the move from SOLAS to the dual system. They stated that they are looking to rectify this for future transitions, ideally by making the Dundee dual systems available to ScotGEM students before they transfer.

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)

- 43** Educators told us that they had an initial induction at the medical school, including IT and systems inductions, then had an induction into the role in an apprenticeship style model, shadowing others in similar roles. They told us that this allows for easy integration into the team.
- 44** Educators told us that often staff have joint teaching recognition from both schools. Educators' appraisal for their roles is school specific, depending on where their contract sits. Educators stated that they have both formal and informal input into both school appraisal processes. We heard that due to COVID-19, annual appraisal for educators at St Andrews had been delayed but were still being conducted to help identify needs of educators during COVID-19.
- 45** Year 3 GCMs that we spoke with told us that they were aware of support available for them to complete a postgraduate medical education qualification.

Time in job plans, workload (R4.2)

- 46** There is an open requirement regarding time in job plans for staff and the school should continue to monitor the workload of the year one and two GCMs. The management team told us that a new regional GCM role had been created in NHS Fife to provide backfill for the GCMs, which provided them with reassurance that there is support in place for them. The team expects to backfill fourteen weeks with the year, with adhoc backfill added on.
- 47** During the session we asked the year one and two GCMs if they had felt the benefit of the regional GCM role. They stated that they have noticed a big difference with the regional GCM being in place and that this has been a big help for them.
- 48** Year one and two GCMs continue to report a high workload but acknowledge the additional support the regional GCM role has provided them.
- 49** Year three GCMs and GP tutors also noted high workload and we heard examples of educators using annual leave to catch up, and/or doing more than their contracted one session per week.

- 50** GCMs stated that it took a significant amount of work to ensure that students at home are getting the same experience to those in practice in regard to patient meetings. They feel the half day that the university allocates them to prepare for sessions is not sufficient, and the majority are spending their free time preparing for the students.
- 51** The senior management team also stated that they are continuing to work with the health boards to get clarification to the GCMs for how to book leave on SOLAS. One way that the team measures the workload of the GCMs is recruitment and retention. They were happy to confirm that all GCMs across the three health boards are retaining their roles in years one and two. They also stated that recruitment was going positively in wider regions during COVID-19.
- 52** The management team stated that COVID-19 required the team to adapt rapidly, reacting and organising week to week. They feel that this will have impacted strongly on the feeling of the group this year, heightening team morale. During this time, they had fortnightly meetings with GCMs and tried to be as responsive to feedback as they could.
- 53** Year one and two GCMs told us that it was quite difficult to judge workload due to COVID-19. Some stated that they have had to redevelop new skills with the blended learning approach. Many were hoping that the workload would be easier this year but feel that due to COVID-19 this has not happened. One benefit of this has been a lot of sharing of resources between GCMs due to the change in approach to teaching. They also stated that it has been much harder to recruit patients for teaching opportunities due to COVID-19.
- 54** Year three GCMs told us that whilst they felt the year was going well, they would find it useful if there was more organisation and support with extra tasks, for example assessments, and that they would often use at least another day, perhaps their day off, to undertake further work with the students or prepare for the next session.
- 55** Some year three GP Tutors stated that they had previous experience with student placements and LIC so felt comfortable with the work. However, those with no prior experience felt that they would have appreciated further support from the ScotGEM team in the beginning stages, and often had to seek out information for themselves.
- 56** The GCMs are still experiencing high workload, and the school should continue to monitor the issue.

Recommendation 1: The school should consider formalising networking and support between GCMs and GP tutors.

- 57** The GCMs and GP tutors we met in year three felt there was an opportunity to formalise and strengthen networking and support between GCMs and GP tutors.
- 58** Year three GCMs that we spoke with told us that they also have informal WhatsApp groups within health boards that they use for peer support and information sharing. They feel that all informal work with other educators has gone well and would like this to be formalised.
- 59** Some GP tutors that we met with stated that there were informal networking opportunities between practices that had previous experience with Dundee LIC students before and those that hadn't. They stated that this was useful in providing information regarding the role and what would be expected of them.
- 60** Some GCMs stated that there had been discussions around creating a formal group to share learning between GCMs, but there was nothing at present.
- 61** Health board representatives that we spoke to told us that they have had opportunity to work with and contact other health boards, with a regular informal meeting once a month organised by the health boards. This is an opportunity for them to share experiences and ideas and check for consistency. Some stated that this was very useful, especially regarding approaching secondary care experiences and placements.
- 62** During the visit the GMC visit team identified networking between GCMs and GP tutors as an area for development. GCMs that we spoke with told us that they come together informally to share information and experiences, through WhatsApp and other mechanism, and have found this to be beneficial. Whilst there are informal opportunities for staff to network with each other, we recommend that the school considers formalising networking opportunities for GCMs and GP tutors.

Theme 5: Developing and implementing curricula and assessments

Standard
S5.1 <i>Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required by graduates.</i>
S5.2 <i>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.</i>

Clinical Placements, Opportunities to develop skills (R5.4)

Area Working Well 2: The resilience of the programme and how the schools have responded to the challenges presented by COVID -19.

- 64** Clinical exposure has been sustained over the last year in spite of challenges presented by the pandemic. Some students in year 3 did note the reduction in secondary care exposure, but this was not felt to be a concern in terms of covering the curriculum and achieving their learning outcomes. The educators that we met with spoke highly of the work ethic and resilience of the students throughout the pandemic.
- 65** Year one students told us that they were impressed with the range of patients that they were able to see despite COVID-19. Many students thought they would not have any clinical exposure, so were very happy that they were able to see a range of patients.
- 66** Year two students told us that the clinical exposure they had so far had been fantastic. They stated that they were still going into practices to meet with their GCMs and they felt this experience was valuable. Students told us some placements felt slightly disorganised, with staff not knowing the students were supposed to be there when they arrived, they have fed this back to the schools and things improved. They also stated that the online delivery of learning has gone very smoothly, and that the GCMs are very knowledgeable for any clinical questions.
- 67** Students from year three that we met with spoke about the arrangements for their placements for both primary care and secondary care. The students stated that the secondary care experience happens quite easily both through the tutors arranging placements and through the natural progression of primary care placements, and whilst they would have liked further secondary care exposure they felt they weren't missing out on anything. They also stated that the adjustment to weekly placements as opposed to blocks was slightly difficult, but they did get used to it. Furthermore, some students said that their GP tutor was able to arrange further secondary care placements.
- 68** During the visit the team identified the resilience of the programme as an area working well. During the pandemic, we heard that students have continued to attend

clinical placements and develop their clinical, medical and practical skills. The senior management team stated that they made it clear that students were classified as key workers to ensure their placements could continue where possible. They also stated that the health boards providing the placements went above and beyond to facilitate the placements for students.

Recommendation 2: The school should monitor student placements to ensure equity of experience.

- 69** Students across all years of the programme reported some variation in their experience of clinical placements. However, we also heard that students rotate across placements which helps provide some equity of experience in terms of curriculum coverage.
- 70** Students told us that they have raised concerns with the school regarding this and we also heard examples from students of local health board initiatives to address potential gaps.
- 71** During the year three student session we heard a variation of experience of clinical placements. Some students had to travel quite far to get to the hospitals for their placements, which led to limited exposure. Other students had extra secondary care exposure arranged for them by their GP tutors. Some students were also able to arrange out of hours experience themselves. This led to a variation in not only the amount of exposure but also the content of teaching.
- 72** The experiences that the students had varied depending on where they were placed, due to the locality of the health boards. However, as students rotate across placements this does help to even out the experience. Students also told us that they have fed this back and that health boards are working to standardise this.
- 73** The school should continue to monitor student experience of clinical placements through their quality management processes to ensure equity of experience.

Assessment (R5.7)

- 74** There is an open recommendation that the school should review the mapping of assessments to ensure that they are fair and appropriate.
- 75** Year one students that we spoke with told us that they felt that the guidance they were provided with regarding assessments was adequate. They commented that they felt that having a formative exam before the summative was very useful and aligned well. However, year one students also told us that their anatomy and OSCE assessment were changed from summative to formative with only two weeks' notice which they were disappointed by.

- 76** Year one students also stated that they would have liked access to old or example exam papers and would find this beneficial in the future. We heard examples of students who had failed an exam being guided towards lecture materials for support. However, students stated that the lecture slides were largely theory based and they felt the exams were clinically based, therefore this wasn't very helpful.
- 77** Year two students that they weren't aware of what the summer assessments would be which made them hard to prepare for, and they would like more notice for these. They also stated that a blueprint for assessments would be useful to help them plan. They also stated that the feedback they receive from assessments is usually quite brief, and some students have raised that they would appreciate more detail to help them improve for further assessments.
- 78** Year three students that we met with stated that their assessment was often very self-directed, and it was often left up to the student to explain the conditions of the Medical Licensing Assessment to their tutor. They explained that it was useful to have this list but it was often difficult for them to know what level of detail they need to go into. Students that we met with told us that they had a couple of online formative tests and OSCEs and this had helped, but it still took them a few months to understand how much they were required to learn.
- 79** Year three students that we met with also stated that more information on the portfolio would be very useful as they were unsure what was expected from this.

Professor J Dowell
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16/11/2021

Dear Sophie

I'm writing on behalf of the Programme and the deans of Dundee and St Andrews Medical Schools' to thank you and the GMC team for your ongoing support with the introduction of ScotGEM and the 2020-21 End of Year Report specifically.

We are delighted to receive such a positive report and are in the process of addressing the points raised in advance of your next visit. We look forward to shortly receiving you once again as our first cohort approaches graduation.

Kind regards



Prof Jon Dowell
Programme Director