

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 were due to undertake a quality assurance visit to the ScotGEM programme in March 2020, however due to the global COVID-19 pandemic, this visit was cancelled. In its place, we developed a student survey and a GCM survey in which we asked questions to gather the same information we would have obtained during the visit. The survey was responded to by all GCMs and 62 out of 108 students. In</p>

addition, we requested an update from the senior management team on a number of key areas.

The results of the survey, alongside the updates from the senior management team have been used to develop this report. Therefore, findings from this report should be interpreted with this in mind.

Overall, nearly all the students who responded to the survey told us their overall experience of the programme is good or very good. Students particularly reported excellent communication from the school during the events of COVID-19. They also told us that they found their GCMs to be very supportive.

GCMs described the programme as well structured and organised overall and told us that the students are dedicated, professional and clearly engaged and invested in the programme.

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.	We were provided with multiple examples of ScotGEM representation from students, staff and the school management team, and although this has clearly improved since our last visit, due to this representation being in its early stages, and plans for the expansion of representation, we	30 – 34 Open

		would like to obtain a further update on progress in the next QA cycle.	
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 school has put measures in place to reduce the workload of GCMs including the recruitment of additional GCM roles. However, we still heard that GCMs are using their own time to complete preparation and planning and therefore the requirement will explore this again in the next QA cycle.	71 – 77 Open
Theme	Recommendation	Update	Report paragraph and status
1 (R1.19)	The School should continue to monitor and seek to address issues with physical space for learning.	Although short term solutions are in place, we still heard from students that there is an issue with teaching space at St. Andrews. Due to COVID-19, long term solutions for this have been put on hold and therefore we will revisit this recommendation in the next QA cycle.	17 – 18 Open
2 (R2.6)	The School should continue engagement with stakeholders in its development, e.g. the UHI and health boards.	Engagement with stakeholders remains positive and we would be keen to obtain an update on the relationships with UHI and health boards in our next QA cycle once students are more dispersed.	42 – 45 Open
5 (R5.1)	The School should consider the development of a whole programme curriculum map.	The mapping of years one and two has already been completed, however as the mapping for years three and four is still in progress, we will explore this further during the next QA cycle.	83 – 86 Open

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
		No new areas working well have been identified.	

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
		No new requirements have been identified	

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	3 (R3.3)	The school should review how they encourage students to report any instances	52 - 55

		of bullying or undermining, and how these instances are dealt with.	
2	5 (5.7)	The school should review the mapping of assessments to ensure that they are fair and appropriate.	101 - 106

Findings

The findings below reflect evidence gathered during the 2019/20 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 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.
- 2** The management team told us that there is a 'Student Voice' tool available to students via Solas. This is used to feed concerns back to a member of staff who is not usually involved with the ScotGEM programme to allow students to feel able to raise concerns without ScotGEM staff knowing their identify. They told us that for years three and four, when students will be based at the Dundee campus this tool will remain in place with Dundee University staff taking responsibility for dealing with concerns.
- 3** We were provided with examples of concerns students had raised about the quality of their education. Some students felt that there is misunderstanding amongst some other health care professionals about the aims of ScotGEM as they have come across hospital staff who think that they will only be working in general practice and therefore do not need to experience some of the cases at the hospital, which they felt impacted on their learning. In addition, some students in year two on placements in larger hospitals felt that they were competing for clinician time with students from other medical schools and therefore lost out due to the misconceptions about the ScotGEM programme.
- 4** The management team told us that they are aware of students concerns and that this was dealt with at the time the concerns were raised by the ScotGEM Programme

Director, Health Board Directors of Medical Education and students. Although they feel this has now been resolved, they will continue to monitor this. As a result of this, the issue is now covered in the induction programme for NHS ScotGEM staff

Seeking and responding to feedback (R1.5)

- 5** Most students reported that they had been asked to provide feedback on the programme by the school, however some feel like they would like more opportunities to provide feedback.
- 6** The school told us that student and staff feedback is gathered in a number of ways including through an online module evaluation questionnaire at the end of each semester for students and separate questionnaires at the end of each placement.
- 7** Some students had seen a change implemented as a result of their feedback. These changes included additional ECG classes when students reported they were struggling with this topic, an increase in anatomy teaching and additional revision sessions on SBA questions. However, this was not the experience of all students who had provided feedback, as some students told us they feel like feedback is sometimes dismissed by the school.
- 8** We were provided with a number of examples by staff of changes which have been made to the programme as a result of feedback gathered. These include changes to the way in which anatomy is taught, the recruitment of additional GCMs, new GCM posts, and changes to the Solas curriculum management system to enable administrative staff to complete their data inputting tasks more efficiently.

Appropriate level of clinical supervision (R1.8) and Appropriate responsibilities for patient care (R1.9)

- 9** The GCMs told us that they ensure students are always supervised by themselves or another healthcare professional such as another GP or an Advanced Nurse Practitioner whilst on placement. The students practice their consultation skills with expert patients, who are patients with long term health conditions who volunteer to allow teaching opportunities. When attending to expert patients, students often conduct sessions alone or with other students, and the GCMs ensure they are briefed and debriefed before and after, and consent from the expert patient is always sought. In these instances, the GCM ensures they are available for any assistance if needed.
- 10** To ensure students do not work beyond their competence, GCMs told us they ensure that the students are never left unsupervised, use expert patients to allow students to practice their history taking skills without the need to make any clinical decisions, and encourage students to pass on any concerns to the GCMs. The GCMs also told us that they ensure the other health care professionals the students work with are aware of their level of competence.

Identifying learners at different stages (R1.10)

- 11** GCMs told us that students can be identified by their ID badges provided by the programme, and that they are asked to introduce themselves when speaking to patients or new members of staff on site.

Induction (R1.13)

- 12** Most students rated the quality of induction as good or very good. The year one students described their induction as well organised, covering a broad range of topics including the arrangements for the transfer to Dundee in year three of the programme. They appreciated having time to meet the ScotGEM staff and GCMs and the opportunity to mix with year two students and BSc students straight away in a social setting.
- 13** When asked what they would improve about their induction they suggested being able to hear more about the experiences of the year two students, more information about student support, less lectures and more interaction and the inclusion of the agents of change workshop during the induction rather than later in the year.
- 14** The year two students found their induction to be a good opportunity to interact with each other before moving on to their respective health boards. They felt that the structure of the year was clearly explained and praised the information they received on their portfolio and assessments. The students also valued the inductions they received at each health board at the start of each block.
- 15** When asked how they would improve their induction to the year, they told us that the 'how to read a paper' workshop was not beneficial, and they did not feel that the 'agents of change' session gave them enough information about the expectations of them for this academic year.

Multiprofessional teamwork and learning (R1.17)

- 16** Most students feel that they have the opportunity to work with other medical professionals. We were provided with examples of students working alongside nurses, midwives, pharmacists, physiotherapists, occupational therapists, psychiatrists and health visitors, amongst others.

Capacity, resources and facilities (R1.19)

- 17** Following our previous visit, we recommended that the school should continue to address concerns over physical space for learning. In the responses to our survey this year, there were many comments from the year one students that the seminar room is too crowded and as a result gets too warm. They acknowledged that staff have tried to make alternative arrangements but that this has not always been possible.

- 18** The management team told us that they had provided some short term solutions to the issue of teaching space, however longer term solutions have had to be put on hold due to COVID-19 and the work that now need to be done to allow socially distant teaching to resume. We will therefore explore this open recommendation from our previous visit in the next QA cycle for year one and two students based in St Andrews.
- 19** We received a number of positive comments about the facilities at the school. The year one students described the clinical skills room as fantastic and think the library facilities are good, although the study areas within it are often busy.
- 20** The year one students described the IT facilities as excellent and praised the responsiveness and helpfulness of the IT department. The year two students also described the IT department as excellent, although they feel that some of the technology such as VScene are temperamental whilst learning remotely.
- 21** We did receive some suggestions about how facilities could be improved. Year two students commented that when completing group work, it would be useful to have the ability to book tutorial rooms as they were not always able to find space to work together.
- 22** When asked about facilities whilst on placement, the year one students told us that they can be variable, as at some placements there are dedicated student areas and desk space, however at others there are no student areas. The students did however praise the WIFI access at placements.
- 23** The facilities at NHS Highland and NHS Dumfries & Galloway were described by year two students as exceptional, with students appreciating the ScotGEM specific areas such as the common room, although some students felt that the teaching space at NHS Highland is too small.
- 24** Year two students reported that accommodation at partner Health Boards was good, however some of the accommodation in NHS Highland is shared with BSc students and therefore can be noisy at all hours of the day.
- 25** We were also told that some placements are difficult to get to via public transport and so students sometimes have to rely on obtaining lifts from those with cars. Therefore, some students felt that year two placements could be organised differently, with more emphasis put on accommodating students' personal commitments and travel time. However, students feel as though they are fairly reimbursed for their travel costs and did not report any issues with obtaining reimbursement.

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

- 26** Year one students appreciated their lectures being recorded on Panapto, the virtual cases on Kuracloud, and the information available to them on SOLAS, all of which aided their learning. They told us they would welcome even more content on Kuracloud. Year two students told us that they had good remote access to live lectures and feel Panapto and SOLAS are invaluable.
- 27** Many of the year one students told us that the weekly simulation-based learning, where members of the public simulate patients, is invaluable to their learning. These students also appreciated being able to access the clinical skills room and particularly praised being able to use ultrasound machines.
- 28** Although year two students have had access to simulated patients and dummies at all three Health Boards, they particularly praised NHS Dumfries & Galloway due to the simulated consultation room which gave them an invaluable way to practice consultations, and the ability to use the Gaumard Scientific HAL simulator which they felt was a good opportunity at their stage of learning.
- 29** Some year two students felt that their access to simulated based learning was minimal, however some attributed this to the events of Covid-19. In addition, we were told that the Electra system which is used for the 'Agents of Change' training is poor and not user friendly.

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)

- 30** Following our previous visit, we set a requirement for the school to formalise ScotGEM student and staff representation on committees. Just over half of the students who responded to the survey had been given the opportunity to be involved with a student or university committee, including becoming student representatives, roles in medical societies and the responsible electives committee amongst others.
- 31** Around half of the GCMs told us that they had been given the opportunity to be involved in quality management. Examples of involvement included exam standard setting, reviewing CLIC materials and the opportunity to feed back on the curriculum.
- 32** The senior management team told us that they found that ScotGEM student and staff representation on whole school committees has proved beneficial. They particularly feel that the student representation on the Staff Student Consultation Committee and School Teaching Committee has helped gain a whole school view and the maturity of the ScotGEM students has helped students from the BSc programme.
- 33** We were provided with other examples such as year two becoming part of the Dundee School of Medicine Student/Staff Liaison Committee in preparation for year three, and the management team also told us of plans to expand student representation by inviting a ScotGEM student representative to join the ScotGEM Programme Board.
- 34** Although ScotGEM representation has clearly improved, due to this representation being in its early stages, and plans for this to expand, we would like this recommendation to remain open and we will obtain a further update on progress in the next QA cycle.

Evaluating and reviewing curricula and assessment (R2.4)

- 35** The senior management team told us of the QA processes in place to evaluate the programme, which includes a Collaborative Degree Review during which members from both universities consider programme development and award commendations or set recommendations, a joint evaluation event, a pre-GMC review at which good practice areas and areas for consideration are set, the GMC annual QA visit and an away day. Unfortunately, due to COVID-19 the GMC visit and away day were cancelled for this academic year, however the other events took place as planned. The team told us that outcomes from all events are being explored and taken forward, however some have been delayed due to COVID-19.
- 36** The school has evaluated year one of the programme intensively due to it being the first year of the programme. In the first semester students were asked to provide feedback on every teaching session and had time allocated each week where they could discuss their feedback with the year lead. In addition, students were asked to complete a module evaluation questionnaire at the end of each semester and could use the 'Student Voice' tool on Solas to submit anonymous feedback.
- 37** Issues raised to the senior management team mainly relate to timetabling, facilities and feedback on the pace and content of the weekly cases and following evaluation they made significant changes to the curriculum including more granular intended learning outcomes (ILOs) in non-taught elements, redesigning how students are allocated their voluntary sector placements, and redeveloping the anatomy provision. They told us that they have received positive feedback from students as a result of these changes.
- 38** The senior management team told us that the joint Assessment Board continues to monitor the assessment load on students and ensure that assessment matches credit. In addition, following feedback and evaluation some changes to assessments have been made including reviewing the schedule of the portfolio to ensure tasks do not clash with challenging times in the programme, reviewing the Agents of Change marking criteria and the development of a formative SBA based knowledge progress test across the first three years which is still in progress.
- 39** As a result of COVID-19, the school made adjustments to their assessments. The end of year OSCE assessments were cancelled and the knowledge assessments were reduced. In addition, portfolio tasks were amended, and special circumstances considerations were changed to enable an additional sitting without detriment should students not pass their assessments on the first attempt. As a result of the situation, the school are now evaluating whether exams should be amended to be spread across the academic year in case a similar situation arises in future.

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

- 40** The management team told us of their processes for quality assuring placements. These processes include visits to all practices, all GCMs have completing induction and training, students being asked for feedback at the end of each placement, calibration between GCMs on teaching and learning outcomes, observation of GCMs and QA paperwork being mapped against GMC standards.
- 41** The management team have been able to successfully manage the challenges of securing capacity for primary care placements in years one and two and identifying GP practices for Longitudinal Integrated Clerkships (LIC) students in year three. They told us they often receive enquiries from providers about additional available placements, and they have a surplus of LIC placements for subsequent cohorts of students.
- 42** With regards to secondary care placements, the management team told us there have been no issues with NHS Highland or NHS Dumfries & Galloway, however due to COVID-19 some of the secondary care placements may not be possible in NHS Fife, but they are working with the board to design alternative format sessions so that the students are still able to achieve their learning outcomes.
- 43** Following our last visit, we recommended that the school should continue to engage stakeholders with regards to the development of the programme. The management team told us that they continue to hold meetings with the University of the Highlands and Islands and their representative is now invited to the Programme Board as well as the Strategic Board. During these meetings they told us they focus on recruitment, student accommodation and contact whilst in Highland and academic collaboration on rural career pathways, and they are continuing to explore ways for UHI to feed students into the recruitment process for ScotGEM.
- 44** The management team told us that their relationships with Health Boards are continuing to improve and that due to the LIC being regional, these boards have been able to be included in decision making.
- 45** Work on engaging stakeholders has clearly continued in a positive way and we would be keen to obtain an update on these relationships in our next QA cycle once students are more dispersed.

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 (R3.2)

- 46** Year one students told us that they would access support through their personal tutors or via student support. There was some mention of using GCMs for support, but students understood that their personal tutor should be contacted in the first instance.
- 47** Year two students also told us that they would access support through their personal tutor or student support, however some told us they would be more comfortable approaching their GCM as they know them better. It appears that the process for accessing support has been made clearer during this academic year, as we heard some confusion over this on our last visit.
- 48** The management team told us that the student support team, the GCMs and other staff continue to ensure students know how to access pastoral support and that requests for pastoral support from GCMs has reduced as students are now approaching their personal tutors in the first instance, and where GCMs are being approached, they are re-directing the students to their personal tutors.
- 49** Both cohorts of students praised the BBQ which the school organised during the induction week as this gave them the opportunity to meet each other and start to build support links with each other.
- 50** Both cohorts of students feel that their interaction with each other is minimal in an academic setting, however they do have opportunities to interact at social and sports events, although those with young families feel less able to attend social events. Therefore, due to the minimal interaction between the cohorts, some of the year two students helped expand the existing St Andrews 'PALS' peer support programme to include ScotGEM students, giving students the option of being 'matched' with a student in a different year group.
- 51** Students told us that they have not had the opportunity to interact with BSc students at either St. Andrews or Dundee in an academic setting. Those who have interacted with BSc students have done so socially, either through existing friendships prior to entering the ScotGEM programme, through sports events or through medical societies at both Dundee and St. Andrews. Students reported that they feel welcome in these societies, however timetable clashes have led to minimal involvement with the Dundee medical society.

Undermining and bullying (R3.3)

Recommendation 1: The school should review how they encourage students to report any instances of bullying or undermining and how these instances are dealt with.

- 52** We were told by a small number of students that they had felt as though they were bullied, harassed or undermined during their time on the course, however most of these students did not report this as they did not feel it would make a difference, or were fearful of adverse consequences. Those who did report this behaviour did not feel as though it was resolved.
- 53** A small number of GCMs told us they had experience of a concern from a student about bullying or undermining, however most of these GCMs felt that the school had dealt with the concern appropriately. All GCMs were confident that they would be able to deal with a concern effectively if it arose.
- 54** The management team provided us with examples of concerns which had been raised by students and how they were dealt with, and how these were recorded in the school's concerns log.
- 55** There appears to be some discrepancy between how students feel bullying and undermining is dealt with, and how educators and management perceive it is dealt with. In addition, some students are reluctant to report this behaviour due to fear of adverse consequences or a belief that it would not change the situation. We therefore recommend that the school reviews how they encourage students to report instances of bullying or undermining and how these instances are dealt with by the school. Due to the limitations on visiting this year as a result of COVID-19 we will follow up on this area in the next QA cycle.

Information on reasonable adjustments (R3.4)

- 56** The management team provided us with examples of adjustments which have been made for students, such as a Special Circumstances request which was approved, and adjustments to placement allocation and assessments due to specific learning disabilities or other additional needs and told us that these are implemented via the central University.

Supporting transition (R3.5) and Information about curriculum, assessment and clinical placements (R3.7)

- 57** Most year one students told us they feel well prepared for the transition to year two although, as expected, there remains some uncertainty due to the events of COVID-

19. They told us that communication from the school has been excellent and they remain up to date with the school's latest position.

- 58** The views of year two students on the transition to year three are mixed. Some students feel well prepared, other feel apprehensive. Some attribute this to the events of COVID-19, however less than half of students who responded to the survey feel that they have been given enough detail about their placements next year. Students told us that they could have been given more information on the format of year three and that communication from the school could be better.
- 59** At the time of responding to the survey some students from both cohorts were unaware of where their placements would be, causing some anxiety due to some students having partners and families. Of those who are aware of their placements, some do not yet have accommodation finalised.
- 60** To assist with the transition to year three, the management told us that the lead for years three and four has met with the year two students to answer specific questions about the move, and that a similar meeting will take place before the end of term. In addition, the messaging system within Solas has been used to provide students with information about the structure for year three and placement allocations, and a generic enquiries e-mail address has been set up in Dundee for students to use for additional queries.
- 61** The management team also told us that the structure of year two prepares students for year three as it allows students to experience moving around partner health boards, living in different areas and experience secondary care. In addition, the school used a progress test to prepare students for the more clinical style of assessment questions that they will undertake in year three.
- 62** In order to make the transfer to Dundee more effective, the management team told us that a spreadsheet of information regarding students has been set up. The data on this includes absences, application of Special Circumstances, and any professionalism and welfare concerns.

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

- 63** Both cohorts of students told us that there is lots of opportunity to receive verbal feedback from their GCMs. They told us this feedback is constructive and helpful. In addition, they receive written feedback from their GCMs and collect feedback from patients which they submit to the school.
- 64** Students were happy with the feedback they receive from their personal tutors at the school, however they told us that feedback on assignments from the school could be more consistent. They told us that sometimes they receive detailed feedback and at

other times they only receive one line of feedback, which can be frustrating when they have worked hard on a piece of work.

- 65** Both cohorts feel that they would benefit from receiving feedback on their formative assessments, in order to understand where they have gone wrong and how they can improve their knowledge. In addition, they told us that more feedback on 'Agents of Change' would be beneficial.
- 66** Year two students told us they receive feedback on their OSCEs which can be helpful, however at times there is no indication on how to improve.
- 67** The GCMs told us that they have the opportunity to feed back to students in a variety of ways. These include written feedback following mini CEX's, frequent verbal feedback between clinical interactions, through a questionnaire and short interview at the end of each placement.

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)

- 68** Most GCMs rated the opportunity for professional development and training as good or very good. We were told that most GCMs have been supported by the school and the Health Board to further their knowledge and skills. We were given examples of GCMs completing certificates in medical education and being involved in exam question development, however GCMs would welcome more opportunity to further their training within the time allocated to their role, rather than in their own time, and more support financially.
- 69** Of those GCMs who had been appraised in the last 12 months, most told us that this was effective or highly effective. However, some GCMs had not had an appraisal in the last 12 months.
- 70** GCMs told us that they would welcome feedback from students to develop their own skills and teaching style, however this is not something which is currently available.

Time in job plans (R4.2)

- 71** The management team told us that they are currently working to fill the GCM vacancies for year one, and that they have created an additional role of Regional GCM to support the existing year one GCMs. We were told that the school have so far been unable to fill the vacant year two GCM post due to COVID-19 and therefore as an interim measure they have employed and trained a local GP as additional support for CLIC teaching.
- 72** Following our previous visit, we set a requirement that they school should review time in job plans for GCMs. The management team feel that the year one GCMs have found workload to be more manageable this year due to development work being significantly less. They told us that due to the steps they have taken to address issues of cross cover for clinical training sessions and the appointment of a Regional GCM to increase staff resource they feel that the workload issues have been resolved.
- 73** GCMs told us that they feel high job satisfaction and that the course was well structured overall. However although year one GCMs told us that they have found this year to be less demanding, around half of the GCMs told us that they do not have enough time in their job plans for their role as GCM. These responses were split

across both year groups. We were told that due to a significant amount of preparation and planning work, some GCMs are using a significant amount of their own time to complete this work.

- 74** The GCMs told us that although the school has already put measures in place, they would like further support to cover absence to reduce pressure on them having to cover for each other. However, most GCMs do feel that they are able to use the time allocated to their role of GCM specifically for that purpose and are not asked to complete other work in this time.
- 75** Although the school has put measures in place to reduce the workload of GCMs, we still heard that GCMs are using their own time to complete preparation and planning and therefore the requirement around time in job plans will remain open for us to explore again in the next QA cycle.
- 76** The management team told us that they did not have any concerns over the capacity of administrative staff at the schools as the numbers of students increases, but that they are regularly reviewing this. Existing plans to supplement teaching support teams at both universities have been implemented in St Andrews and are underway in Dundee; bringing additional capacity where there is need.
- 77** We were told that partner health boards have predicated an increased administrative workload as the number of students and GCMs increase and so the school has already begun to identify where administrative staff should be allocated.

Educators' concerns or difficulties (R4.4)

- 78** Most year one GCMs told us that the support they receive from the school is good or very good, however some GCMs feel that there is not enough support to cover absences which restricts when they are able to take annual leave.
- 79** All year two GCMs told us that the support they receive from the school is good or very good. We were told that the schools is very communicative and approachable, and they feel able to raise any concerns or issues with them. They feel as though any suggestions they make to the school are taken seriously.
- 80** Although not directly related to the programme, GCMs told us that there an issue with pay increments at NHS Fife which affects a small group of GCMs. Although this issue is being investigated, it is still not resolved over 12 months later and has taken up a significant amount of time for the GCMs to try to get it resolved.

Working with other educators (R4.5)

- 81** GCMs told us that they feel the GCM group as a whole is very supportive. They also told us that they feel well supported by the Lead GCM.

82 GCMs are able to meet in their regions face to face on a weekly basis. Each year group also has a virtual meeting as a group to plan teaching for the week and share experiences, which are also attended by the Lead GCM. Each GCM also has an individual scheduled meeting with the lead GCM once per month. GCMs also communicate through email and a WhatsApp group.

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>

GMC outcomes for graduates (R5.1)

- 83** Following our previous visit, we recommended that the school should consider developing a whole programme curriculum map. The management team told us that years one and two of the programme have been fully mapped to both Outcomes for Graduates 2018 and the MLA blueprint and provided us with a copy of these. The school will be making these available to students to summarise and track learning and to assist with tracking the completion of their portfolio.
- 84** The management team told us that years three and four of the programme are based upon years four and five of the existing Dundee MBChB programme. They told us that the requirements for secondary care placements in these years are known but unfortunately plans have been impacted by COVID-19 and are being reviewed.
- 85** Year 3 of the programme is a Longitudinal Integrated Clerkship (LIC) based in General Practice with opportunities of experience in secondary care. The management team told us that the LIC has been mapped to the MLA and will be shared with students. Year four will align with the Dundee year 5 portfolio content, which is currently being reviewed, based upon Outcomes for Graduates 2018. This year will include completion of a skills passport that is mapped to the Practical Skills and Procedures list.
- 86** As the mapping of the curriculum is still in progress, we will explore this further during the next QA cycle.

Informing curricular development (R5.2)

- 87** The management team told us that there will be some student input to curricula design through engagement during the LIC and through a review of the Agents of Change theme and curriculum.

Undergraduate curricular design (R5.3)

- 88** The majority of students feel that their timetable is well structured and that the deadlines within it are sensible. Students appreciated the early interaction with

patients, and GCMs told us that this works well as it has led to outstanding communication skills by some of the students.

- 89** Year one students told us they like that the timetable is devised so that there is focus on a different aspect of the course each day. We were told that the lecture day at the start of the week can be quite overwhelming, however students appreciated the day being broken up by the anatomy session. The students told us that their lectures were rarely changed, however if any were cancelled, they were sent recordings of the lectures from the previous academic year, which they appreciated.
- 90** Year two students told us that on the whole their timetable is well balanced, and they appreciated having some flexibility to set their own timetable which they told us helped them to develop their organisational skills. However, we were told that some year two students have missed teaching session or have had to leave them early due to travel time not being factored into the timetable correctly, especially for those who rely on public transport.
- 91** Students did make some suggestions on how to improve their timetable. Year one students told us that some of the lengths of teaching sessions could be reviewed as they were not proportionate, for example they felt that too much time is spent on the 'Agents of change' session, whilst other sessions were too short, such as the lecture on ECG reading. The students also suggested that the gaps in their timetable could be filled with small group sessions to enable them to consolidate their learning for the week.
- 92** We received a lot of comments from both cohorts that the 'Agents of change' block should be changed. Students feel as though it is an excellent concept, however in its current format it is not engaging, and less time should be spent on it. Students did report that feedback has already been sought by the school and are therefore hopeful that changes will be made.
- 93** In addition, students feel that the Paediatric block in August took place at the wrong time of year as the wards were largely empty other than critically ill children. As the students had minimal paediatric experience prior to this block, they did not feel comfortable practicing their skills with these children.
- 94** When asked about the deadlines within their timetable year one students told us that they are made aware of deadlines in advance and that extensions are granted in exceptional circumstances, such as the events of COVID-19. The year two students told us that deadlines are fair and set in advance, however when they are changed, communication around this could be better. In particular, students told us that the 'Agents of change' deadlines were often changed.
- 95** Students have had a varied experience of working with patients from diverse backgrounds. Students reported opportunities to work with patients from different

socio-economic backgrounds, however, they have limited interaction with ethnic minority patients due to the lack of diversity in the local population.

- 96** Students told us that they would welcome the opportunity to learn how illnesses affect people of different ethnicity and how dermatological presentations appear on different skin tones, however told us that their clinical skills teaching has incorporated scenarios dealing with patients from ethnic minorities and the LGBTQ community.

Undergraduate clinical placements (R5.4)

- 97** Most students told us that they felt well prepared for their placements and were made aware of their roles and responsibilities before they began. In addition, most students feel that their placements will help them acquire the relevant competencies needed for their stage of learning.
- 98** When asked about consistency of experience, year one students told us that experience on placements was substantially different depending on which GP practice they were assigned to, however the switch of placement mid-year helped to counteract any imbalance. They also felt as though there was more opportunity for patient contact in some placements than others.
- 99** Inconsistencies with teaching style across different GCMs was also reported by students, however most students felt that this was to be expected and it enhanced their learning experience, although some students felt that teaching style should be standardised.
- 100** Students in year two told us that there have been inconsistencies in placements across different Health Boards and that some students have missed out on learning opportunities due to some consultants being uninterested in teaching. In particular, disparity in experience were noted for Surgery and Obstetrics & Gynaecology, although students did appreciate that given the nature of medicine, this can be unavoidable at times.

Fair, reliable and valid assessments (R5.6) and Mapping assessments against curricula (R5.7)

Recommendation 2: The school should review the mapping of assessments to ensure that they are fair and appropriate.

- 101** Whilst the majority of students feel that they have received adequate guidance on their assessment and that their assessments are appropriate for their stage of training, some students feel that they have not been given adequate guidance and their assessments are not appropriate. These students, who were from both cohorts, told us that their assessments do not always align what they have been taught and

sometimes there is no clear link between their learning outcomes and what they are subsequently assessed on.

102 Some year one students felt that some of the questions in their end of year exam required knowledge which is beyond their current stage of learning.

103 Some students told us that not enough guidance is given on the different formats of exams, and they told us they would benefit from access to practice papers and examples on the style and format of different assessments.

104 The GCMs also told us that students had reported to them that their assessments did not always align with what they had learnt and had not been in the style they had been expecting.

105 Due to students concerns around the alignment of assessments to the curriculum, we recommend that the school reviews the mapping of assessments to ensure that assessments are fair and appropriate.