

Final report: St George's University of London at the University of Nicosia

This visit is part of the [GMC's remit](#) to ensure medical schools are complying with the standards and outcomes as set out in *Tomorrow's Doctors 2009*. For more information on these standards please see: [Tomorrow's Doctor's \(2009\)](#)

Review at a glance

About the School

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| Medical school | St George's at the University of Nicosia |
| University | St George's University of London |
| Dates of visits | 17-18 February 2015 (Videoconference), 9-10 March 2015, 20-22 April 2015, 15-16 July 2015 |
| Programme investigated | MB BS |
| Areas explored | Progress against the requirements and recommendations from 2014 visits, delivery of Final year (F year), student assistantships, quality management, careers advice and guidance, transfer of information to local education providers, patient safety, inter-professional learning, student support, fitness to practise, training and support for trainers, teaching on placements, facilities, equality and diversity, capacity for placements, assessments in the Transitional year (T year) |
| Number of students | 283 |
| Number of Local education providers | |

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| | 8 acute hospital sites 40 General Practice sites |
| Local deanery/local education and training board | Not applicable |
| Last report | 2014 new overseas programme visit |
| Significant Patient safety or Educational concerns identified | None |
| Has further regulatory action been requested via the enhanced monitoring | None |

Executive summary

Summary of key findings

1. The 2014/15 visits to St George's at the University of Nicosia (the School) were carried out as part of the rolling programme of quality assurance for the new course being delivered by St George's University of London in partnership with the University of Nicosia. The School delivers a four year graduate entry programme and during the academic year 2014/15 it has delivered the fourth (final or F) year of the course for the first time. Students on the course spend the first two years in Nicosia, Cyprus and complete the final two years on placements at local education providers (LEPs) in Cyprus, the US or Israel. We last visited this programme in July 2014 to review the delivery of P year practical assessment at the Sheba Medical Centre in Tel Aviv.
2. The School has identified three main LEPs to deliver the penultimate and final (P and F) years of the course: The Sheba Medical Centre in Tel Aviv, Israel; Nicosia General Hospital in Cyprus; and the Swedish Covenant Hospital in Chicago, US.
3. In February 2015 we met via videoconference with the School and LEPs in Nicosia, and the Sheba Medical Centre in Tel Aviv to investigate progress against previous visit requirements, explore the delivery of P year and F year and investigate plans for the delivery of the clinical placements in F year in Chicago.

4. In March 2015 we completed a visit to Swedish Covenant Hospital in Chicago to explore the delivery of clinical placement during the penultimate year.
5. In April and July 2015 we visited University of Nicosia and Swedish Covenant in Chicago respectively to observe the delivery of OSCEs assessment, F year in Nicosia and P year in Chicago.
6. Overall, the School is performing well in several areas, and P year placements in Israel, US and Cyprus are providing a very high standard of teaching and support, although there are some areas where quality could be further improved. Opportunities for inter-professional working (IPL) with other healthcare professionals and students have also been improved. The support to students in Clinical Science (CS) and T years seems to be working well and it has been positively welcomed. We were pleased to see the quality of the delivery of the clinical placements in Chicago and note the continued high standard of education provided by Sheba.
7. We found some areas where risks remain, specifically with regards to the integration of students in the teams in Sheba, who are still facing significant linguistic barriers. We also found that clinical supervisors at Sheba and Swedish Covenant were unclear about what to expect in terms of students' knowledge, learning style and level of clinical competency.
8. The problem regarding uncertainty about the requirements for students to apply for registered practice once they graduate from the programme still persists although we appreciate the School has taken steps to improve this. International programmes where delivery takes place across a range of countries are complex and it is important for students to be aware of this complexity. Students on the programme are from a wide range of countries and have diverse career plans, which are complicated by the implications of studying in particular jurisdictions and the fact that the programme is new. We still consider the School could communicate and advise students and applicants more effectively at particular stages of the programme.

Good practice

| | <i>Tomorrow's Doctor domain</i> | Good practice | Report paragraph |
|---|---------------------------------|--|-------------------------|
| 1 | 1 | The transfer of information between the School and Sheba for incoming P Year students in 2014/15 has been effective and appropriate. | 6 |
| 2 | 5 | Students are well prepared by SGUL/UNic in terms of their professional behaviours. | 56 - 68 |
| 3 | 5 | Student support in CS and T years is working well. | 69-81 |
| 4 | 1,5 | The OSCEs were well organised and run. In Swedish Covenant Hospital, the OSCEs took place at different venues each day. The first day it was held in a state-of-the-art simulation lab with video/audio observation booths. The rooms were very spacious and when sitting in the room, the examiner and observer can be there without interfering. The second day was held in a different clinical training facility which was good and suitable. | 15-58-61 |
| 5 | 5 | The quality of the performances of the simulated patients was excellent, and consistent throughout showing that the training received from the School was appropriate. | 59 |
| 6 | 5 | The briefings to examiners, students and actors were clear and concise. | 59 |
| 7 | 5 | The interaction with SGUL in London around the exam issues was effective. During an OSCE it came to light that there was a section missing in the mark | 64 |

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| | | sheet for one of the stations. The School team quickly contacted SGUL and it was agreed to add the grading of the missing section to the following one and alter the weighting of this section in the total. We also heard that both sides input in the organization of the exam. | |
| 8 | 5 | The examiners' debrief showed they were appropriately assessing the ability of the students and how well the stations were working. | 65 |

Requirements

| | <i>Tomorrow's Doctor domain</i> | Requirements | Report paragraph |
|---|---------------------------------|---|-------------------------|
| 1 | 5 | The School must ensure that student assistantships in F Year at Sheba are improved and allow students to fully integrate within the team and undertake the clinical tasks expected of them. | 43-46 |
| 2 | 5 | The School must ensure OSCE examiners are consistent and that no additional help or prompting is provided to students undertaking assessments in one location over another. | 60 |
| 3 | 6 | Careers advice must be improved to include: <ul style="list-style-type: none"> • further advice about taking USMLE • which clinical campus to list as their first choice for P and F year based on career aspirations • specialty specific careers advice • guidance on speciality and location of electives based on future career aspirations • comprehensive advice about applying for registered practice outside of the | 87 |

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| | | <p>UK</p> <ul style="list-style-type: none"> guidance on applying to the foundation programme | |
| 4 | 2 | The School must ensure, through its quality management processes, a consistent minimum standard of student experience across the various clinical campuses. | 12-14 |
| 5 | 1 | <p>The School must ensure that clinical staff in Swedish Covenant Hospital receive and understand clear guidance on the levels of competence expected of medical students in P and F years; to ensure that clinical staff can assess appropriately student performance in workplace based assessments in each year, and ensure students do not perform tasks beyond their capabilities.</p> <p>The School must also ensure that clinical staff undergo ongoing training related to thresholds and procedures in fitness to practice.</p> | 2-10 |

Recommendations

| | <i>Tomorrow's Doctor domain</i> | Recommendation | Report paragraph |
|---|---------------------------------|--|-------------------------|
| 1 | 6 | The School should ensure that information given to students and applicants is consistent verbally and in writing. | 85 |
| 2 | 1 | The School should ensure that issues raised through quality management systems are passed on to key staff at LEPS for resolution in a timely manner and that students are aware of the appropriate routes to raise issues locally in their placements. | 12-14 |
| 3 | 6 | The School should provide effective student support at its campus in Tel Aviv that covers all LEPS in Israel. | 71 |

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| 4 | 5 | The School should ensure that students are taught about the NHS and care in the UK context including NICE guidelines and UK drug names. | 67 |
| 5 | 5 | The School should rotate internal examiners and external examiners across the different clinical campuses where OSCEs are delivered to ensure consistency in assessments. | 60 |
| 6 | 6 | The School should ensure the date degrees are awarded allows graduates to join residency programmes in the same calendar year. | 73 |
| 7 | 5 | The School should ensure the examiners follow the guidelines regarding interacting with simulated or real patients, so ensure consistency of the student experience during assessment. | 60 |
| 8 | 6 | The School should ensure that its mechanisms to coordinate with relevant Foundation Schools in association with SGUL are functioning effectively to support graduates entering the foundation programme. | 84 |

Outstanding items from previous visits

| Report | Open requirement: | Update: |
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| Final report 2013/14 Req 1 | The School must provide aggregated data from student evaluation of placements to P and F year subcommittees at all LEPs for discussion and to drive quality improvement. | This requirement has been met. The School has provided data to the P and F Year subcommittees at each clinical campus. |
| Final report 2013/14 Req 2 | The School must ensure that discussion at P and F year subcommittees is conducted in a way which does not allow individual students' health needs to become known | This requirement has been met. There was an isolated incident that prompted this |

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| | to other students. | requirement, P and F Year subcommittees have been reminded that discussions about individual students should not take place while student representatives are present. |
| Final report 2013/14 Req 3 | The School must provide a document outlining its strategy for careers advice to students to the GMC by 31 October 2014. | This requirement will be merged with recommendation 1. |
| Final report 2012/13 Req 3 | The School must design an assistantship which meets the requirement of <i>Tomorrow's Doctors</i> , and communicate the requirements clearly to the LEPs which will deliver them. The School's plans should be provided to the GMC by January 2014. | This requirement has been met. The School has designed an assistantship and provided supporting documentation for all three LEPs intended to deliver the placement. |
| Final report 2012/13 Req 6 | The School must ensure students receive timely and complete guidance about what knowledge will be assessed in summative assessments. | This requirement has been met. Formative questions banks are under development. |
| Final report 2011/12 Req 4 | St George's at UNic must supply detailed plans for ensuring that Tomorrow's Doctors outcomes in primary care, end of life care, psychiatry and geriatrics are met. | The School has provided suitable plans to address this issue. We will continue to monitor the delivery of primary care outcomes via the MSAR. |
| Final report 2011/12 Req 5 | Further training must be provided for Objective Structured Clinical Exam (OSCE) examiners to ensure appropriate use of mark sheets. | This requirement has been merged with requirement 6. |

| Report | Open recommendation | Update: |
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| Final report 2013/14 Rec 1 | The School should ensure clinical supervisors at Sheba are aware of the formal and recorded route for identifying patient safety concerns. | This recommendation has been met. Clinical supervisors are now aware of the formal route for identifying patient safety concerns. |
| Final report 2013/14 Rec 2 | The School should increase the range of data it uses to quality manage LEPs delivering P and F year and provide this data to the local P and F year subcommittees for scrutiny and appropriate action. | This recommendation has been partially met. The School must provide minutes from P&F Year subcommittee via the MSAR so we can continue monitoring the range of data used. |
| Final report 2013/14 Rec 3 | The School should ensure that issues raised through quality management systems are passed on to key staff at LEPs for resolution in a timely manner and that students are aware of the appropriate routes to raise issues locally in their placements. | This recommendation has been met. The School has shown that they have systems in place to pass on the relevant information and resolve issues in a timely manner. |
| Final report 2013/14 Rec 4 | The School should ensure that all those involved in promoting and supporting applications to the programme have up to date information on programme management issues, such as placement locations and registration issues, and are able to advise applicants accordingly. | This recommendation has been merged with requirement 1. |
| Final report 2013/14 Rec 5 | The School should ensure sufficient resources are available to support GPs in Cyprus to deliver teaching as well as their clinical commitments. As part of this recommendation, the School should consider how to encourage hospitals to provide feedback on GP referrals. | This recommendation has been partially met and it will be monitored via the MSAR. See para 47-102 |
| Final | The School should resolve technical issues | This recommendation has |

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| report 2012/13 Rec 1 | with online training modules, so that staff at Sheba Medical Centre are fully trained in equality and diversity and have access to resources to help them deliver the course. | been met. The School has now resolved the technical issues and staff are fully trained in equality and diversity. See para 28 |
| Final report 2012/13 Rec 3 | The School should improve the information it provides about the choice of clinical placements in P and F years, including the implications of choosing a particular placement for registration. | This recommendation has been merged with requirement 1. |
| Final report 2012/13 Rec 4 | The School should ensure that clinical teachers and supervisors at Sheba receive continued training and development for their educational role. | Clinical supervisors at all LEPs receive annual appraisal for their educational role; the School maintains a register of individual supervisors' compliance with training. See para 19 We will continue to monitor this area via the MSAR. |

The Report

Domain 1: Patient safety

26. The safety of patients and their care must not be put at risk by students' duties, access to patients and supervision on placements or by the performance, health or conduct of any individual student.

27. To ensure the future safety and care of patients, students who do not meet the outcomes set out in Tomorrow's Doctors or are otherwise not fit to practise must not be allowed to graduate with a medical degree.

Acting within competence (TD28a)

1. The School is meeting these standards. P and F year students at Sheba and in Cyprus reported they are well supervised and had not been asked to act beyond their competence in any procedure without supervision.

2. In Swedish Covenant Hospital, the residents (internal medicine) we met told us that they had not received clear guidance on the levels of competence expected of medical students in P and F years, although they had developed their own understanding of this. Formal guidance from the School would help teachers make appropriate assessments of student performance in each year and ensure that they were only performing tasks they are competent to do.

3. The senior team at Swedish Covenant Hospital told us that each teacher was assigned no more than four medical students to supervise. The residents we met with told us that their rotas are aligned with that of the SGUL medical students so they work closely with them, and that each student is assigned a minimum of two patients at any one time. P year students we met confirmed that there are no more than two or three students to a teacher.

4. We heard from the School senior management team in Nicosia that on the online student evaluation questionnaires at the end of each block there was a specific question about patient safety. P year students in a paediatrics placement in Nicosia, raised concerns about baby checks being performed without gloves. This was investigated by the domain 1 lead and discussed at Penultimate and Final (P&F) Year subcommittee. After the investigation, it was not considered a patient safety issue.

Systems in place to minimise harm to anyone taking part in training (TD30)

5. The School is meeting our standards in this area. We note there is regular scrutiny of student evaluation to identify and resolve potential safety issues and routes by which students and supervisors are able to raise concerns within clinical placements.

6. We heard from the senior management team at Sheba that the transfer of information between the School and Sheba for incoming P Year students in 2014/15 has improved compared to the previous year, and is now effective and appropriate.

Clinical supervision (TD31, 35)

7. The School is meeting our standards in this area. Students in all years reported feeling safe and being well supervised in their placements at all sites and noted they would not be required to work without support and supervision.

Identifying concerns about medical student conduct (TD28c)

8. The School is meeting our standards in this area. No concerns have been identified about student conduct. We heard from the Sheba senior team that they

thought the students were very polite, dedicated to their studies, came in early and stayed late for night duties when appropriate.

9. In our visit to Swedish Covenant Hospital, the residents also told us that should they have any concerns about student conduct or performance then they would raise them directly with the student, and then with the clinical coordinator if they still had concerns. The clinical coordinator confirmed that any concerns raised with her would be discussed with the medical student, and documentation on the concern would be shared with SGUL UNic. We heard from the clinical coordinator that there had been no incidents that needed to be reported in the seven months since SGUL UNic students started at the hospital.

Fitness to practise (TD28d, 36, 37)

10. There is a clear process in place to share information about students' fitness to practise between the School and LEPs. We heard from educational supervisors at Swedish Covenant Hospital that fitness to practise was covered in the teacher training that was delivered to those with an educational role, some of which was delivered by representatives of SGUL UNic. However we also found that there was no clear shared understanding among those we spoke with of fitness to practise thresholds and procedures.

Raising concerns (TD28e)

11. The School is meeting our standards in this area. Students we met completing P year placements at Sheba, Nicosia General Hospital and Swedish Covenant were aware of routes for raising concerns and were confident that they would be supported to do so if the situation arose.

Domain 2: Quality assurance, review and evaluation

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| <p><i>38. The quality of medical education programmes will be monitored, reviewed and evaluated in a systematic way.</i></p> |
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Quality management framework (TD39)

12. The School continues to meet our standards in this area and has developed a clear quality management framework. The School has established local P and F year subcommittees in Cyprus, Israel and the US which are responsible for local management of the programme, and which report back to the School's central P and F year committee in Nicosia.

13. The School's senior management described the evolving quality management process. The Quality Assurance Group is domain based with a lead for each domain of *Tomorrow's Doctors*.

14. We noted that as the number of clinical campuses increases, it will be a challenge for the School to implement and sustain quality management systems that ensure a consistent minimum standard of student experience.

Quality Management systems (TD40)

Assessment of students (TD49, 54)

15. The School continues to meet our standards in this area and has good processes for ensuring that assessments are reliable and fair. We reviewed the School's analysis of the F year objective structured clinical examination (OSCE), which was of a high standard.

16. We heard that there had been an error in the transcription of marks for a clinical science (CS) year assessment. It was corrected within a few hours but the results had been shared with students. There was no risk that students were passed or failed inappropriately and therefore no risk posed to patient safety. A report has been prepared by the Registrar and passed to the Head of Quality Assurance in Nicosia to scrutinise further the event and it will be reviewed in the next Quality Assurance Group meeting in April 2015. The Dean for Medical Education also scrutinised the report.

Clinical and vocational placements (TD51)

17. The School is meeting our standards in this area. We heard from the Swedish Covenant Hospital senior team that routine data collection is carried out to ensure that placements allow the SGUL curriculum to be covered, and that teachers and the teaching being delivered, are of a good quality. We heard that the hospital receives detailed evaluation of placements from SGUL UNic and that this information is more extensive than the evaluation provided by the other organisations with students at the hospital. Teachers are appraised using evaluation from students and peer review by other teachers. We heard examples of steps taken to address concerns about the quality of teaching and individual teachers as a result of this evaluation.

18. SGUL/UNic has sites in very diverse countries and health systems and it is important that there is a robust process for monitoring the sites to ensure the

quality and comparability of student experience across all LEPs (or equivalent) in this programme.

Regular review and quality enhancement (TD55)

19. The School is meeting our standards in this area. We heard about audits which had been started by the School to look at the effectiveness of the quality management system, including looking at feedback from WPBAs. Staff from the School's quality management team had reviewed feedback forms from assessments and identified action points around the provision of refresher training for clinical supervisors about WPBAs. We heard that a register of action points following these audits is maintained and outstanding items are clearly identified.

Agreements with providers (TD41, 50)

20. The School continues to meet our standards in this area; we note that the School has completed an agreement with an additional LEP, Ponce Health Sciences University in Puerto Rico. We will monitor developments at the new LEP through analysis of data related to the type and number of cases and patients seen, the use of different services and facilities at the hospital, and the different kinds of training and education already provided at the LEP.

Educational resources and capacity (TD49, 52)

21. The new site, Ponce Health Sciences University in Puerto Rico is already an established medical school, with 15 approved ACGME (Accreditation Council for Graduate Medical Education) residency programmes. It is thought that there should be a sufficient case mix and patient population to support the curriculum. The Dean of Medical Education and the Dean of Clinical Education will provide training to educational supervisors on the delivery of the curriculum.

22. There has been a new clinical dean appointed for North America. Also a new Head of Quality Assurance for North America has been appointed, based in Chicago. UNic would like to create a school office presence in Chicago within the hospital. The student welfare officer will be based in this office. Currently in Swedish Covenant Hospital the capacity is for 24 students per year but it will be gradually expanding to 50 students per year. This will not happen for the academic year 2015/2016 as they have to accommodate students from Midwestern University medical school. The capacity will be expanding also in Cyprus.

23. In Sheba, we were advised that the maximum number of students they will be able to take would be 30 per year.

Student, Patient and Employer Involvement in Quality (TD43, 48)

Patients

24. We heard from students at Nicosia General Hospital that there is a feedback form for patients in clinical placements, which includes questions about the performance of the students. This is optional for the patient to complete and students were not universally receiving this feedback.

Identifying and managing risks and concerns (TD44)

25. We heard from students at Swedish Covenant Hospital that they are aware of the channels to raise concerns and have done so when necessary. On the whole they considered these were acted upon.

Employers

26. The School is not in a position to meet this standard as there are not yet any graduates. We will continue monitoring the School's plans for collecting data from the employers of its graduates.

Domain 3: Equality, diversity and opportunity

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| <p><i>56. Undergraduate medical education must be fair and based on principles of equality.</i></p> |
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Staff training on equality and diversity (TD58)

27. The School is meeting our standards in this area. Equality and diversity training is mandatory for all staff participating in the programme.

28. We heard from the SGUL UNic senior team that local equality and diversity policies complimented the SGUL policies, and that training sessions for teachers had been held, some of which were delivered by representatives from SGUL UNic.

Reasonable adjustments for students with disabilities (TD59, 64)

29. Previous visits have established that the School is meeting our standards in this area. The school should continue its efforts to ensure that relevant information is passed on to all clinical placements.

Domain 4: Student Selection

71. Processes for student selection will be open, objective and fair.

Valid, reliable and objective selection processes (TD74)

30. Multiple mini interviews (MMIs) are now being conducted by videoconference. So far they have done 56, the recruitment team thinks it is working really well and from an administrative point of view it is efficient.

31. There has been a drop in the number of admissions this year. This seems to be due to the stricter policies from Title IV, a Federal State Aid provider of student loans. Students of the programme are not yet eligible for Title IV loans. Two cohorts need to graduate to qualify for this. For this reason attracting US students will be challenging in the short term but this should be resolved within two years. There has been a threefold increase in enrolments from students from Australia and New Zealand.

Domain 5: Design and delivery of the curriculum, including assessment

81. The curriculum must be designed, delivered and assessed to ensure that graduates demonstrate all the 'outcomes for graduates' specified in Tomorrow's Doctors.

Curriculum plan (TD82)

Modern educational theory and current research (TD92)

32. The curriculum and assessment system used by the School meets our standards and is the same as that used for St George's London based programmes. The curriculum takes account of modern educational theory and research, particularly with regard to assessment processes, which we identified as good practice on previous visits to the School's London based programmes.

Clinical Placements and Experience (TD84)

Patients with a range of social, cultural and ethnic backgrounds (TD104)

33. We recognise the School's efforts to meet our standards in this area and will continue to monitor how students are exposed to patients from a range of social

backgrounds. Previous visits found that there is the potential for students not to be exposed to acute social deprivation if they complete the entire course in Cyprus. For example, homeless patients often have a range of complex comorbid conditions, and learning to treat such patients is an important part of students' learning. However, Cyprus has a very low rate of homelessness.

34. We learned from our visit to Swedish Covenant Hospital that it covers a very diverse catchment area, and we heard that the workforce is equally diverse. The hospital has a 92 -98% bed fill rate, and there is a large out patient service. The hospital also has links with other providers in the area, for example Kindred Hospital and seven large nursing homes, and students can access these providers. P year students acknowledged the broad patient mix, and that the use of English was a benefit and helps them to engage with patients. This was felt to be a contrast to the situation in Nicosia where the use of interpreters was felt to be inadequate by those we spoke with. The school should explore how interpreters are used in Nicosia to ensure that patients and students are able to communicate effectively.

Mandatory clinical placements (TD106)

35. The School is on course to meet our standards in this area. On previous visits we concluded that in Tel Aviv, the plans for placements targeted practices serving areas with predominantly English speaking populations. We consider this to be a positive move to avoid or reduce language difficulties. We noted that these areas are also relatively affluent and questioned whether this would allow students to gain experience in a general practice serving a wide range of socioeconomic groups. Those responsible for the placements accepted that limiting placements to these sites could limit students' opportunities to interact with more deprived socioeconomic groups. However, they were able to identify opportunities at other practices and stated this could be addressed easily.

36. We heard from the senior team that the hospital has a history of providing student placements and so accommodating SGUL UNic students was straightforward. There were some challenges in providing adequate exposure and experience to the specialties detailed in the following paragraphs (37-40) that must be covered.

37. In our visit to Swedish Covenant Hospital, we learned that there is limited exposure to general practice, both in terms of the specialty and environment. Students do have exposure to family medicine, in a variety of settings both at, and outside of, the hospital, and this is the closest to the general practice model in the US system.

38. Erie Health Center is adjacent to the hospital site. This is a federally funded clinic and there are plans to use this as another resource for students and will give them an opportunity to work with patients who have difficulty affording other health care options.

39. We also heard from P year students that their exposure to psychiatry was mostly ward based and there was no exposure to outpatient clinics. We heard from the students that the hospital was working on developing this.

40. During our visit in March, P year students also told us of concerns about the limited exposure to paediatric patients, which is mainly through outpatient clinics. The hospital is located very close to a highly regarded paediatric hospital and this affects the patient mix they see. We also heard about difficulties accessing outpatient gynaecology. In both instances we heard that students had raised these gaps with the hospital and steps had been taken to improve this experience.

Reasonable adjustments (TD107)

41. The School is meeting our standards in this area and has established processes to make reasonable adjustments in clinical placements at LEPs in Cyprus, Tel Aviv and Chicago.

Clinical skills and planning patient care (TD108)

42. The School is making progress towards meeting our standards in this area but we note that there are some continuing language issues about clinical placements in Israel and Cyprus and that the School is taking steps to manage and minimise these.

43. Specifically the F Year student assistantships in Israel are not allowing students to fully integrate within the team as a lot of the clinical discussion happens in Hebrew and therefore students are unclear of the clinical tasks expected of them. This is largely due to continuing language barriers and is compounded by a lack of access to the simulation centre. At the time of the visits F year students did not feel fully prepared for their first year of working as a registered medical practitioner. This included a variable experience of the family medicine assistantship with some students unable to see patient independently and with between 10 and 40% of patient-doctor interactions conducted in English.

44. We will continue to monitor what language issues occur throughout the course and how they are dealt with by the School. We will ask the School to provide an evaluation of its use of translators and continue monitoring via the MSAR.

Student assistantships (TD109)

45. F year students we met with at Swedish Covenant Hospital felt there to be no concerns over their student assistantship, and were satisfied with the experience they were receiving.

46. F year students in Sheba report that although there are two translators, it is not enough. Also in some of the student assistantships it is not practical to have a translator i.e. emergency medicine as they would have to go around the emergency department asking the patients whether they spoke English. A lot of the time the junior doctor that the students are with translates for them but most of the discussions of the medical team happen in Hebrew and the translator or the junior doctor translates the outcome (the diagnosis or the treatment) but the students miss out on clinical reasoning discussions and interaction with the rest of the medical team.

47. Some of the F year Sheba based students in the general practice assistantships reported that there were not enough English speaking patients that came to the practice and they were therefore unable to carry out consultations on their own (with supervision) as the GP clinics do not have translators. As a result students are limited in what they can do in the GP clinics.

48. During the student assistantships F Year students complete mock prescriptions and discharge summaries using the SGUL template based on those used in the NHS. As these are not used at Sheba their format is unfamiliar to the staff. Neither clinical teachers nor interns supervising the student assistantships are reviewing these forms to ensure they are being completed appropriately and as a result the students feel their learning in this important area is limited. For these reasons, there are still considerable risks in the delivery of clinical placements and we will continue to monitor this.

49. We heard that in Swedish Covenant Hospital there are opportunities for exposure to research, more so for online research than for bench research.

50. Some of the P year students we met at Swedish Covenant Hospital had completed USMLE step 1, but we were told that by September 2015, all the P year students will have covered step 1. The differences between the USMLE step 1 assessment and SGUL curriculum had been identified as a source of student stress by the student support officer we met with.

Curriculum design and structure (TD83, 101)

51. We heard from the students in the F year at Sheba that they were very concerned about the final exams because although they were receiving good training and support, they did not feel it was tailored to the SGUL curriculum.

However since our visit we can confirm that all the students passed the OSCE examination and we will analyse the results of finals for the different cohorts.

52. SGUL has a spiral curriculum, and we heard from the senior team at Swedish Covenant Hospital that the staff had found it interesting and had adapted well to it. No gaps had been identified in terms of what was required by the curriculum and what the hospital was able to deliver. The teachers we met with told us they had received no guidance on putting what they were teaching into a UK context, although many of them did their own research on this. We will continue to monitor this area through the routine GMC quality monitoring processes.

Feedback to students on their performance (TD85)

53. Students in F year in Tel Aviv, Nicosia and Chicago had a formative exam but it did not follow the format that the final exam will. It did give them an indication of the standard expected at finals. However we heard from students at Sheba, they only got feedback about their performance in the formative exam a month before the finals and so they did not consider there was enough time to target study and remedy shortcomings. We will analyse the results of the exams of this cohort of students in the three sites as soon as available.

54. There is a form for patient feedback that the patients can complete in P&F year placements at Nicosia General Hospital, but not many do. Some students say that they get feedback informally and others said they did not get any feedback from patients about their performance at all.

55. P year students in Nicosia said that the amount and quality of feedback they received on their performance was variable, although they reported no problems in getting workplace based assessments completed. P year students confirmed that they had received a breakdown of marks for their end of year exams in T Year although their OSCE feedback came late.

56. Residents at Swedish Covenant Hospital have received training on the feedback system as it is more detailed than the systems used by other organisations with students at the site. Residents felt that there were no differences between SGUL UNic and other students, and that they had integrated well with the other students. We also heard, from teachers and the senior team, that the SGUL UNic students compared favourably with other students due to their early patient contact. We also heard that students were perceived to be professional particularly in their approach to patient interactions.

Fitness for purpose of assessments (TD86)

57. The School is meeting our standards in this area. The assessments used by the School are the same as those used on London based programmes and have been identified as an example of good practice on previous quality reviews. Practical assessments are carried out to a high standard in Cyprus, Tel Aviv and Chicago.

58. We observed the delivery of F year OSCE in Nicosia and the P year OSCE in Chicago. In both cases, the facilities in which they took place were suitable, avoided noise pollution and allowed students to complete individual stations without disturbance.

59. We observed the briefings for examiners, simulated patients and students taking part in the OSCE. We noted that the briefings were reminders of previous material, and not new information. Simulated patients were excellent, examiners performed well, and we did not observe any significant instances of either deviating from their instructions.

60. In Chicago, we observed an examiner prompting students in the station, like in a viva exam setting. Also we observed examiners guiding the marks of the simulated patients. This was not part of the examiner brief and therefore would be inconsistent with the experience of students undertaking the OSCE in London, Nicosia or Tel Aviv. It is important to reinforce that this is not appropriate in the examiner briefings to ensure consistency across sites.

61. Overall, we consider that the OSCEs were well managed and run. It was clear that the visited LEPs had both the resources and expertise to continue to deliver these assessments to a good standard.

Guidance about assessments (TD87)

62. We heard from P year students in Chicago that they have received information on written assessments that they will undertake in P year. At the time of our visit students had received no information on the OSCEs they will sit, nor had they had any opportunity to practice their clinical skills. They will do this at North Park University. We also heard that the students understood that the equipment they use in the hospital – e.g. catheters and cannulas – is not the same as those that will be used in the assessment.

63. There is an excellent simulation centre at Sheba with state of the art equipment but students do not have sufficient access to it and the clinical equipment is different to that that will be used in the F year exams in Cyprus.

64. During the second day of the F Year OSCE in Cyprus, it came to light that there was a section missing in the mark sheet for one of the stations. The School team

quickly contacted SGUL in London and it was agreed to add the grading of the missing section to the following one and alter the weighting of this section in the total. We are pleased to see such a positive collaboration between UNic and SGUL in London. We also heard that both sides input in the organization of the exam.

Examiner's training and support (TD88)

65. We observed the examiners' debrief in both the OSCEs in Chicago and in Cyprus and it showed examiners were appropriately assessing the ability of the students and how well the stations were working.

Outcomes for graduates (TD93)

66. The curriculum must allow students to meet the outcomes for graduates in *Tomorrow's Doctors*. Outcome 3 (23c) stipulates that graduates must understand the framework in which medicine is practised in the UK. We heard from P year students in Chicago that they felt they had received insufficient UK context. This was acknowledged by the School as an area requiring improvement. F year students also felt that this left them feeling less prepared for their final exams than they might otherwise be. Students would prefer UK focussed lectures as this would help to address this identified gap.

67. We heard from the students that one method of understanding the UK context of what they were learning was by accessing NHS web pages and NICE guidelines online. There were difficulties accessing these due to the foreign internet protocol (IP) address. This was raised at the feedback session and the hospital senior team promised to look at a solution to this.

68. We heard from senior management at Sheba that students are well prepared by SGUL/UNic in terms of their professional behaviours. They are very polite and dedicated to their studies, going to the hospital early and staying late and shadowing night duties, which is more than is required by the formal curriculum.

Domain 6: Support and development of students, teachers and local faculty

122. Students must receive both academic and general guidance and support, including when they are not progressing well or otherwise causing concern. Everyone teaching or supporting students must themselves be supported, trained and appraised.

Academic and pastoral support (TD124)

69. In CS and T years, there is an induction and the students meet their Personal Tutor. Students report that it has been easy to find things out and the doctors they work with are very supportive, helpful and enthusiastic.

70. The senior team at Sheba confirmed that they will help students to find accommodation close to the hospital if required. There is also a buddy system where each F year student is linked to two or three P year students. The students know each other from Cyprus.

71. Students at Sheba reported that at the time of our visit there was insufficient student support presence at the hospital. This has since been remedied.

72. Also we heard that the information provided verbally to students sometimes contradicts what is later provided in writing. For example, students were verbally assured they would be able to graduate in London if they wished but were then informed in writing that they must graduate in Nicosia.

73. Currently SGUL awards the MBBS degree in June. The deadline for students hoping to join the US residency programmes to present their certificate is four weeks before graduation so at the moment this timeline prevent students from joining these programmes. SGUL are in the process of moving the graduation date forward but this presents challenges as the elective will fall after graduation and its successful completion is currently a requirement to graduate.

74. CS and T Year students recognised that the School has been making considerable effort to support them in preparing for USMLE. Additional lectures have been organised based on elements of the USMLE that are not explicitly taught in the SGUL curriculum. For example, there is a weekly microbiology lecture for T Year students.

75. The placements at Ponce in Puerto Rico will also solve the visa issue for students who are not from the US as they will be given automatically a B1 visa. Currently non-US students in Chicago need to do a Masters in leadership along with the placement in order to get the F1 visa necessary for them to undertake the placement.

76. We heard from the senior management team that there is inevitably a period of adjustment for students as they become familiar with the US system, although the hospital provides a formal induction.

77. We heard from the P students that they received a one day induction at the hospital, but that this didn't prepare them fully for the differences between the US system and that in Cyprus. Students did receive a lecture on their last day in Cyprus but this covered all three sites for the clinical years and not just the US.

We heard that the school is addressing this and this will be covered in a lecture for future students, so as to help them prepare.

78. The P Year students we met with reported varying experiences of arranging their own accommodation in Chicago, and they felt that they received very little support from either the hospital or the school, although the School had a support system in place. F year students voiced no concerns about accommodation.

79. Representatives from student support told us that there had been some adjustment issues, and that some of the issues may relate to the programme rather than the site. We also heard that they had provided students with information on accommodation three months prior to the start, but no one had contacted them to offer further assistance. They had met with all students on a one to one basis since the start.

80. Students are assigned a personal tutor and regular meetings take place, and we heard from the hospital senior team that students can request a tutor from a particular specialty and they would try to meet this request. P Year students all confirmed that they had personal tutors, and that they could also contact Nicosia for advice and guidance, although there were frequent delays in getting a response. They also confirmed that they had a say in which specialty the tutor came from.

81. We heard from CS and T year students that they all know the procedure and where to go for support on personal/ health issues.

82. P Year students told us that they had received advice about where to go for support from the hospital.

83. We also heard from P year students at Swedish Covenant Hospital that six of them were undertaking masters in Indianapolis, a three and a half hour drive away, with classes every week. We heard there were plans to do some of these classes online to avoid the weekly seven hour round trip. No transport was provided by the hospital, however the Student Support Officer regularly provides transport to and from Indianapolis for the students.

84. F year students that we spoke with also felt unsupported, they knew where they were going to undertake their F1 but they had no support regarding this from their incoming Foundation School and there is a role for the School to coordinate this.

Career advice (TD125)

85. Although the School meets most of our standards in relation to student selection it is facing a number of challenges in this area, largely as a result of delivering the programme for the first time. These specific challenges result from

regulatory requirements, immigration advice and requirements, and issues related to the fact students may seek to practice in a wide range of jurisdictions, each with different requirements for registration. Students in the CS and T years told us that they were unclear about requirements to apply for registered practice at the point of application. Some students we met in CS year also thought that the staff employed to advise, promote and assist with recruitment to the programme could have more information to support them to answer prospective applicants' questions about the programme. Staff with responsibility for admissions at the School accepted that a closer link between careers advice and recruitment was needed and that more standardised information and 'frequently asked questions' could be produced. This was particularly the case as students did not always ask important questions about the course until after they had accepted a place to study.

86. We accept that this is part of a wider set of issues related to questions about requirements for students to register and practice as doctors in a wide range of different jurisdictions. We also note that as a new programme there is scope for rapid changes to arrangements within the programme. As such, it is important for applicants to have access to the most up to date information on developments within the programme via those promoting the programme.

87. Regarding USMLE, we heard from CS and T year students that they were told by recruiters that previous students had had an 85% success rate when taking the test, but it was in a simulated test and 85% had passed, not as some believed that everyone scored in the 85th percentile. Although it is a UK programme, a lot of the students will not practice in the UK. CS and T year students feel that more information should be offered about USMLE during the admission process as students reported that it is hard to meet the requirements of the SGUL curriculum while studying for USMLE. We heard from P year students in Sheba, Nicosia and Swedish Covenant that the School was making efforts in this respect. Additional lectures and access to extra material have been offered to support the students wishing to take the USMLE.

88. There are currently three admission officers, the team is managed by one person in New York, there is one in Chicago and one in Los Angeles. They work with the information the school provides and this can be changing in terms of placement locations and number of places. Students in T year are particularly frustrated because the information has changed significantly since they applied, with a new clinical campus becoming available at Ponce in Puerto Rico. CS year students mentioned that when applying some were told that they were guaranteed to complete P and F Year in Chicago. However the recruitment team said that they are very careful and did not make those kinds of statements or offer a guarantee. The new Associate Director of Admissions has gone over email exchanges and notes of telephone conversations to ensure recruiters are not making those claims.

89. There was an email sent by a third party marketing partner to prospective students still listing placements in Mt Sinai and Jackson Park Hospitals as part of the programme. The recruitment team were not aware of this but it will be investigated. The School should ensure that all those involved in promoting and supporting applications to the programme have up to date information on programme management issues, such as placement locations and registration issues and are able to advise applicants accordingly.

90. The senior management in Nicosia report that they are investing a lot of effort in enhancing career support for applicants and students. They have already recruited an experienced careers adviser to meet students early and provide guidance about preferred destinations for practice, regulatory requirements and implication of choice of clinical campus. This person works very closely with the recruitment team.

91. However, we heard from CS and T Year students that they would welcome some careers advice on which clinical campus to attend for P and F year. They would like this guidance to be specific to career aspirations, including the impact on specialty and location of electives based on application for specialty training. Those considering work in the UK would also welcome advice about foundation schools.

92. We heard from the administrative support team that they were doing a lot of research to ensure that information about how to apply for registered practice following graduation is up-to-date and correct. So far this has been completed for approximately 10 countries. Two members of staff have been appointed to help students with their F1 applications. As the administrative support team hold greater knowledge about applying for registered practice internationally they are training the admission and recruitment team so this information can be available to applicants as well as students.

93. The administrative support team is compiling a tracking chart with information obtained from CS year students on orientation week about nationality and country of residence and where they would like to practice. This would help develop a career pathway to advise students which options to take in order to pursue a specific specialty.

Domain 7: Management of teaching, learning and assessment

150. Education must be planned and managed using processes which show who is responsible for each process or stage.

Management plan (TD151)

94. We heard from senior management of the medical school that they are organising P and F Year subcommittee meetings with the Associate Clinical Deans on each campus to understand challenges to delivery rather than discuss governance issues and allow horizontal interaction between the specialties on each site. There are three meetings each year at each of the sites and the outcomes are fed into the overall P and F Year committee. The minutes from these meetings are sent to the MBBS course committee of SGUL UNic.

95. We also met with the clinical coordinator at Swedish Covenant Hospital for the SGUL UNic programme on our visit. The clinical coordinator is responsible for the schedules of placements and ensuring that the requirements of the curriculum are met, and she meets with hospitals clinical leads regularly to make sure this happens.

Curriculum review (TD155)

96. The School is meeting our standards in this area, as it shares a curriculum with St George's London based programmes. These programmes are subject to cyclical review by the St George's University of London as well as the GMC.

Domain 8: Educational resources and capacity

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| <p><i>159. The educational facilities and infrastructure must be appropriate to deliver the curriculum.</i></p> |
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Learning resources and facilities (TD160)

97. All the curriculum materials are currently located in the virtual learning environment, and the administrative support team are required to ensure that all clinical leads at all sites have access to it. In one of the P and F year subcommittees it came up that there was an issue accessing materials. This was discussed and a working group has been established within UNic to make access easier and more effective.

98. CS and T Year students also reported that the library is good, and we heard that student requests for book purchases were met. Some CS and T Year students reported that it can be overcrowded in the library, that the study area is open plan so can be noisy and they would like some individual cubicles for revision. The

library opening hours have been improved, and now have been extended until 11pm. CS and T Year students also feel that the clinical skills rooms at Nicosia are good.

99. We heard from CS and T Year students in Nicosia that they would like to have access to designated problem based learning (PBL) rooms, however the admin team confirmed that bookable rooms are not being used by students currently and often sit empty, so there is no business need to make additional rooms available. There are PBL rooms in block B that are available for students to use.

100. Swedish Covenant Hospital is a well-resourced centre with high quality clinical facilities. P year students told us that the hospital library was old and some of the books needed to be updated. We also heard the library is only open until 5pm. The hospital acknowledged this and is looking to expand the space in the medical education department; however students can access North Park University Library which is a short distance from the hospital.

Staffing (TD162)

101. In Nicosia, the senior management team confirmed that there were concerns in one of the health centres that was being considered for general practice placements; for that reason an alternative provider was required. Another medical centre was recruited which is a 10 minute drive from the medical school and has more GPs working there than in the previous site. The facilities are comparable; they provide community paediatrics, psychiatry and have a nursing team.

102. SGUL UNic is one of a number of organisations with students placed at Swedish Covenant Hospital, although SGUL UNic students spend longer at the hospital than students from other universities. At the time of our visit there were 102 medical students. Each clinical teacher, there is a core team of 120 physicians who have an educational role, is assigned a maximum of four students.

103. The P Year students confirmed that there were no more than four students attached to each teacher, and that they are allocated their own patients. Students come from a range of schools and although groups are mixed the SGUL curriculum is being delivered.

Agreements with providers (TD165)

104. The School has met our standards in this area. There are signed agreements in place with all LEPs delivering, or planned to deliver, the P and F year placements. These are on a common template which specifies the contribution of the LEP to the delivery of the programme.

Clinical skills facilities (TD166)

105. We heard from F year students at Sheba that there is an excellent simulation centre with state of the art equipment but students do not have sufficient access to it and the equipment in it is different to that which will be used in the F year exams in Cyprus.

106. P Year students had not, at the time of our visit, had access to the simulation centre at North Park University, however there were ongoing negotiations over this.

Domain 9: Outcomes

168. The outcomes for graduates of undergraduate medical education in the UK are set out in Tomorrow's Doctors. All medical students will demonstrate these outcomes before graduating from medical school.

169. The medical schools must track the impact of the outcomes for graduates and the standards for delivery as set out in Tomorrow's Doctors against the knowledge, skills and behaviour of students and graduates.

Tracking graduates' performance (TD172)

107. The first cohort of students has recently graduated and just started doing F1 in August 2015. We will require an update in 2016 from the School once the students have completed F1 and received full registration. The School is not yet in a position to meet our standards as there are not yet any graduates of the foundation programme. We will continue monitoring this as part the GMC routine monitoring processes.

Appendix 1:

Visit team

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| Dates of visit/s | 17-18 February 2015, 9-10 March 2015, 20 & 22 April 2015, 15-16 July 2015 |
| Team Leader | Professor Sam Leinster |
| Visitor | Professor Mairi Scott |

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| Visitor | Professor Ravi Gulati |
| Visitor | Dr Damian Day |
| Visitor | Dr George Smith |
| GMC Staff | Jennifer Barron |
| GMC Staff | Angela Hernandez |

Appendix 2: Document register

| Document number | Document name | Description | Publication date and version | Source |
|-----------------|---|---|------------------------------|---------------------------|
| 1 | Blood and Body Fluid Exposure Management 3.14 03 694 09 | Swedish Covenant Hospital exposure prone procedures | | Swedish Covenant Hospital |
| 2 | Quality Assurance Activity | Quality management (QM) documents illustrating examples of QM audits; list of QA action points from QAG audits; case study | | UNic |
| 3a | NGH P&F Years Sub-Committee Meeting 080514 | Minutes relating to the sub-committee meeting held at Nicosia General Hospital on 8 th May 2014. <i>(Note: the most recent meeting has just taken place (November 2014) and minutes are currently being drafted for upload.)</i> | | LEP: NGH |
| 3b | SMC P&F Years Sub-Committee Meeting 261014 | Minutes relating to the sub-committee meeting held at Sheba Medical Center on 26 th October 2014 | | LEP: SMC |
| 3c | SCH P&F Years Sub-Committee Meeting | Minutes relating to the first sub-committee meeting held at Swedish Covenant | | LEP: SCH |

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| | 281014 | Hospital on 28 th October 2014 | | |
| 4 | Graduate Monitoring Statement | Outline of School's plans for monitoring students' progression following graduation | | UNic |
| 5 | P&F Year Curriculum Lead Role Description | Job description for curriculum leads in Nicosia | | UNic |
| 6 | Disabilities Schedule and Reasonable Adjustments | Summary of Reasonable Adjustments made between September 2011 and October 2014 | | UNic |
| 7 | Equality & Diversity Data | Examples of how E&D data is used in the management of the course | | UNic |
| 8a | P Year Paediatrics Learning Outcomes | Details of P&F years learning outcomes for placements in Chicago in Paediatrics, Psychiatry, Neurology and Primary Care. <i>(Note: the Primary Care documents also include details for NGH and SMC.)</i> | | UNic & SCH |
| 8b | P Year Psychiatry Learning Outcomes | | | |
| 8c | P Year Neuroplus Learning Outcomes | | | |
| 8d | F Year GP Learning Outcomes | | | |
| 8e | F Year GP Learning Outcomes | | | |

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| | Appendix | | | |
| 9 | Erie Health Centre Data | Narrative and data on cases seen; services delivered; staffing; and any education provided at the clinic | | Swedish Covenant Hospital |
| 10 | Assessment Analysis | Statistical analysis of the 2014 P year assessment results, broken down by course and location | | UNic |
| 10a | OSCE 2014 | | | |
| 10b | OSCE detailed stations analysis 2014 | | | |
| 10c | YSKT 2014 | | | |
| 11a | P Year OSCE Blueprint July 2014 | | | SGUL |
| 11b | P Year YSKT Main Blueprint July 2014 | | | SGUL |
| 12 | 2015 Assessment Blueprint Meeting Dates | Dates for the blueprint meetings for the 2014/15 assessments, including those where the blueprint document is not yet available | | UNic |
| 12a | Blueprint F Year OSCE and KPT April 1415 | | | SGUL |
| 12b | Blueprint F Year OSCE and KPT June 1415 | | | SGUL |
| 13 | Careers Guidance Strategy | The Medical School's strategy for the provision of careers advice to students | | UNic |

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| 14 | Staff Development Report | Report outlining current state of appraisals and refresher training for faculty and clinical staff | | UNic |
| 14a | List of Assessors | List per LEP of clinical staff trained to assess students' workplace based assessments | | UNic |
| 15 | US entry arrangements | Information on the requirements for students completing P and F years in the US, specifically visa arrangements and the University of Indianapolis Master's degree | | UNic |
| 16 | Transfer of Information Plans | Plans for the transfer of information on students' strengths and weakness to their foundation portfolio for students entering their first year of practice in: a. The US b. The UK | | UNic |
| 16a | Transfer of Information document v2 150115 | Medical School's internal Tol process document. Appendix to Doc 1 | | UNic |
| 17 | Medical Education in Cyprus 290115 | Report on capacity for medical education in Cyprus. | | UNic |
| 18 | P Year YSKT Blueprint | Remainder of | | UNic |

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| | 2014-15 | assessment documents as requested for previous document upload Nov. 2014. | | |
| 19 | P Year OSCE Blueprint July 2015 | | | UNic |
| 20 | 5 F Year Prescribing Test Blueprint April 2015 | | | UNic |
| 21 | 6 F Year Prescribing Test Blueprint Resit June 2015 | | | UNic |
| 22 | P&F Year Report | Medical School's strategy to continue monitoring the provision of P&F years at LEPS. | | UNic |

Appendix 3: Abbreviations

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| ACGME | Accreditation Council for Graduate Medical Education |
| CAS | Consultation assessment stations |
| E&D | Equality and diversity |
| F1 | Foundation year 1 |
| GAMSAT | Graduate Medical School Admissions Test |
| GMC | General Medical Council |
| GP | General practice/practitioner |
| IELTS | International English Language Testing System |
| IPL | Inter-professional learning |
| LEP | Local education provider |
| MA | Master of Arts |
| MBBS | Bachelor of Medicine and Surgery |
| NGH | Nicosia General Hospital |
| NHS | National Health Service |
| NSS | National Student Survey |
| O&G | Obstetrics and gynaecology |
| OSCE | Objective structured clinical examination* |
| PBL | Problem Based Learning |
| PFI | Private finance initiative |
| PMQ | Primary medical qualification |
| PPD | Personal and professional development |
| QABME | Quality Assurance of Basic Medical Education |
| QIF | <i>Quality Improvement Framework</i> |
| QAA | Quality Assurance Agency |
| SCH | Swedish Covenant Hospital |
| SHA | Strategic health authority |
| SIFT | Service increment for teaching |

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| SLA | Service level agreement |
| SPA | Supporting professional activities |
| UKFPO | UK Foundation Programme Office |
| US | United States |

**See glossary (in appendix 4) for definition.*

Appendix 4: Glossary

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| OSCE | A type of examination to test clinical skill performance and competence in skills such as communication, clinical examination, medical procedures or prescription, exercise prescription, joint mobilisation or manipulation techniques, radiographic positioning, radiographic image evaluation and interpretation of results. |
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